Texas Health & Human Services Market Profile

Health & Human Services Market Profile Overview

A. Executive Summary

A.1. Texas Physical Health Care Coverage by Payer

Total Texas Population- 29,527,941
Estimated SMI Population- 1,836,565

MEDICAID Enrollees 17%	DUAL ELIGIBLES Enrollees 1%	MEDICARE Enrollees 13%	TRICARE Enrollees 3%	HEALTH INSURANCE MARKETPLACE Enrollees 8%	COMMERCIAL Enrollees 41%	UNINSURED Population 17%

MEDICAID (Enrollees 17%)

- Medicaid Fee-For-Service
- Health Plans
  - STAR
  - STAR Kids
  - STAR Health
  - STAR+PLUS

DUAL ELIGIBLES (Enrollees 1%)

Dual Eligible Demonstration
- Amerigroup Texas
- Cigna-HealthSpring
- Molina Healthcare of Texas
- Superior Health Plan
- UHC Community Plan

MEDICARE (Enrollees 13%)

Medicare Advantage SNPs For Dual Eligibles

Aetna Medicare Dual Core	Imperial Health Insurance Dual
Allwell Dual Medicare	Molina Medicare Complete Care
Amerivantage Dual Coordination	UnitedHealthcare Dual Complete
Amerivantage Dual Premier	UnitedHealthcare Dual Complete Choice
Amerivantage Dual Secure	UnitedHealthcare Dual Complete Focus
Cigna-HealthSpring TotalCare	WellCare Access
Humana Gold Plus	WellCare Liberty

WellCare TexanPlus Star

HEALTH INSURANCE MARKETPLACE (Enrollees 8%)

Individual Market

BCBS of Texas	Molina Healthcare of TX
Celtic Insurance Co.	Oscar Insurance Co. of Texas
CHRISTUS Health Plan	Sendero Health Plans, Inc.
Community Health Choice	FirstCare Health Plans
Scott & White Health Plan	Aetna/ CVS Health
Bright Healthcare	Friday Health Plan
Moda Health Plan	UnitedHealthcare of Texas

COMMERCIAL (Enrollees 41%)

Top Five Private Health Plans
- BCBS of Texas
- Cigna ASO
- Coventry ASO
- UHC ASO
- United Healthcare ASO

"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Texas Physical Health Care Coverage: Medicaid Health Plans
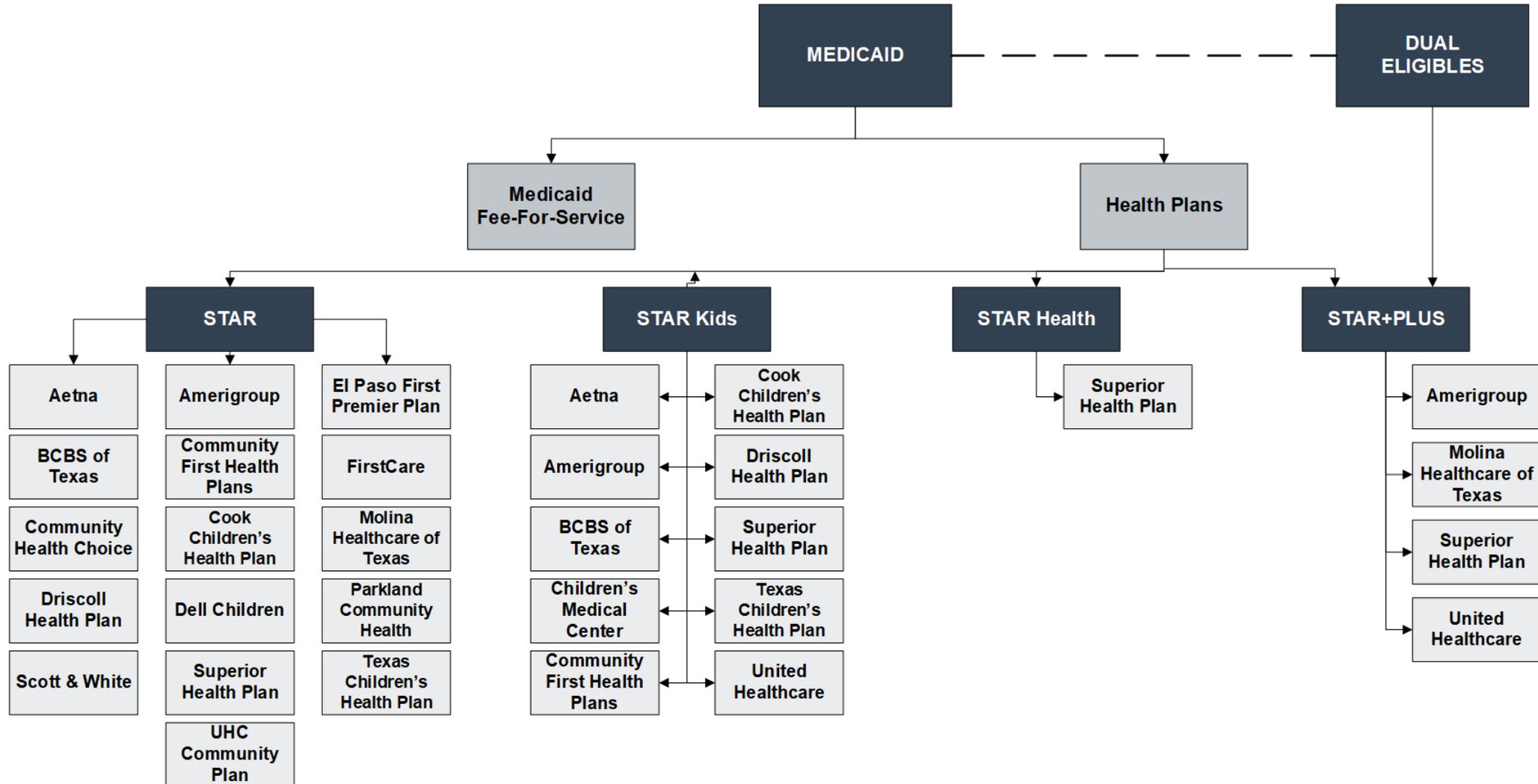
A.1. Texas Behavioral Health Care Coverage by Payer
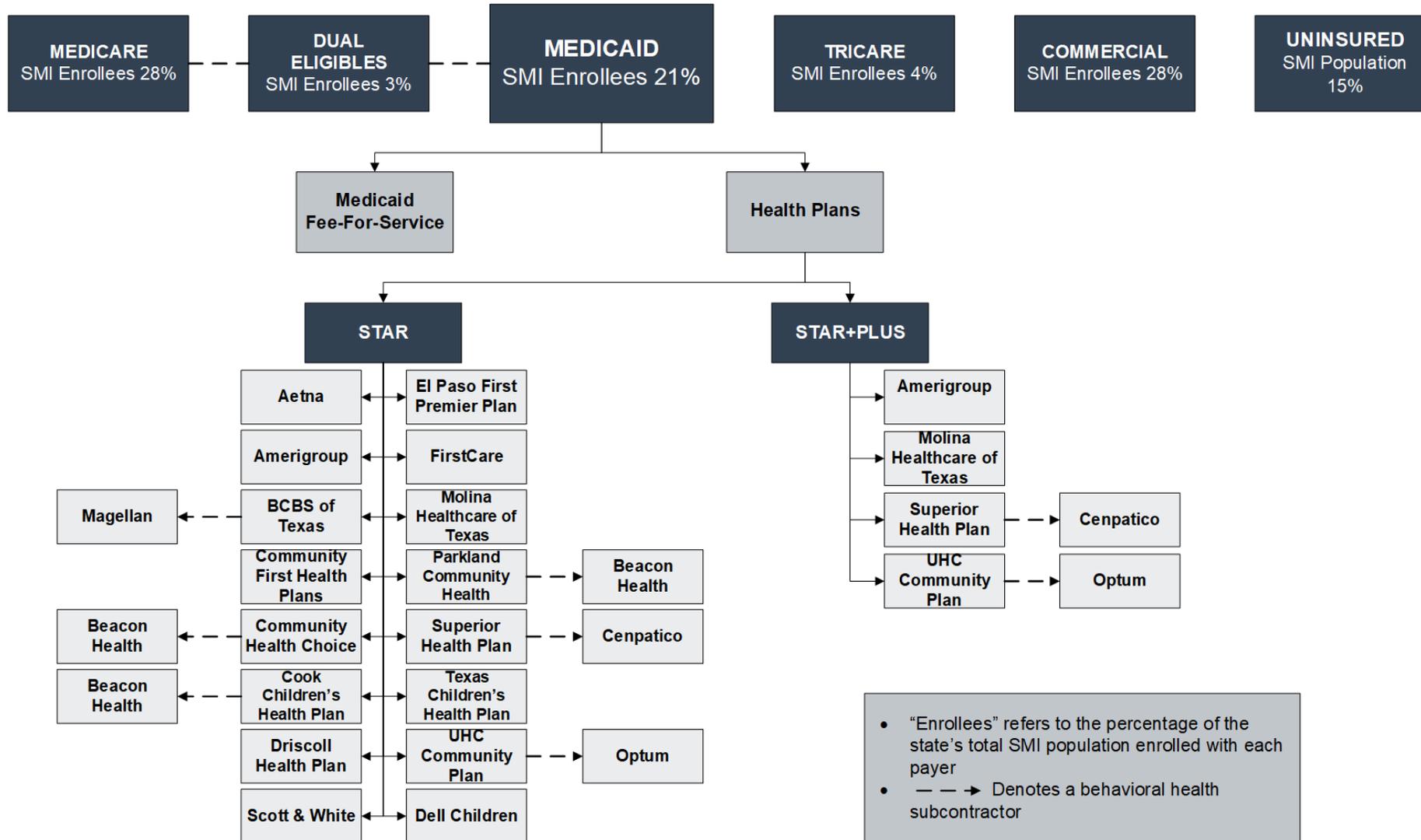
A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Medicaid Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	Texas's dual eligible demonstration was extended to December 2022, with plans for renewal through December 2023.
Managed Long-Term Services and Supports (MLTSS)	✓	STAR+PLUS health plans deliver LTSS for conditions not related to I/DD.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Texas was awarded a CCBHC planning grant; but was not selected to participate in the pilot phase of the program. The state operates 43 CCBHCs under the expansion grant.
Other Care Coordination Initiative	✓	The STAR+PLUS Pilot Program (SP3), is a new pilot program that will implement in phases, with services beginning by 2/1/24.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- Through the County Indigent Health Care Program (CIHCP) administered by the Health and Human Services Commission (HHSC), state funding is available for counties, hospital districts, and public hospitals to ensure that eligible Texas residents who do not qualify for other health care assistance programs receive health care services.

Mental Health Services

- HHSC provides mental health services to the safety-net population through service area contracts with 39 community mental health centers called Local Mental Health Authorities.
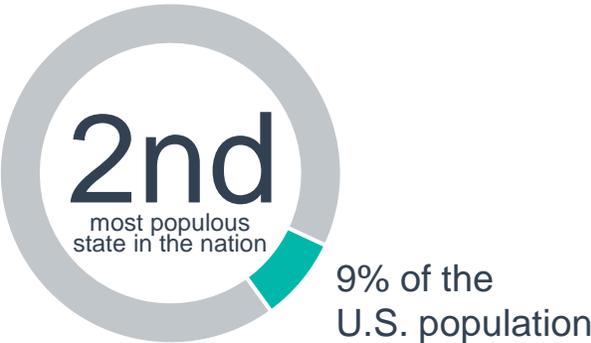
Addiction Treatment Services

- HHSC provides addiction treatment services to the safety-net population by funding provider organizations throughout the state. The intake organizations for safety-net addiction treatment services are called Outreach, Screening, and Referral Centers (OSARs).
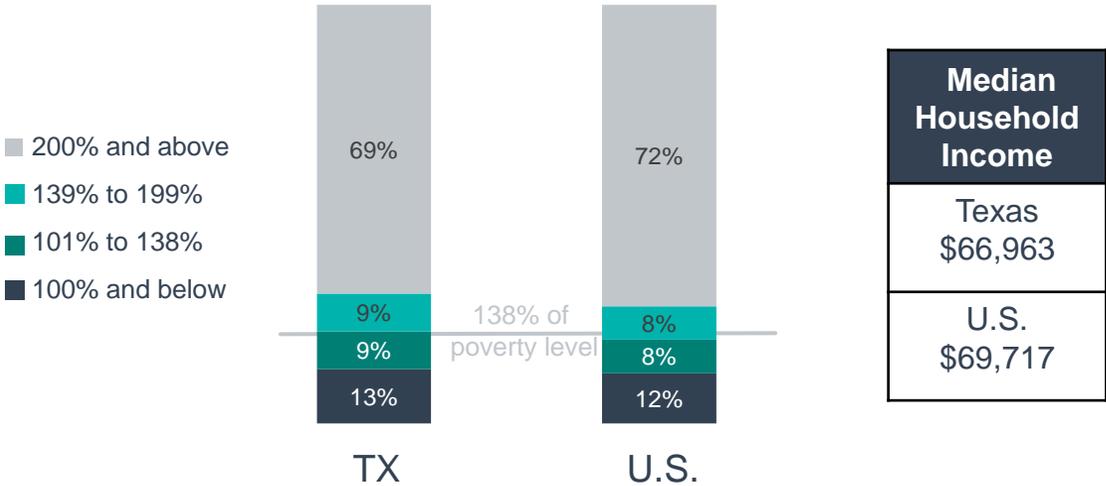
B. Texas Health Financing System Overview

B.1. Population Demographics

Total Texas Population- 29,527,941
Estimated SMI Population- 1,836,565

Population Distribution By Income To Poverty Threshold Ratio

2nd most populous state in the nation

9% of the U.S. population

- 200% and above
- 139% to 199%
- 101% to 138%
- 100% and below

	TX	U.S.
200% and above	69%	72%
139% to 199%	9%	8%
101% to 138%	9%	8%
100% and below	13%	12%

138% of poverty level

Median Household Income	
Texas	$66,963
U.S.	$69,717

Population Distribution By Age

19 and Older (7,456,547) 25%

Ages 20 to 64 (18,178,983) 62%

65 and Over (3,892,411) 13%

Texas & U.S. Racial Composition

- White
- Black
- Hispanic
- Other

	White	Black	Hispanic	Other
TX	39%	12%	40%	9%
U.S.	58%	12%	19%	11%

OPEN MINDS
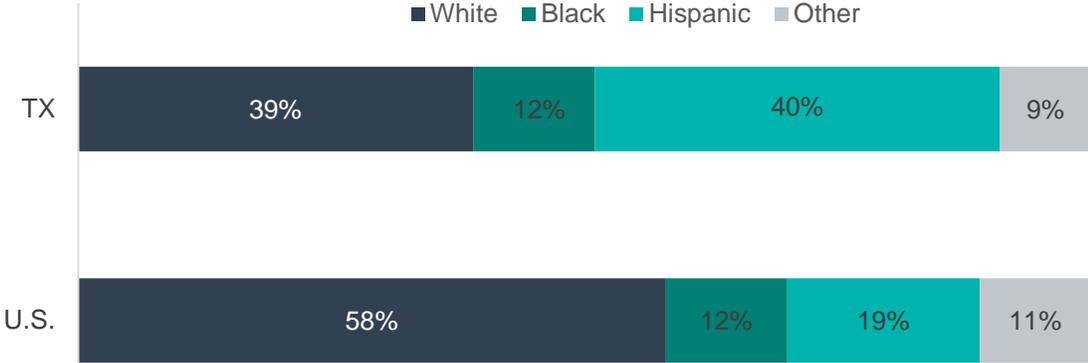
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**Texas MSA Residents**	**Percent Of Population**
Total MSA Population	**26,680,662**	**90%**
Dallas-Fort Worth-Arlington	7,759,615	26%
Houston-The Woodlands-Sugar Land	7,206,841	24%
San Antonio	2,601,788	9%
Austin-Round Rock-Georgetown	2,352,426	8%
McAllen-Edinburg-Mission	880,256	3%
El Paso	871,234	3%
Killeen-Temple	486,101	2%
Brownsville-Harlingen	423,029	1%
Corpus Christi	422,778	1%
Beaumont-Port Arthur	395,419	1%
Other MSAs	3,281,175	11%
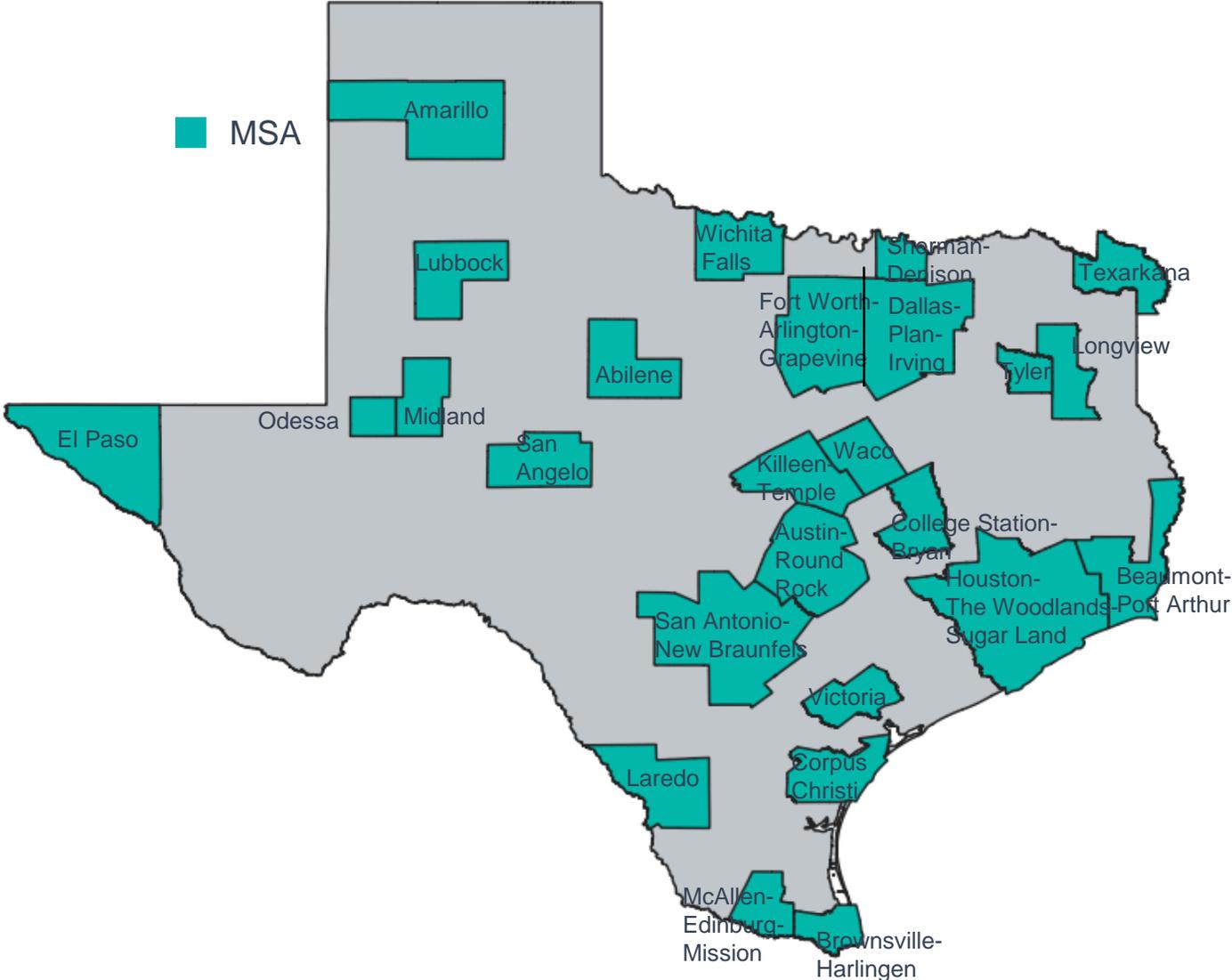
B.3. Population Distribution By Payer: National vs. State

Legend: Commercial, Medicaid, Full Duals, Partial Duals, Medicare, Uninsured, TRICARE

TX: Commercial 49%, Medicaid 17%, <1%, 1%, Medicare 13%, Uninsured 17%, TRICARE 3%

U.S.: Commercial 51%, Medicaid 19%, 1%, 1%, Medicare 16%, Uninsured 9%, TRICARE 3%

B.3. SMI Population Distribution By Payer: National vs. State

Legend: Commercial · Medicaid · Full Duals · Partial Duals · Medicare · Uninsured · TRICARE

TX: Commercial 28% · Medicaid 21% · Full Duals 1% · Partial Duals 2% · Medicare 28% · Uninsured 15% · TRICARE 4%

U.S.: Commercial 31% · Medicaid 14% · Full Duals 4% · Partial Duals 4% · Medicare 37% · Uninsured 8% · TRICARE 3%

B.4. Largest Texas Health Plans By Enrollment

Plan Name	Type	Enrollment*
Blue Cross and Blue Shield of Texas	Commercial	6,112,674
UnitedHealthcare ASO	Commercial Administrative Services Organization (ASO)	2,058,044
Medicare Fee-for-service (FFS)	Medicare	1,971,616
Coventry	Commercial ASO	1,868,205
Cigna	Commercial ASO	1,114,408
UnitedHealthcare Insurance Company	Commercial	732,726
Superior HealthPlan STAR	Medicaid Managed Care – STAR	1,125,161
Amerigroup STAR	Medicaid Managed Care- STAR	879,871
Ambetter	Commercial	357,392
Texas Children's Health Plan STAR	Medicaid Managed Care – STAR	564,644

* Medicaid enrollment as of November 2022; TRICARE as of July 2021; Commercial as of December 2021; Medicare enrollment as of December 2021

B.4. Largest Texas Health Plans By Estimated SMI Enrollment

Plan Name	Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,971,616	630,917
Blue Cross and Blue Shield of Texas	Commercial	6,112,674	250,620
UnitedHealthcare Dual Complete	Medicare Advantage	313,805	100,418
Superior HealthPlan STAR	Medicaid Managed Care – STAR	1,125,161	96,763
Sierra Health and Life Insurance Company	Medicare Advantage	284,818	91,142
UnitedHealthcare	Commercial ASO	2,058,044	84,380
Coventry	Commercial ASO	1,868,205	76,596
Amerigroup STAR	Medicaid Managed Care- STAR	879,871	75,668
Humana Gold Plus	Medicare Advantage	164,051	52,496
Texas Children's Health Plan STAR	Medicaid Managed Care – STAR	564,644	48,559

* Medicaid enrollment as of November 2022; TRICARE as of July 2020; Commercial as of December 2021; Medicare enrollment as of December 2021

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Percentage	4%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans
1. Ascension Personalized Care
2. Cigna
3. Imperial Insurance Companies
4. Aetna/CVS Health
5. Blue Cross Blue Shield of Texas
6. Celtic/ Ambetter Insurance Company
7. CHRISTUS Health Plan
8. Community Health Choice
9. Moda Health Plan
10. Molina Healthcare of Texas, Inc.
11. Oscar Insurance Company of Texas
12. Sendero Health Plans, Inc.
13. SHA/ FirstCare Health Plans
14. Scott & White Health Plan
15. UnitedHealthcare of Texas

2023 Small Group Market Health Plans
None

B.6. Accountable Care Organizations: Commercial

Commercial ACOs	
ACO	**Commercial Insurer**
Austin Regional Clinic	BCBSTX, Cigna
Baylor Scott & White Quality Alliance	UnitedHealthcare, Cigna, Aetna
BHS Accountable Care, LLC	Aetna
Catalyst Health Network	Aetna, BCBS TX, UnitedHealthcare
HealthTexas Provider Network Collaborative Accountable Care	Cigna
Kelsey-Seybold Collaborative Accountable Care	Cigna
Memorial Hermann Accountable Care Organization	BCBS TX, Aetna
Nexus ACO	UnitedHealthcare
Patient Physician Network	BCBSTX, United Healthcare

Commercial ACOs	
ACO	**Commercial Insurer**
PracticeEdge Alliance ACO	BCBSTX
Seton Accountable Care Organization, Inc.	UnitedHealthcare, Aetna
St Joseph Regional Health Partners ACO	Cigna
St Luke's-Renaissance Collaborative Accountable Care	Cigna
Tenet Healthcare	BCBSTX
Texas Health Resources	Aetna
The Austin Diagnostic Clinic CCC	Cigna
TXCIN	Cigna, BCBSTX, UnitedHealthcare
UT Connect ACO	BCBSTX
Village Health Partners	Cigna

B.6. Accountable Care Organizations: Medicare

Medicare Shared Savings Program		
1. Accountable Care Coalition of Southeast Partners	20. Excel Health ACO	38. RGV ACO Health Providers
2. Advanced Doctors ACO, LLC	21. Genovista Health, LLC	39. Rio Grande Valley Health Alliance
3. Aledade Accountable Care 22, LLC	22. HC Health	40. Seton Accountable Care Organization
4. Aledade Accountable Care 57, LLC	23. Health Plus Network	41. South Texas ACO Clinical Partners
5. Alliance ACO	24. Houston Methodist Coordinated Care	42. St Joseph Regional Health Partners ACO
6. Amarillo Legacy Medical ACO	25. iHealth Accountable Care	43. Steward National Care Network, Inc
7. Baylor Scott & White Quality Alliance	26. Keep Well ACO, LLC	44. Texas Panhandle Clinical Partners ACO LLC
8. BHS Accountable Care	27. LTC Providers ACO	45. Texoma Clinical Partners ACO LLC
9. Buena Vida y Salud	28. Memorial Hermann Accountable Care Organization	46. The Accountable Care Organization, Ltd
10. Caravan Health ACO 17, LLC	29. Methodist Patient-Centered Accountable Care Organization	47. The Physicians Alliance LLC
11. Caravan Health ACO 22, LLC	30. TXCIN	48. TP-ACO LLC
12. Care Allies Accountable Care Network, LLC	31. Pacific Private Practice Network, Inc	49. UMC Accountable Care
13. CareConnectMD ACO, Inc	32. Physicians Accountable Care Solutions	50. USMM Accountable Care Partners
14. CHI St Luke's Health Network	33. PQN – Central Texas, LLC	51. UT Health San Antonio Regional Physician Network
15. CHRISTUS Health Quality Care Alliance	34. Premier Care Community	52. WellMed DFW Medicare ACO
16. CHSPSC ACO 6, LLC	35. Premier Patient Healthcare	53. WellMed Greater Texas Medicare ACO
17. Covenant ACO	36. Prime Care Managers	54. WellMed Texas Medicare ACO
18. Doctoers ACO, LLC	37. Privia Quality Network Gulf Coast	
19. East Texas Accountable Care Organization		

B.6. Accountable Care Organizations: Medicare cont.
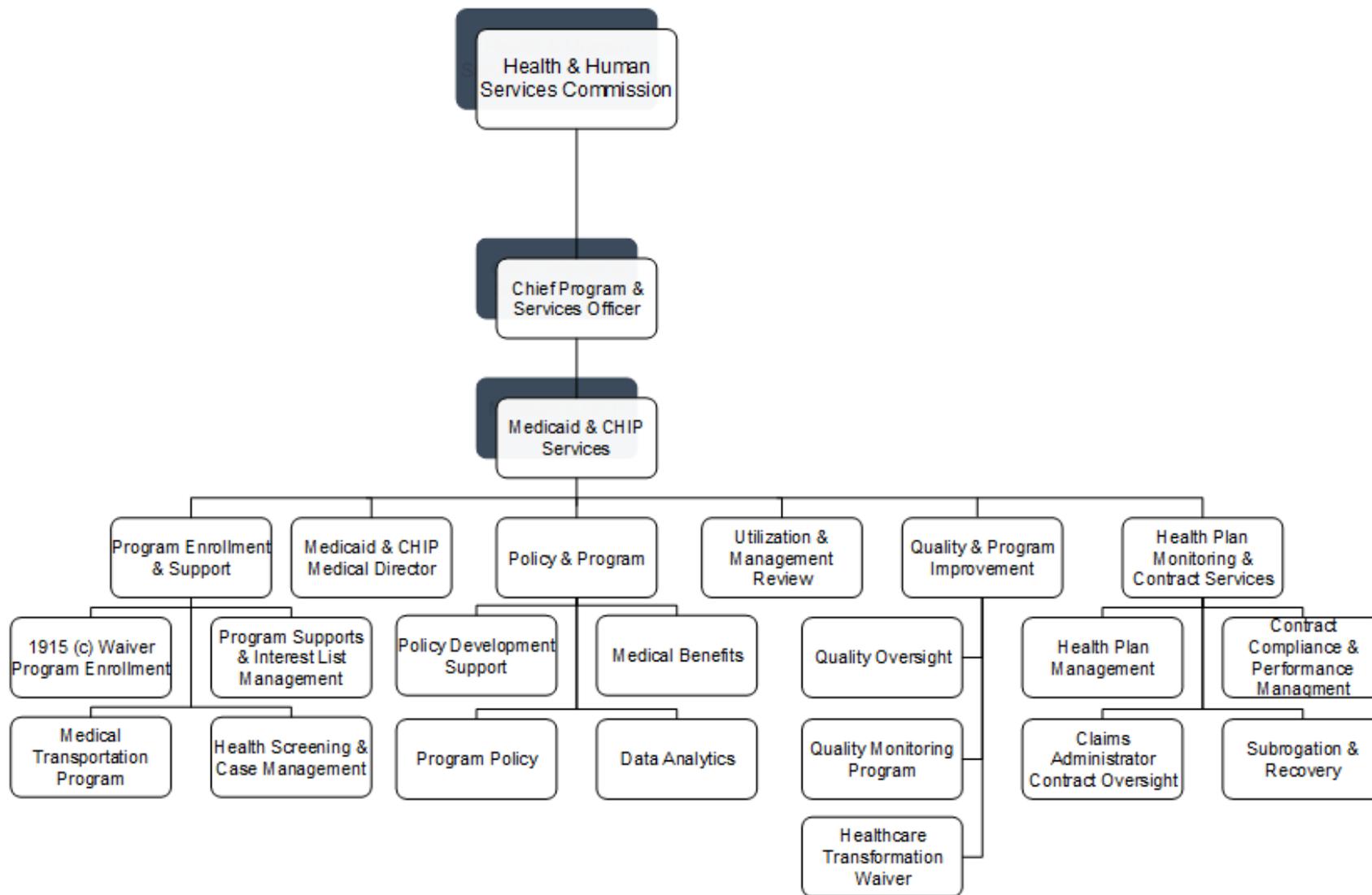
End-Stage Renal Disease
1. Fresenius Seamless Care of Dallas
2. Fresenius Seamless Care of Houston

Next Generation
1. Accountable Care Coalition of Southeast Texas, Inc
2. Southwestern Health Resources Accountable Care Network

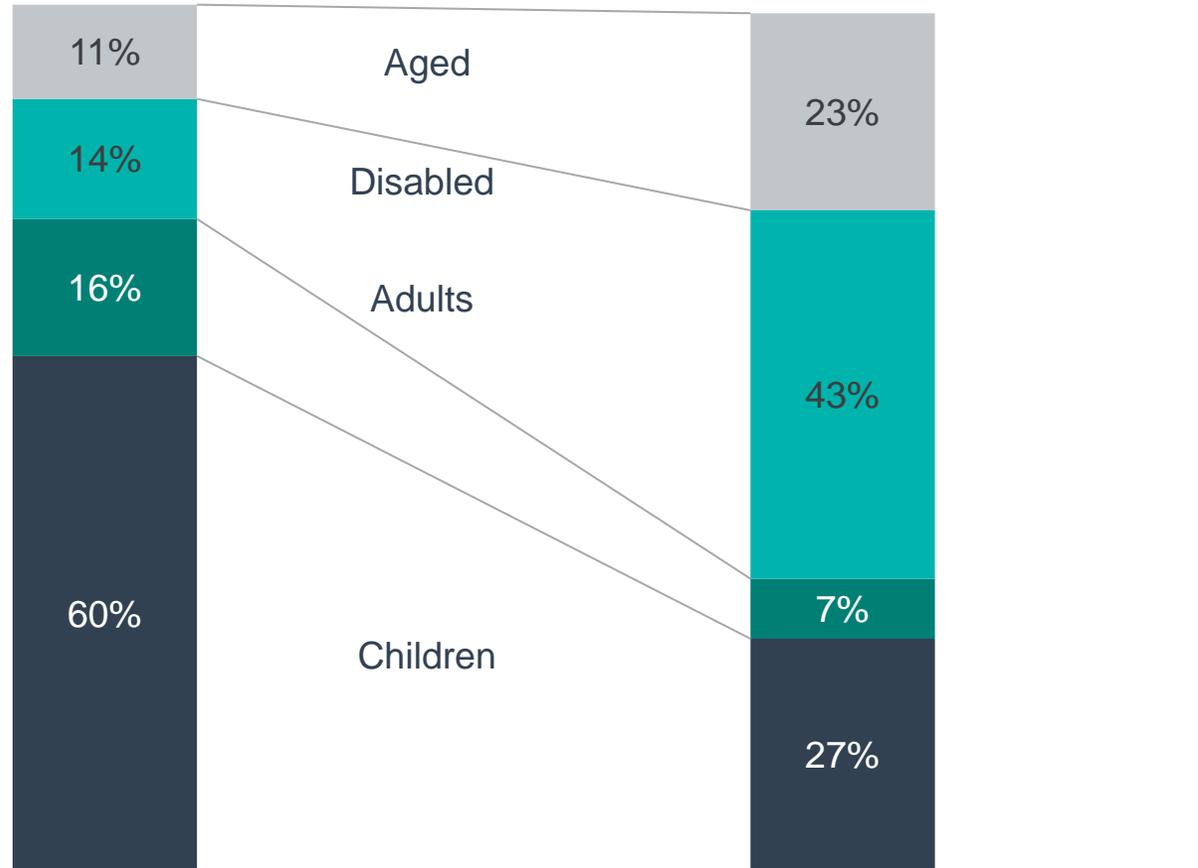# C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance: Organization Chart

C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Cecile Erwin Young	Executive Commissioner	Texas Health & Human Services (HHSC)	cecile.young@hhs.texas.gov
Kate Hendrix	Chief of Staff	HHSC	kate.hendrix@hhs.texas.gov
Michelle Alletto	Chief Program and Services Officer	HHSC	michelle.alletto@hhs.texas.gov
Stephanie Stephens	Chief Medicaid and CHIP Services Officer	HHSC, Medicaid & CHIP Services	stephanie.stephens@hhs.texas.gov
Emily Zalkovsky	Deputy State Medicaid Director	HHSC, Medicaid & CHIP Services	emily.zalkovsky@hhs.texas.gov
Ryan Van Ramshorst	Chief Medical Director	HHSC, Medicaid & CHIP Services	ryan.vanramshorst@hhs.texas.gov
Shannon Kelley	Deputy Executive Commissioner for Managed Care	HHSC, Medicaid & CHIP Services	shannon.kelley@hhs.texas.gov
Dana Collins	Deputy Executive Commissioner for Operations, Medicaid and CHIP Services	HHSC, Medicaid & CHIP Services	dana.collins@hhs.texas.gov

C.2. Medicaid Program Spending By Eligibility Group

Percent of Total Medicaid Population
Based on FY 2020 data

Population	% of Total Medicaid Population	% of Total Medicaid Spending
Aged	11%	23%
Disabled	14%	43%
Adults	16%	7%
Children	60%	27%

Percent of Total Medicaid Spending

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	**TX**
All populations	$8,718	$7,693
Children	$3,495	$3,448
Adults	$5,461	$4,594
Expansion adults	$7,227	$21,186
Blind and disabled	$23,123	$21,774
Aged	$18,552	$15,104

C.2. Medicaid Program Spending: Budget

Budget Item	FY 2021 Spending	Percent Of Budget
Managed care and premium assistance	$29,968,000,000	65%
Other acute	$5,381,000,000	12%
Hospital	$4,139,000,000	9%
Home- and community-based LTSS	$2,700,000,000	6%
Insitutional LTSS	$1,653,000,000	4%
Medicare premiums and coinsurance	$1,531,000,000	3%
Drugs	$260,000,000	1%
Other practitioner	$140,000,000	<1%
Physician	$112,000,000	<1%
Clinic and health center	$25,000,000	<1%
Dental	$18,000,000	<1%
Budget Total: $45,927,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	66.1%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time
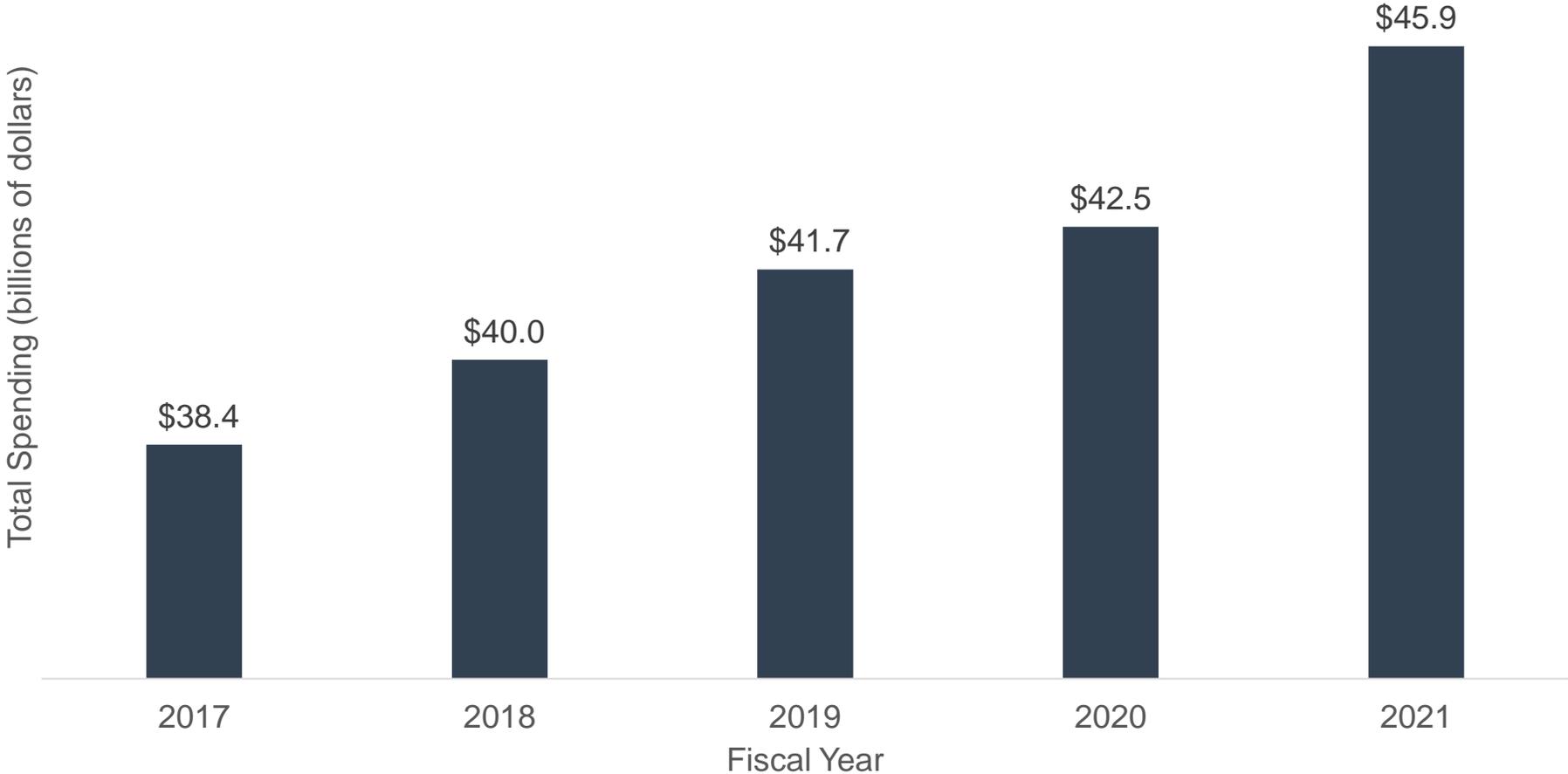
C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	No
Date Of Expansion	N/A
Medicaid Eligibility Income Limit For Able-Bodied Adults	16% of the Federal Poverty Level (FPL) for parents; no coverage for able-bodied adults
Legislation Used To Expand Medicaid	N/A
Number Of Individuals Enrolled In The Expansion Group (December 2022)	N/A
Number Of Enrollees Newly Eligible Due To Expansion	N/A
Benefits Plan For Expansion Population	N/A

C.4. Medicaid Program Benefits

Federally Mandated Services
1. Inpatient hospital services other than services in an institution for mental disease (IMD) 2. Outpatient hospital services 3. Rural Health Clinic services 4. Federally Qualified Health Center (FQHC) services 5. Laboratory and x-ray services 6. Nursing facilities for individuals 21 and over 7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) 8. Family planning services and supplies 9. Free standing birth centers 10. Pregnancy-related and postpartum services 11. Nurse midwife services 12. Tobacco cessation programs for pregnant women 13. Physician services 14. Medical and surgical services of a dentist 15. Home health services 16. Nurse practitioner services 17. Non-emergency transportation to medical care

Texas's Optional Services
1. Podiatry services 2. Optometry services 3. Chiropractor services 4. Other practitioner services 5. Clinic services 6. Private duty nursing services 7. Prescribed drugs 8. Physical therapy and related services 9. Speech therapy 10. Non-prescription drugs 11. Prosthetic devices 12. Eyeglasses 13. Preventative services 14. Services for individuals over age 65 in IMDs 15. Inpatient psychiatric facility services for individuals under age 21 16. Rehabilitative services 17. Targeted case management 18. Personal care services 19. Respiratory care services 20. Services provided in religious nonmedical health care institutions

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics					
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care – STAR**	**Medicaid Managed Care – STAR+PLUS**	**Medicaid Managed Care – STAR Kids**	**Medicaid Managed Care – STAR Health**
Enrollment* (November 2022)	230,572	4,748,820	568,456	170,219	46,228
SMI Enrollment	Texas does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care. • Estimated 4% of the SMI population in FFS; 96% in managed care				
Management	• Health and Human Services Commission • Texas Medicaid and Healthcare Partnership provides administrative functions	16 health plans	Five health plans	10 health plans	One health plan
Payment Model	FFS	Capitated rate	Capitated rate	Capitated rate	Capitated rate
Geographic Service Area	Statewide	Statewide; plans available regionally	Statewide; plans available regionally	Statewide; plans available regionally	Statewide; plans available regionally

Total Medicaid: 5,764,295 | Total Medicaid With SM: 495,729

*An additional 33,673 individuals are enrolled in the state's dual demonstration. See section E. for more information.

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of November 2022: 4% in fee-for-service (FFS); 96% in managed care
SMI population inclusion in managed care	• Texas does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care. • Estimated 4% of the SMI population in FFS; 96% in managed care
Dual eligible population inclusion in managed care	• Dual eligibles are mandatorily enrolled in managed care unless they receive LTSS for an intellectual/developmental disability (I/DD). • Estimated 7% in FFS; 93% in managed care
Long-term services and supports (LTSS) inclusion in managed care	• All individuals, except for children in need of nursing facility level of care or individuals with I/DD, are included in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Included in the health plan's capitation rate, except for LTSS for the I/DD population and for children in need of nursing facility level of care

D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Medicaid Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	Texas's dual eligible demonstration was extended to December 2022, with plans for renewal through December 2023.
Managed Long-Term Services and Supports (MLTSS)	✓	STAR+PLUS health plans deliver LTSS for conditions not related to I/DD.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Texas was awarded a CCBHC planning grant; but was not selected to participate in the pilot phase of the program. The state operates 43 CCBHCs under the expansion grant.
Other Care Coordination Initiative	✓	The STAR+PLUS Pilot Program (SP3), is a new pilot program that will implement in phases, with services beginning by 2/1/24.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	Dual eligibles receiving I/DD waiver services		All other dual eligibles
Medicaid expansion	Not applicable		
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Individuals in foster care			X
Other populations	• Medically Needy • Residents of State Supported Living Centers		• Medicaid for Breast and Cervical Cancer

D.2. Medicaid FFS Program: Overview

1. Full-benefit FFS enrollment as of November 2022 was 230,572.

2. The state contracts with a group of vendors to perform administrative functions for the FFS program. These vendors operate under the umbrella of the Texas Medicaid and Healthcare Partnership (TMHP), which is led by Accenture.

3. Administrative services provided by TMHP include services such as encounter processing, provider enrollment, claims processing, and more beneficiary specific services.

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Behavioral health services and pharmacy are provided FFS by the state.

2. Individuals with SMI may also be eligible for adult mental health home- and community-based services (HCBS-AMH). For more details see slide D 3.

FFS Mental Health Benefits
1. Screening services
2. Psychiatric diagnostic evaluation
3. Psychotherapy
4. Psychological and neuropsychological testing
5. Inpatient care
6. Electroconvulsive therapy
7. Pharmacological management
8. Rehabilitative services • Day program • Medication training and support • Crisis intervention • Skills training and development • Psychosocial rehabilitative services
9. Peer specialists
10. Targeted case management
11. HCBS-AMH

FFS Addiction Treatment Benefits
1. Inpatient services
2. Assessment
3. Withdrawal management (outpatient and residential)
4. Individual and group counseling
5. Residential treatment services
6. Outpatient treatment services
7. Medication assisted treatment

D.2. Medicaid FFS Program: Pharmacy Benefit

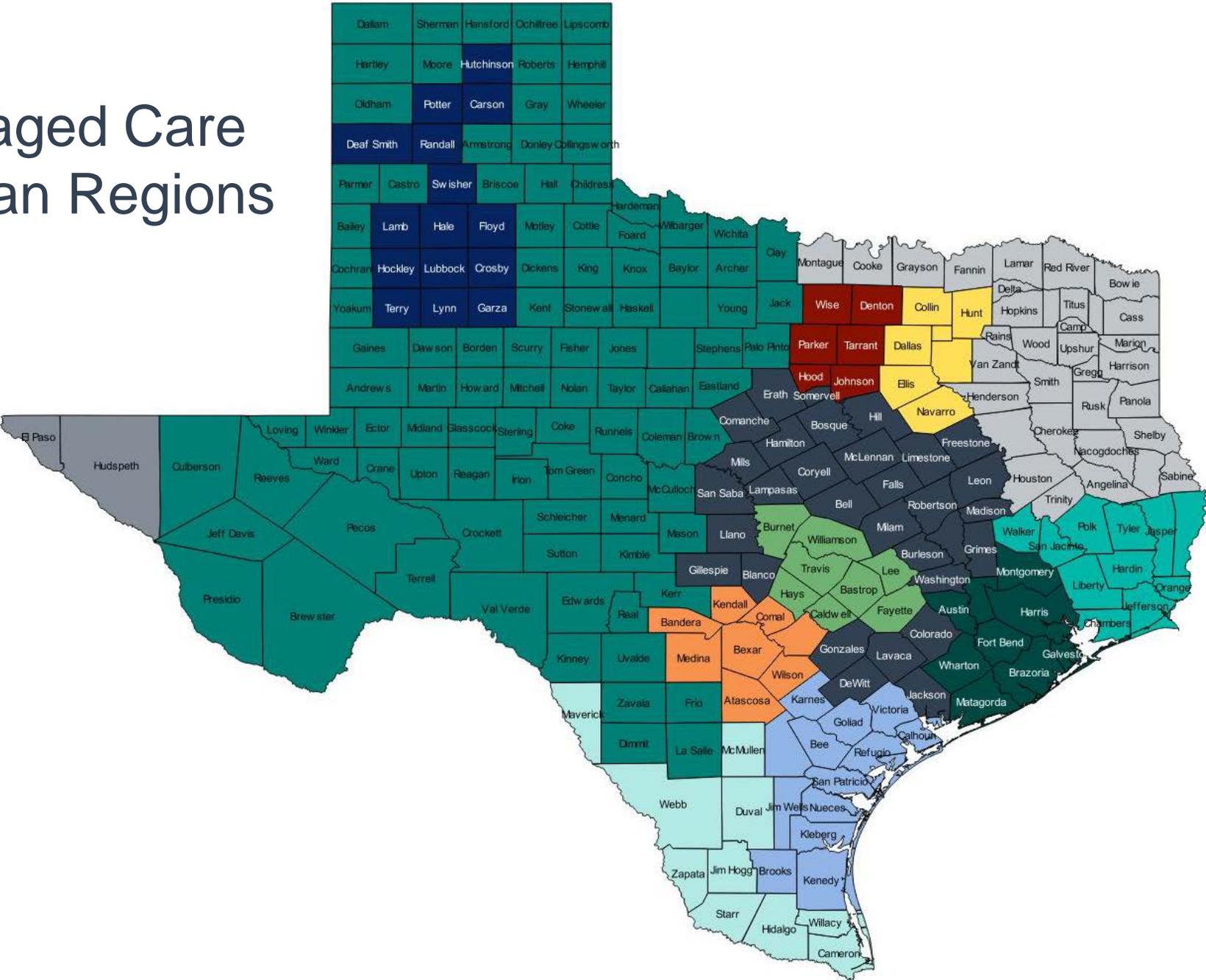| Texas FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	The state operates the Vendor Drug Program, under which it contracts with four different organizations for the following: • Pharmacy claims and rebates • Clinical and auto prior authorization • Retrospective drug utilization review • Preferred drug list (PDL)
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A PDL For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and antipsychotics are included on the PDL
State Uses A PDL For Addiction Treatment Drugs	Yes, addiction treatment drugs are included on the PDL.
Coverage Of Antipsychotic Injectable Medications	No, drugs administered by a clinical professional are covered under the Texas medical benefit. The state is currently evaluating a pilot program that would allow the coverage of some long-acting injectables via the pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Adults in FFS are limited to three prescriptions per month, with some exceptions • Treatment failure of a preferred drug, contraindication of a preferred drug, or allergy to preferred drug required before non-preferred drug prescribed • Many preferred antipsychotics and addiction treatment drugs are subject to clinical prior authorizations
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, Texas has a lock-in program for individuals who misuse health or pharmacy services. Individuals are locked-in to a single clinical professional and/or pharmacy for an initial period of 36 months. After 36 months, an individuals may be locked-in for an additional 60 months.

D.3. Medicaid Managed Care Program: Overview

1. As of November 2022, enrollment in managed care was 5,533,724.

2. Texas has four managed care programs that serve subsets of the Medicaid population:

   - **STAR** (State of Texas Access Reform) – Provides physical and behavioral health services to low-income children and families.
   - **STAR+PLUS** – Provides physical and behavioral health services and some long-term services and supports (LTSS) to the disabled population over the age of 21, as well as the elderly.
   - **STAR Kids** – Provides physical and behavioral health services and LTSS related to a single waiver—the Medically Dependent Children's Program—to persons with disabilities under age 21.
   - **STAR Health** – Provides physical and behavioral health services to children and young adults in the foster care system.

3. The STAR, STAR+PLUS, and STAR Kids programs operate statewide, with plans available regionally in 13 service areas. STAR Health is a statewide program served by a single health plan, Superior (Centene-WellCare). Eligible individuals who choose not to enroll in STAR Health must enroll in STAR or STAR Kids.

4. 3% of the health plan's capitation rate is withheld and returned based on performance on a set of quality measures. Undistributed funds are returned in the form of bonus pool payments. Quality measures vary by program. This program is called the "Pay For Quality (P4Q)" Program.

5. The state requires the health plans to meet value-based reimbursement targets using the Health Care Payment Learning and Action Network (HCP LAN) alternative payment models (APM) framework.

   - In 2022, 50% of expenditures must be in APMs, and 25% of expenditures must be in risk-based APMs. As of February 2023, the state has not reported the status of their APMs.
   - If targets are not met, there will be a penalty of $.10 PMPM for both rates.

D.3. Medicaid Managed Care Program: Health Plan Regions

Health Plan Regions

- Bexar
- Dallas
- El Paso
- Harris
- Hidalgo
- Jefferson
- Lubbock
- MRSA Central
- MRSA Northeast
- MRSA West
- Nueces
- Tarrant
- Travis

D.3. Medicaid Managed Care Program: Health Plan Regions

Region	Counties
Bexar	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
Dallas	Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
El Paso	El Paso, Hudspeth
Harris	Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, Wharton
Hidalgo	Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata
Jefferson	Chambers, Hardin, Jasper, Jefferson, Liberty, Newton, Orange, Polk, San Jacinto, Tyler, Walker
Lubbock	Carson, Crosby, Deaf Smith, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Potter, Randall, Swisher, Terry
Medicaid Rural Service Area (MRSA) Central	Bell, Blanco, Bosque, Brazos, Burleson, Colorado, Comanche, Coryell, DeWitt, Erath, Falls, Freestone, Gillespie, Gonzales, Grimes, Hamilton, Hill, Jackson, Lampasas, Lavaca, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Somervell, Washington

Region	Counties
MRSA North	Anderson, Angelina, Bowie, Camp, Cass, Cherokee, Cooke, Delta, Fannin, Franklin, Grayson, Gregg, Harrison, Henderson, Hopkins, Houston, Lamar, Marion, Montague, Morris, Nacogdoches, Panola, Rains, Red River, Rusk, Sabine, San Augustine, Shelby, Smith, Titus, Trinity, Upshur, Van Zandt, Wood
MRSA West	Andrews, Archer, Armstrong, Bailey, Baylor, Borden, Brewster, Briscoe, Brown, Callahan, Castro, Childress, Clay, Cochran, Coke, Coleman, Collingsworth, Concho, Cottle, Crane, Crockett, Culberson, Dallam, Dawson, Dickens, Dimmit, Donley, Eastland, Ector, Edwards, Fisher, Foard, Frio, Gaines, Glasscock, Gray, Hall, Hansford, Hardeman, Hartley, Haskell, Hemphill, Howard, Irion, Jack, Jeff Davis, Jones, Kent, Kerr, Kimble, King, Kinney, Knox, La Salle, Lipscomb, Loving, Martin, Mason, McCulloch, Menard, Midland, Mitchell, Moore, Motley, Nolan, Ochiltree, Oldham, Palo Pinto, Parmer, Pecos, Presidio, Reagan, Real, Reeves, Roberts, Runnels, Schleicher, Scurry, Shackelford, Sherman, Stephens, Sterling, Stonewall, Sutton, Taylor, Terrell, Throckmorton, Tom Green, Upton, Uvalde, Val Verde, Ward, Wheeler, Wichita, Wilbarger, Winkler, Yoakum, Young, Zavala
Nueces	Aransas, Bee, Brooks, Calhoun, Goliad, Jim Wells, Karnes, Kenedy, Kleberg, Live Oak, Nueces, Refugio, San Patricio, Victoria
Tarrant	Denton, Hood, Johnson, Parker, Tarrant, Wise
Travis	Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Williamson

D.3. Medicaid Managed Care Program: STAR Program

1. As of November 2022, enrollment in STAR was 4,748,820, representing 86% of the total managed care population.

2. The STAR program provides physical health, behavioral health, and pharmacy services for pregnant women, newborns, and children and families with limited income.

3. The STAR program operates statewide. There are 16 STAR health plans available regionally in the 13 service delivery areas.

4. There are at least two STAR plans available in each region, and enrollees may choose between them.

D.3. Medicaid Managed Care Program: STAR Program Plans By Region

Region	STAR Managed Care Plans	Enrollment	Percentage
Bexar	Aetna, Amerigroup, Community First, Superior	329,166	7%
Dallas	Amerigroup, Molina, Parkland	490,888	10%
El Paso	El Paso First, Molina, Superior	142,184	3%
Harris	Amerigroup, Community Health Choice, Molina, Texas Children's, UnitedHealthcare	910,942	19%
Hidalgo	Driscoll, Molina, Superior, UnitedHealthcare	410,759	9%
Jefferson	Amerigroup, Community Health Choice, Molina, Texas Children's, UnitedHealthcare	105,655	2%
Lubbock	Amerigroup, FirstCare, Superior	96,274	2%
MRSA Central	Amerigroup, Scott and White, Superior	177,695	4%
MRSA Northeast	Amerigroup, Superior	217,400	5%
MRSA West	Amerigroup, FirstCare, Superior	201,018	4%
Nueces	Driscoll, Superior, UnitedHealthcare	110,248	2%
Tarrant	Aetna, Amerigroup, Cook Children's	350,699	7%
Travis	Blue Cross and Blue Shield of Texas, Dell Children's, Superior	190,027	4%
Total November 2022 Enrollment: 4,748,820			

D.3. Medicaid Managed Care Program: STAR+PLUS Program

1. As of November 2022, enrollment in STAR+PLUS was 568,456, representing 10% of the total managed care population.

2. STAR+PLUS provides physical health, behavioral health, pharmacy nursing facility services, and community-based LTSS.

   - Access to home- and community-based services (HCBS) is limited to the enrollment caps put in place by Texas's 1115 demonstration waiver.

3. To qualify for the STAR+PLUS program, a Medicaid beneficiary must meet at least one of the following criteria:

   - Age 21 or older, receiving Supplemental Security Income (SSI) benefits, and eligible for Medicaid due to low-income

   - Not receiving SSI, but eligible for STAR+PLUS HCBS waiver

   - Age 21 or older, receiving Medicaid through what are called "Social Security Exclusion programs," and meeting program rules for income and asset levels

   - Age 21 or over, residing in a nursing home, and receiving Medicaid while in the nursing home

   - Enrolled in the Breast and Cervical Cancer Program

4. The STAR+PLUS program operates statewide, with a total of five health plans available regionally by service area. STAR+PLUS Medicaid members can select from at least two health plans in each region.

5. Members who are dual eligibles, have a history of mental health or addiction disorder, or receive LTSS must be contacted by the service coordinator at least once via phone and at least once face-to-face.

6. The STAR+PLUS HCBS provisions of the state's section 1115 waiver authorize additional LTSS for those who qualify for a nursing facility level of care. These services—such as nursing, personal assistance services, adaptive aids, medical supplies, and minor modifications to make members' homes more accessible—are also included in the health plan's capitation.

D.3. Medicaid Managed Care Program: STAR+PLUS Program Plans By Region

Region	STAR+PLUS Program Plans	Enrollment	Percentage
Bexar	Amerigroup, Molina, Superior	49,842	9%
Dallas	Molina, Superior	68,188	12%
El Paso	Amerigroup, Molina	22,500	4%
Harris	Amerigroup, Molina, UnitedHealthcare	117,253	21%
Hidalgo	Cigna-HealthSpring, Molina, Superior	64,042	11%
Jefferson	Amerigroup, Molina, UnitedHealthcare	20,480	4%
Lubbock	Amerigroup, Superior	14,001	2%
MRSA Central	Superior, UnitedHealthcare	32,588	6%
MRSA North	Cigna-HealthSpring, UnitedHealthcare	47,403	8%
MRSA West	Amerigroup, Superior	36,703	6%
Nueces	Superior, UnitedHealthcare	21,398	4%
Tarrant	Amerigroup, Cigna-HealthSpring	46,231	8%
Travis	Amerigroup, UnitedHealthcare	27,826	5%
Total November 2022 Enrollment: 568,456			

D.3. Medicaid Managed Care Program: STAR Kids

1. As of November 2022, enrollment in STAR Kids was 170,219, representing 3% of the total managed care population.
2. Children and young adults under the age of 21 who receive Supplemental Security Income (SSI), who reside in an ICF/IDD or nursing facility, or who are served by the following waiver programs are required to enroll:
   - Medically Dependent Children Program (MDCP)
   - HCBS
   - Community Living Assistance and Supports Services (CLASS)
   - Deaf Blind with Multiple Disabilities (DBMD)
   - Texas Home Living (TxHmL)
   - Youth Empowerment Services (YES)
3. The STAR Kids capitation rate includes physical health, behavioral health, pharmacy services, and MDCP waiver services for eligible children.
   - Individuals enrolled in the other listed HCBS waiver programs or residing in an ICF/IDD or nursing facility receive acute care services and service coordination through their STAR Kids MCO but receive LTSS on an FFS basis.
4. The STAR Kids program operates statewide, with a total of ten health plans available regionally by service area. STAR Kids Medicaid members can select from at least two health plans in each area.

D.3. Medicaid Managed Care Program: STAR Kids Program Plans By Region

Region	STAR Kids Plans	Enrollment	Percentage
Bexar	Community First, Superior	14,961	9%
Dallas	Amerigroup, Children's Medical Center	22,586	13%
El Paso	Amerigroup, Superior	5,027	3%
Harris	Amerigroup, Texas Children's, UnitedHealthcare	39,117	23%
Hidalgo	Driscoll, Superior, UnitedHealthcare	22,614	13%
Jefferson	Texas Children's, UnitedHealthcare	5,239	3%
Lubbock	Amerigroup, Superior	3,558	2%
MRSA Central	Blue Cross and Blue Shield of Texas, UnitedHealthcare	9,571	6%
MRSA Northeast	Texas Children's, UnitedHealthcare	11,378	7%
MRSA West	Amerigroup, Superior	7,249	4%
Nueces	Driscoll, Superior	5,368	3%
Tarrant	Aetna, Cook Children's	15,749	9%
Travis	Blue Cross and Blue Shield of Texas, Superior	7,805	5%
Total November 2022 Enrollment: 170,219			

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health
1. Profit status: For-profit
2. Parent company: Aetna/ CVS
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS Caremark
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 3%

Amerigroup
1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: IngenioRx
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids
6. Enrollment share: 19%

Blue Cross Blue Shield of Texas
1. Profit status: For-profit
2. Parent company: Health Care Service Corp.
3. Behavioral health subcontractor: Magellan
4. Pharmacy benefit manager: Prime Therapeutics
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 1%

Dell Children
1. Profit status: Non-profit
2. Parent company: Dell Children's Medical Center
3. Behavioral health subcontractor: Magellan
4. Pharmacy benefit manager: None
5. Managed care programs: STAR
6. Enrollment share: <1%

Scott & White
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: None
5. Managed care programs: STAR
6. Enrollment share: 1%

Community First Health Plans
1. Profit status: Non-profit
2. Parent company: University Health System
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 3%

Community Health Choice
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR
6. Enrollment share: 7%

Cook Children's Health Plan
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 3%

Driscoll Health Plan
1. Profit status: Non-profit
2. Parent company: Driscoll Children's Hospital
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 5%

D.3. Medicaid Managed Care Program: Health Plan Characteristics

El Paso Health

1. Profit status: Non-profit
2. Parent company: University Medical Center of El Paso
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR
6. Enrollment share: 2%

FirstCare

1. Profit status: For-profit
2. Parent company: Covenant Health and Hendrick Health System
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR
6. Enrollment share: 2%

Molina Healthcare

1. Profit status: For-profit
2. Parent company: Molina Healthcare, Inc.
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS Caremark
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration
6. Enrollment share: 5%

Parkland Community Health

1. Profit status: Non-profit
2. Parent company: Parkland Health and Hospital System
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR
6. Enrollment share: 4%

Superior HealthPlan

1. Profit status: For-profit
2. Parent company: Centene-WellCare Corporation
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: Envolve Rx
5. Managed care programs: All programs
6. Enrollment share: 25%

Texas Children's Health Plan, Inc.

1. Profit status: Non-profit
2. Parent company: Texas Children's Hospital
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Navitus
5. Managed care programs: STAR, STAR Kids
6. Enrollment share: 11%

UnitedHealthcare/ Evercare of Texas

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: OptumRx
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids
6. Enrollment share: 8%

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Most behavioral health services and pharmacy are included in the health plan's capitation in all Texas managed care programs.

2. Home & Community Based Services – Adult Mental Health (HCBS-AMH) services are not included in the health plan's capitation rate and are delivered by FFS.

   - The health plans must work with the service coordinators to ensure the non-duplication of services between the programs.

   - For more information on the HCBS-AMH program, see section D.2.

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D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits
1. Screening services
2. Psychiatric diagnostic evaluation
3. Psychotherapy
4. Psychological and neuropsychological testing
5. Inpatient care
6. Electroconvulsive therapy
7. Pharmacological management
8. Rehabilitative services • Day program • Medication training and support • Crisis intervention • Skills training and development • Psychosocial rehabilitative services
9. Peer specialists
10. Targeted case management

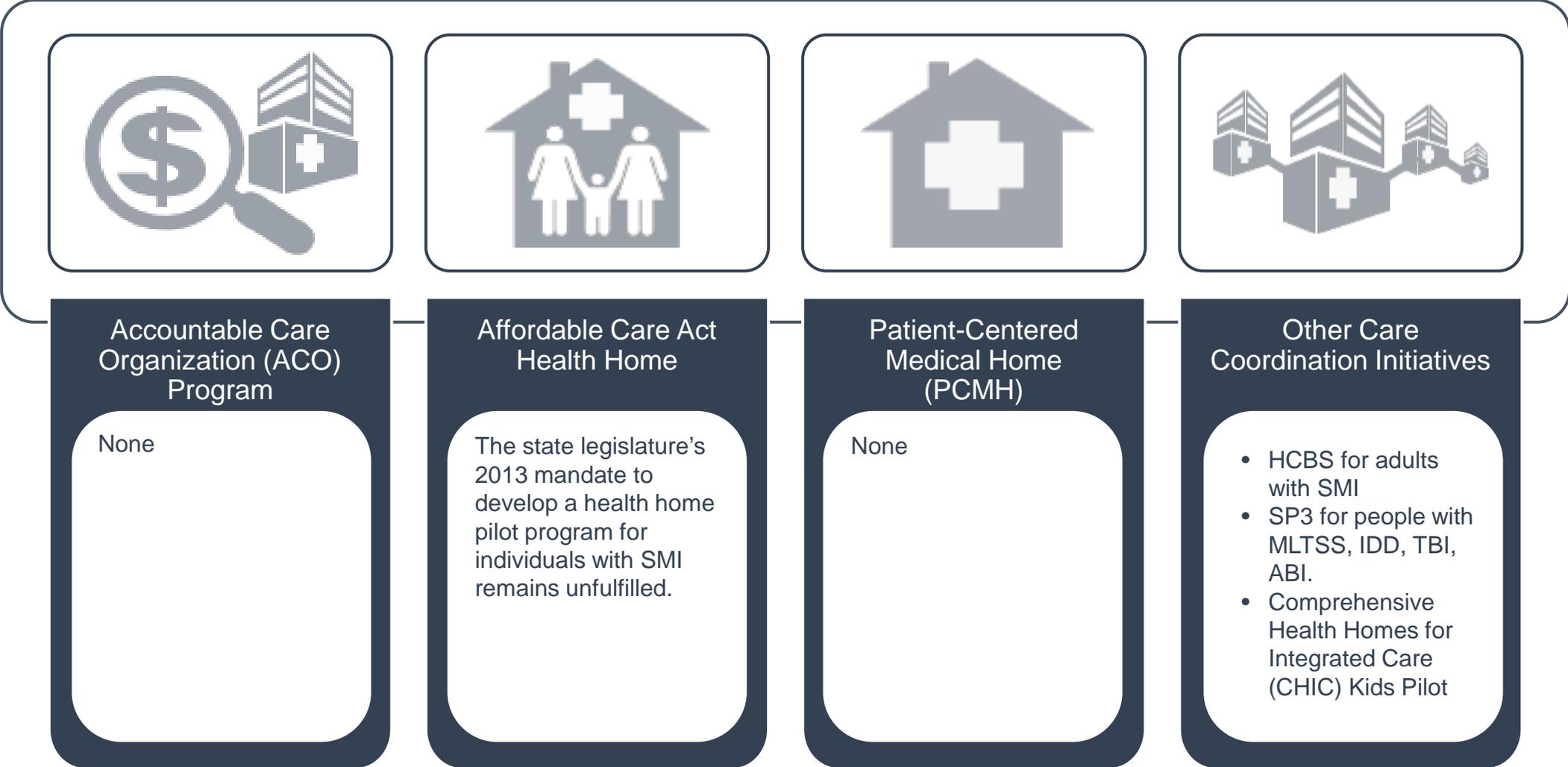| Managed Care Addiction Treatment Benefits |
|---|
| 1. Inpatient services |
| 2. Assessment |
| 3. Withdrawal management (outpatient and residential) |
| 4. Individual and group counseling |
| 5. Residential treatment services |
| 6. Outpatient treatment services |
| 7. Medication assisted treatment |

D.3. Medicaid Managed Care Program: SMI Population

1. Texas does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care.
2. As of November 2022, OPEN MINDS estimates that 96% of the SMI population was enrolled in managed care. Most of these individuals are served by STAR+PLUS health plans.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Texas Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan; the state requires the health plans to contract with a pharmacy benefit manager to process prescription claims.
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Health plans are required to adhere to the FFS PDL, which includes mental health and addiction treatment drugs.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Health plans are required to follow some prior authorizations put into place by the Medicaid FFS program, however, they may put into place additional clinical prior authorizations by selecting from a pre-approved list. Additionally, health plans may use different strategies to drive member utilization to different drugs on the PDL.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans are required to have written procedures for a Medicaid lock-in program, which was approved by the Texas HHSC Office of Inspector General.

D.4. Medicaid Program: Care Coordination Initiatives

Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	The state legislature's 2013 mandate to develop a health home pilot program for individuals with SMI remains unfulfilled.	None	• HCBS for adults with SMI • SP3 for people with MLTSS, IDD, TBI, ABI. • Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot

D.4 Medicaid Program: Care Coordination Initiatives (cont.)

1. The STAR+PLUS Pilot Program, also called SP3, is a new pilot program that will test a managed care delivery model for long-term services and supports for people with intellectual and developmental disabilities (IDD), traumatic brain injuries (TBI), acquired brain injuries (ABI) and similar functional needs.
2. SP3 will implement in phases, with services beginning by Feb. 1, 2024 in one of the Texas managed care service areas (either Bexar, Medicaid Rural Service Area Northeast or Tarrant). The pilot will then be evaluated.
3. SP3 services will be offered to people who meet all of the following requirements:
   - Live in the service area where SP3 will oprate
   - Are age 21 and older
   - Are enrolled in STAR+PLUS
   - Have IDD, TBI, ABI, or a similar functional need as someone with ISS, TBI, or ABI
   - Are not currently enrolled in an IDD 1915© waiver or community-based ICF
   - Are not currently living in a nursing home
4. SP3 services include, but are not limited to:

   - Adaptive aids
   - Cognitive rehabilitation therapy
   - Dental services
   - Home-delivered meals
   - Individualized skills and socialization
   - Minor home modifications
   - Nursing

   - Personal assistance services/ habilitation
   - Respite services
   - Employment assistance and supported employment
   - Physical, speech and occupational therapies, transportation services.

5. SP3 will also include new services – such as remote supports, housing supports, and enhanced behavioral health and medical services – that are not currently available in other Medicaid waiver programs.

D.4 Medicaid Program: Care Coordination Initiatives (cont.)

1. The Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot is a Texas program being piloted within the STAR Kids program to model the effectiveness of enhanced care coordination provided through health homes designed specifically to support children with medically complex conditions and their families.

2. Participation in the pilot is voluntary for MCOs, health home providers, and Medicaid members.

3. The pilot will run from December 1, 2022 until September 1, 2025.

4. To participate in the CHIC Kids Pilot program, STAR Kids managed care organizations (MCOs) and their contracted provider participants will be required to engage in an alternative payment model or other reimbursement arrangement that provides enhanced care coordination through health homes specially designed for children with medically complex conditions.

5. Member participation requirements:

   - Children and youth enrolled in STAR Kids who are determined to need a referral for nursing care at home based on the results of the STAR Kids screening and assessment instrument.

   - Must consent to participate

   - Must meet definition of "child with medically complex conditions".

D.4 Medicaid Program: Care Coordination Initiatives (cont.)

1. The Peer Re-entry Pilot Program provides community-based peer services and access to services from licensed mental health processionals who assist with transition or "re-entry" into clinically appropriate community-based mental health services.

2. The peer specialist builds a relationship with the participant while incarcerated and maintains this relationship during and after transition into the community and community-based mental health services.

3. The goals of the program are to support recovery through ongoing mental health peer supports.

4. Three local mental health authorities were selected based on the state's assessment of the facility;s level of need, capacity and existing relationships with law enforcement. Implementation fo the Peer Support Re-entry Pilot program started April 1, 2016 in the following LMHAs:

   - The Harris Center (Harris County)
   - My Health My Resources of Tarrant County (Tarrant County)
   - Tropical Texas Behavioral Health (Cameron, Hidalgo, and Willacy counties)

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Texas Healthcare Transformation and Quality Improvement Program	• Authorizes statewide managed care for most populations; with the savings financing an uncompensated care pool, and a Delivery System Reform Incentive Payment pool. • Authorizes HCBS for persons age 65 and older, and physically disabled individuals age 21 to 64.	1115	None; Caps in place for HCBS: • SSI-related eligibles-45,562 • 217-like HCBS group- 24,742	12/12/2011	09/30/2030
Community First Choice (TX-25)	Authorizes selective contracting for Community First Choice services for certain I/DD waiver recipients.	1915 (b)	None	06/01/2020	05/31/2025
Texas Non-Emergency Medical Transportation (TX-28)	HHSC will selectively contract with providers for the provision of NEMT demand response transportation services (DRTS) to the Medicaid fee-for-service (FFS) population in the State of Texas.	1915 (b)	None	06/01/2021	05/31/2026
Healthy Texas Women	Seeks to provide women's health and family planning services at no cost to eligible, low-income Texas women. Currently, there is a waiver amending waiting approval detailing extended postpartum care services.	1115	None	1/22/2020	12/31/2024

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
TX HCBS Program (0110.R07.00)	Individuals of any age with I/DD	27,689	Department of Aging and Disability Services (DADS)	None
TX Home Living Program (0403.R03.00)	Individuals of any age with I/DD	5,393	Medicaid and CHIP Services	None
TX Community Living Assistance & Support Services (CLASS) (0221.R06.00)	Individuals of any age with I/DD	5,878	DADS	None
TX Youth Empowerment Services (YES) (0657.R02.00)*	Individuals with serious emotional disturbance ages 3 to 18	3,591	Medicaid and CHIP Services	None
TX Deaf Blind w/Multiple Disabilities (0281.R04.02)**	Individuals of any age with a developmental disability and deaf-blindness	381	Medicaid and CHIP Services	None

*Ends 03/31/2023
** Ends 2/28/23

D.6. Medicaid Program: New Initiatives – Care For The SMI Population

1. In June 2018, Texas released a request for information that asked for responses about developing specialty health plans for individuals with SMI using the vertical carve-out model.

   - As of February 2023, the state has not released the responses or a follow-up plan to the RFI. *OPEN MINDS* currently estimates this plan may be on an indefinite hold.

2. The state did release a plan to better hold the health plans accountable for the delivery of services to the SMI population. The plan includes:

   - Requiring health plans to share data related to specific measures with physical and behavioral health provider organizations

   - Developing new measures related to jail and emergency room diversion, homelessness reduction, supportive housing, medication adherence, and post-linkage adherence to care.

   - Improve oversight and enforcement of health plan provider networks, including behavioral health

   - Explore ways to improve community integration

D.6. Medicaid Program: New Initiatives

1. The STAR+PLUS program was reprocured in 2019. The originally chosen plans were scrapped in March 2020 due to discrepancies in the scoring of the bids. However, the state is currently reopening bids on STAR, Chip, STAR+PLUS.

2. Texas Government Code Section 534.202 required HHSC to transition the I/DD population and LTSS services for the I/DD population to managed care beginning in 2020.

   - HHSC canceled a pilot program to test the transition to managed care in late 2017.

   - The IDD System Redesign Advisory Committee requested a delay in implementation in July 2018 due to a lack of information on the new managed care program.

   - Texas submitted their proposal to CMS in October 2019, for a final decision scheduled for April 2020.

     a. This pilot program was placed on hold due to the public health emergency caused by COVID-19. The program has been pushed back and is planned to be implemented in 2021. As of January 2021, the state has not released information about the intended start date.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	**Medicaid Fee-For-Service (FFS)**	**STAR+PLUS Medicaid Managed Care**	**Dual Eligible Demonstration**	**PACE**
Enrollment (February 2020)	27,689	306,713	35,525 (2/2023)	1,107 (1/2023)
Estimated SMI Enrollment	8,861	98,148	13,007	360
Management	• Health and Human Services Commission • Texas Medicaid and Healthcare Partnership provides administrative functions	Five health plans	Five health plans	3 non-profit organizations
Payment Model	FFS	Capitated rate	Blended capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Statewide; plans available regionally	Six counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant	Certain ZIP codes

Total Dual Eligible Enrollment: 376,174 | Total Dual Eligible Enrollment With SMI: 120,376

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	Enrollment (January 2023)	Estimated SMI Enrollment
UnitedHealthcare Dual Complete (HMO SNP)	UnitedHealthcare	Medicare Advantage D-SNP	102,730	32,519
UnitedHealthcare Dual Complete Select	UnitedHealthcare	Medicare Advantage D-SNP	27,576	15,224
Cigna-HealthSpring TotalCare	Cigna	Medicare Advantage D-SNP	35,016	11,205
Amerivantage Dual Coordination	Amerigroup Texas, Inc	Medicare Advantage D-SNP	31,913	10,212
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	25,980	8,314
UnitedHealthcare Dual Complete Premier	UnitedHealthcare	Medicare Advantage D-SNP	19,655	6,290
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	18,780	6,010
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	16,946	5,423
Aetna Medicare Dual Core	Aetna Better Health of Texas, Inc	Medicare Advantage D-SNP	13,177	4,217
WellCare Access	WellCare of Texas, Inc	Medicare Advantage D-SNP	10,299	3,296

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Dual eligible enrollment as of December 2020 was 376,174.

2. Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.

3. Dual eligibles are enrolled in STAR+PLUS unless they receive LTSS services for an intellectual/developmental disability (I/DD).

4. Dual eligibles also have the option to enroll in the state's dual demonstration or PACE program in select areas of the state.

5. D-SNP enrollment as of January 2023 is 354,748, estimated SMI was 117,362.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. The Texas dual eligible demonstration program, called the Texas Dual Eligible Integrated Care Project, launched in March 2015.

2. The demonstration contracts with STAR+PLUS health plans to provide all STAR+PLUS and Medicare covered services.

3. As of January 2023, enrollment in the demonstration is 35,525.

4. The demonstration was originally scheduled to end in 2018, but the state and CMS agreed upon a two-year extension.

5. As of November 1, 2020, the demonstration had been extended through a three-way contract amendment. The program was authorized through December 2022, with plans for renewal through December 2023.

6. Texas HHSC's preliminary transition plan was submitted to CMS in September 2022. As of January 2023, no updates have been given.

E.4. Dual Eligible Medicaid Financing & Delivery System: Integrated Care Project Demonstration

Texas Dual Eligible Integrated Care Project Demonstration Overview	

Target Population	1. Full benefit dual eligibles ages 21 and over in the selected regions who are required to enroll in the STAR+PLUS program to receive Medicaid covered services.
	2. Excludes persons residing in ICF/IDD and individuals receiving services through the following waivers:
	   • Community Living Assistance and Support Services (CLASS)
	   • Deaf Blind with Multiple Disabilities Program (DBMD)
	   • Home and Community-based Services (HSC)
	   • Texas Home Living Program (TxHmL)
	3. Excludes individuals with third party private insurance

Geographic Service Area	Six counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant
Enrollment Model	• Passive enrollment with opt-out • Opt-in enrollment for individuals enrolled in PACE and the CMS Independence at Home demonstration • Individuals receiving services through a Medicare Advantage plan who are not participating in the demonstration must disenroll from that plan before opting-in
Care Delivery Model	• Integrated plan of care developed by a service coordinator with the individual and their chosen support team • Risk stratification of members into two levels using predictive-modeling software • Comprehensive risk assessment completed every 12 months at minimum • Individual Support Plan for individuals needing home- and community-based services (HCBS)

E.4. Dual Eligible Medicaid Financing & Delivery System: Integrated Care Project Demonstration

Texas Dual Eligible Integrated Care Project Demonstration Overview	
Benefits	• Physical health, behavioral health, community-based and nursing facility LTSS, and pharmacy services • Services available in the STAR+PLUS HCBS waiver for those who meet the waiver requirements • Excluded are hospice services, pre-admission screening and resident review (PASR), and Medicaid transportation
Payment Model	Three monthly capitation payments • From CMS: One payment for Medicare Parts A and B and one payment for Medicare Part D • From the state: One payment for Medicaid services
Practice Performance & Improvement	• Quality withhold of 3% for demonstration years three, four, and five (calendar years 2018, 2019, and 2020). There is an additional 1% added for years Six, Seven, and Eight (2021, 2022,2023). • In 2020, all health plans have received at least 50% of the withhold. • State-defined measures evaluating LTSS • HEDIS/NCQA and AHRQ/CAHPS measures • CMS measures

E.4. Dual Eligible Medicaid Financing & Delivery System: Integrated Care Project Demonstration Map & Enrollment

Demonstration counties
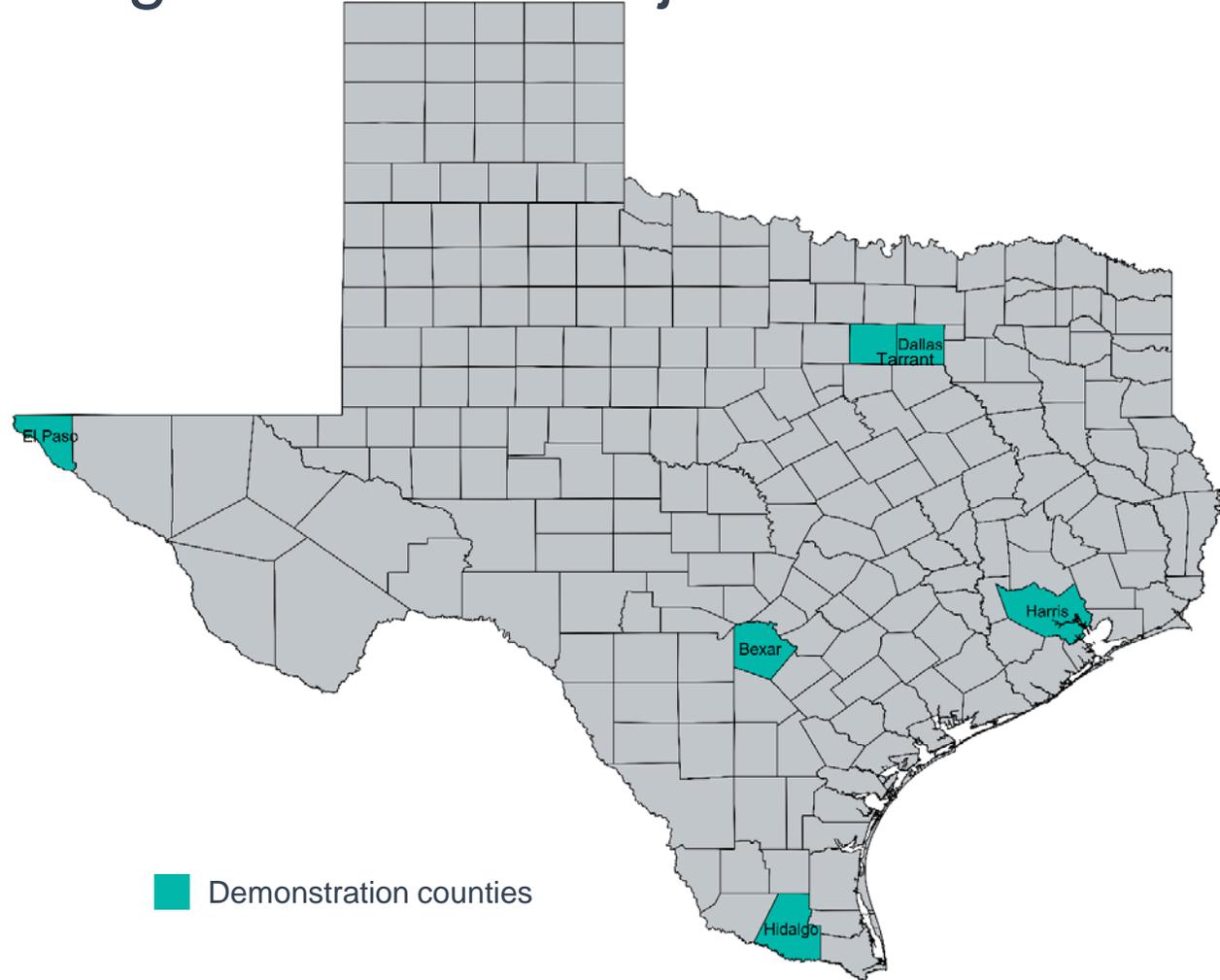
County	Plan	January 2023 Enrollment
Bexar	Amerigroup Texas	1,346
	Molina Healthcare	1,114
	Superior Health Plan	3,112
Dallas	Molina Healthcare	3,844
	Superior Health Plan	2,248
El Paso	Amerigroup Texas	1,741
	Molina Healthcare	1,639
Harris	Amerigroup Texas	3,610
	Molina Healthcare	1,566
	UnitedHealthcare	3,873
Hidalgo	Molina Healthcare	3,275
	Superior Health Plan	2,803
Tarrant	Amerigroup Texas	3,501
Total		**33,673**

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- STAR+PLUS provides physical health, behavioral health, pharmacy nursing facility services, and community-based LTSS.
- Access to HCBS is limited to the enrollment caps put in place by Texas's 1115 demonstration waiver.

LTSS* Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (May 2020)	535,385
Estimated SMI Enrollment	26,324
Management	• Physical health: Five health plans • Behavioral health: Five health plans
Payment Model	• Physical health: Capitated rate • Behavioral health: Capitated rate
Geographic Service Area	Statewide

*Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

The only individuals excluded from managed care are dual eligibles receiving services through the I/DD waiver.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X* (Individuals receiving services through the I/DD Waiver)		X* (All Other Dual Eligibles)
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations			

F.2. LTSS Medicaid Financing & Delivery System: Overview

1. STAR+PLUS provides physical health, behavioral health, pharmacy nursing facility services, and community-based LTSS.

2. Access to HCBS is limited to the enrollment caps put in place by Texas's 1115 demonstration waiver.

3. As of November 2022, enrollment in STAR+PLUS was 568,456, representing 10% of the total managed care population.

4. To qualify for the STAR+PLUS program, a Medicaid beneficiary must meet at least one of the following criteria:

   - Age 21 or older, receiving Supplemental Security Income (SSI) benefits, and eligible for Medicaid due to low-income

   - Not receiving SSI, but eligible for STAR+PLUS HCBS waiver

   - Age 21 or older, receiving Medicaid through what are called "Social Security Exclusion programs," and meeting program rules for income and asset levels

   - Age 21 or over, residing in a nursing home, and receiving Medicaid while in the nursing home

   - Enrolled in the Breast and Cervical Cancer Program

5. The STAR+PLUS program operates statewide, with a total of five health plans available regionally by service area. STAR+PLUS Medicaid members can select from at least two health plans in each region.

6. Members who are dual eligibles, have a history of mental health or addiction disorder, or receive LTSS must be contacted by the service coordinator at least once via phone and at least once face-to-face.

7. The STAR+PLUS HCBS provisions of the state's section 1115 waiver authorizes additional LTSS for those who qualify for a nursing facility level of care. These services—such as nursing, personal assistance services, adaptive aids, medical supplies, and minor modifications to make members' homes more accessible—are also included in the health plan's capitation.

F.3. Medicaid LTSS Program: Health Plan Characteristics

Amerigroup

1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefit manager: IngenioRx
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids

Cigna HealthSpring/Bravo

1. Profit status: For-profit
2. Parent company: Cigna
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Express Scripts
5. Managed care programs: STAR+PLUS, Dual Demonstration

Molina Healthcare

1. Profit status: For-profit
2. Parent company: Molina Healthcare, Inc.
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: CVS Caremark
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration

Superior HealthPlan

1. Profit status: For-profit
2. Parent company: Centene Corporation
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefit manager: Envolve Rx
5. Managed care programs: All programs

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealthcare
3. Behavioral health subcontractor: Optum
4. Pharmacy benefit manager: OptumRx
5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids

F.4. Medicaid LTSS Program: Health Benefits

Most behavioral health services and pharmacy are included in the health plan's capitation in all Texas managed care programs.

| Managed Care Mental Health Benefits |
| --- |
| 1. Screening services |
| 2. Psychiatric diagnostic evaluation |
| 3. Psychotherapy |
| 4. Psychological and neuropsychological testing |
| 5. Inpatient care |
| 6. Electroconvulsive therapy |
| 7. Pharmacological management |
| 8. Rehabilitative services Day program Medication training and support Crisis intervention Skills training and development Psychosocial rehabilitative services |
| 9. Peer specialists |
| 10. Targeted case management |

Managed Care Addiction Treatment Benefits
1. Inpatient services
2. Assessment
3. Withdrawal management (outpatient and residential)
4. Individual and group counseling
5. Residential treatment services
6. Outpatient treatment services
7. Medication assisted treatment

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The STAR+PLUS Pilot Program, also called SP3, is a new pilot program that will test a managed care delivery model for long-term services and supports for people with intellectual and developmental disabilities (IDD), traumatic brain injuries (TBI), acquired brain injuries (ABI) and similar functional needs.

- SP3 will implement in phases, with services beginning by Feb. 1, 2024 in one of the Texas managed care service areas (either Bexar, Medicaid Rural Service Area Northeast or Tarrant). The pilot will then be evaluated.

- SP3 services will be offered to people who meet all of the following requirements:

    - Live in the service area where SP3 will oprate

    - Are age 21 and older

    - Are enrolled in STAR+PLUS

    - Have IDD, TBI, ABI, or a similar functional need as someone with ISS, TBI, or ABI

    - Are not currently enrolled in an IDD 1915© waiver or community-based ICF

    - Are not currently living in a nursing home

- SP3 services include, but are not limited to:

G. State Behavioral Health Administration & Finance System

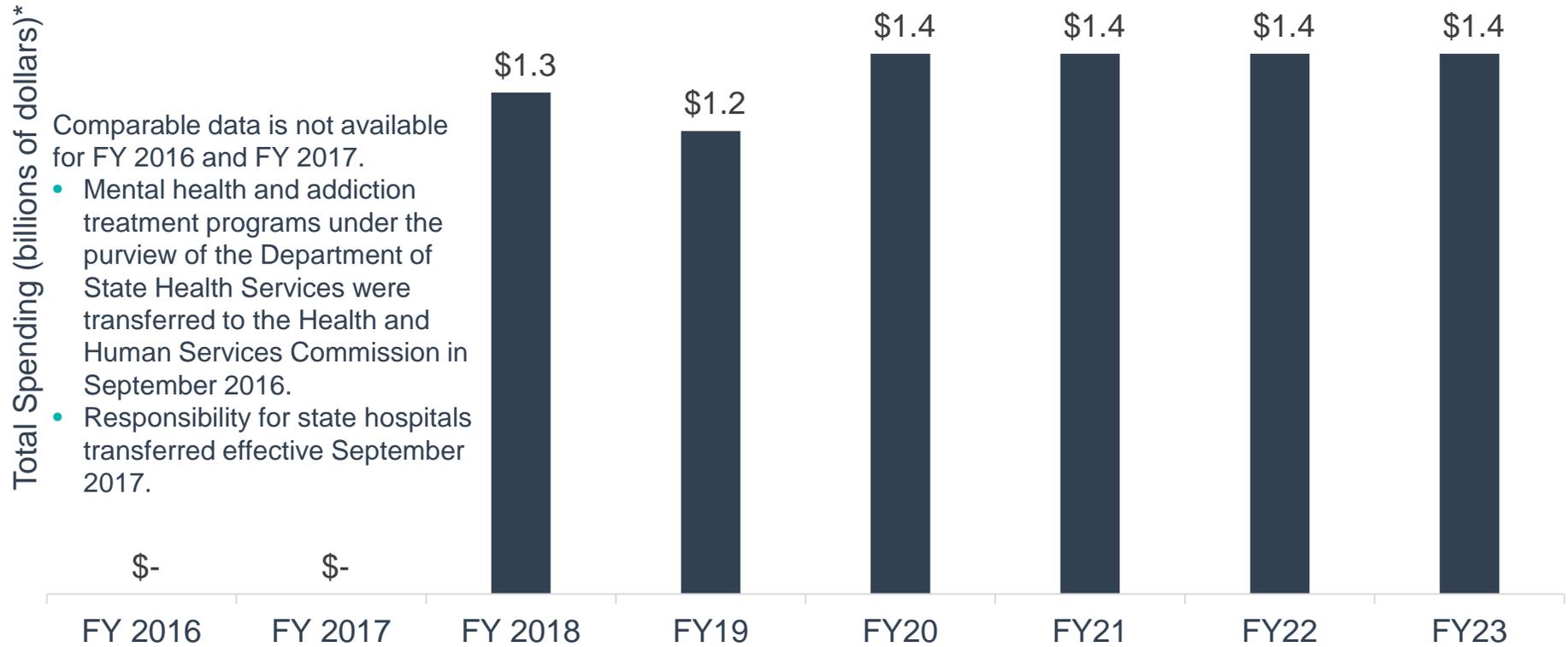# G.1. Health & Human Services Commission Governance: Organization Chart
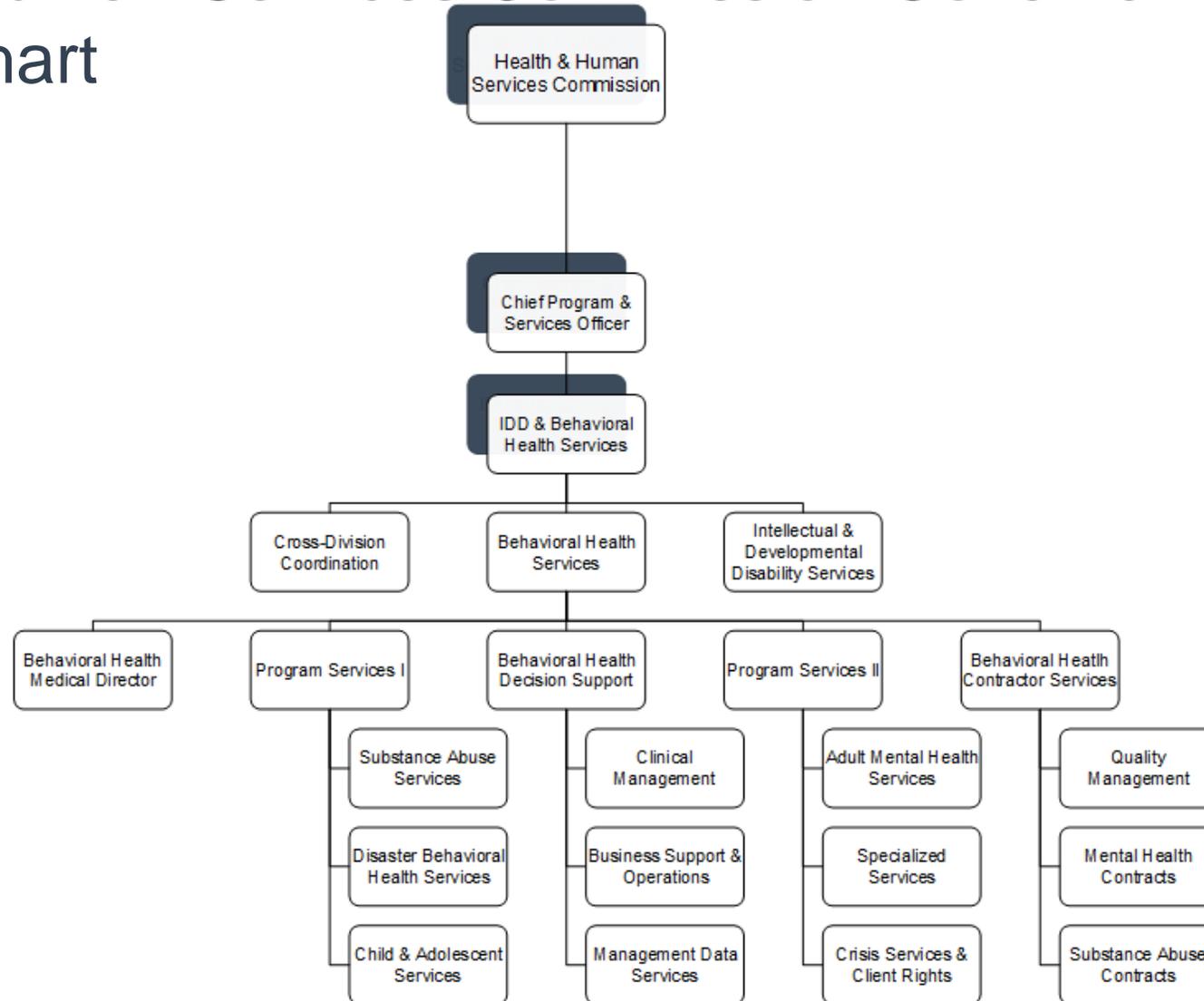
G.1. Health & Human Services Commission Governance: Key Leadership

Name	Position	Department	Email
Cecile Erwin Young	Executive Commissioner	Texas Health & Human Services Commission (HHSC)	cecile.young@hhs.texas.gov
Michelle Alletto	Chief Program and Services Officer	HHSC	michelle.alletto@hhs.texas.gov
Sonja Gaines	Deputy Executive Commissioner, Behavioral Health Services	HHSC, Behavioral Health Services	sonja.gaines@hhs.texas.gov

G.2. Health & Human Services Commission: Behavioral Health Spending

Budget Item	SFY 2023 Budget Request	Percent Of Budget
Mental health state hospitals	$442,071,627	28%
Adult community mental health services	$393,464,530	25%
Substance abuse prevention, intervention, treatment	$258,073,054	16%
Community mental health crisis services	$128,199,150	12%
Children community mental health services	$92,509,483	6%
Behavioral health waiver	$53,120,467	4%
Budget Total: $1,367,438,311		

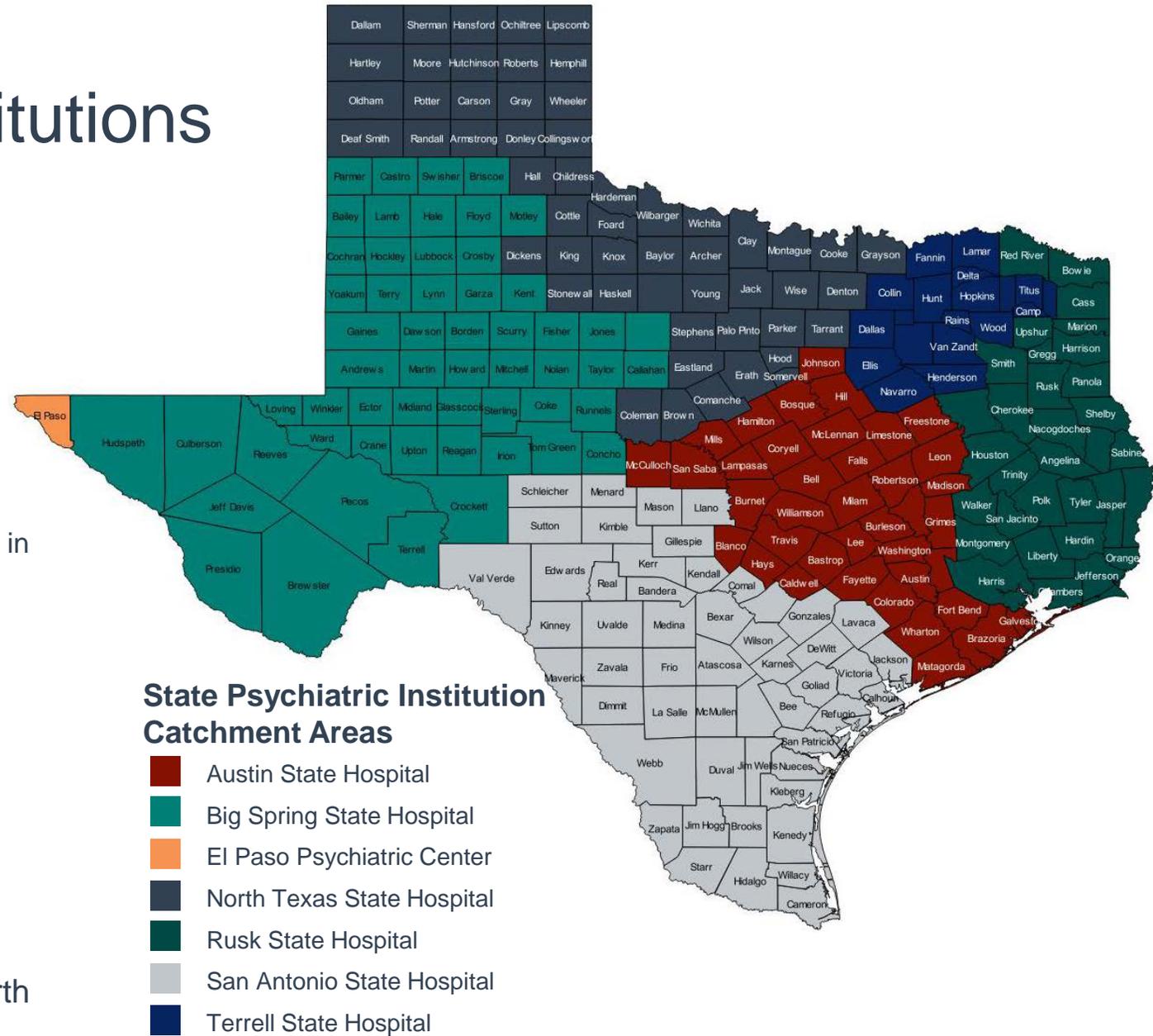# G.2. Health & Human Services Commission: Behavioral Health Spending Over Time

Total Spending (billions of dollars)*

Comparable data is not available for FY 2016 and FY 2017.
- Mental health and addiction treatment programs under the purview of the Department of State Health Services were transferred to the Health and Human Services Commission in September 2016.
- Responsibility for state hospitals transferred effective September 2017.

FY 2016	FY 2017	FY 2018	FY19	FY20	FY21	FY22	FY23
$-	$-	$1.3	$1.2	$1.4	$1.4	$1.4	$1.4

*FY 2018 and FY 2019 estimated spending; FY 20-23 budget request

G.3. State Psychiatric Institutions

Institution	Location	Type Of Services	Beds
Austin State Hospital	Austin	Forensic/Civil	263
Big Spring State Hospital	Big Spring	Forensic/Civil	144
El Paso Psychiatric Center	El Paso	Forensic/Civil	74
Kerrville State Hospital	Kerrville	Forensic	218
North Texas State Hospital	Vernon, Wichita Falls	Forensic/Civil	641
Rio Grande State Center	Harlingen	Forensic/Civil	128
Rusk State Hospital	Rusk	Forensic/Civil	288
San Antonio State Hospital	San Antonio	Forensic/Civil	302
Terrell State Hospital	Terrell	Forensic/Civil	288
Total			**2,346**

G.3. State Psychiatric Institutions

1. In 2017, the Texas state legislature authorized $300 million for state hospital expansion, renovation, and construction over three phases. The Health and Human Services Commission is working on the following phase I projects:

   - Construct a maximum-security unit at Rusk State Hospital. Also planning to add a non-maximum-security unit. Completion slated for May 2023.

   - Renovate buildings at Kerrville State Hospital to add 70 new maximum security unit beds. Construction finished in June 2022, but the new unit has not opened due to staffing.

   - Expand the Harris County Psychiatric Center by constructing a nearby Behavioral Continuum of Care Campus, which will add at least 228 beds.

   - Plan for replacement of Austin State Hospital and San Antonio State Hospital. These hospitals are planned to open in 2023 and 2024 respectfully.

   - Design and operate a 240-bed psychiatric hospital in Houston Texas Medical Center, which will open in February 2022.

2. The state is also beginning phase II, which will add additional beds in the panhandle and Dallas-Fort Worth areas.

State Psychiatric Institution Catchment Areas

- Austin State Hospital
- Big Spring State Hospital
- El Paso Psychiatric Center
- North Texas State Hospital
- Rusk State Hospital
- San Antonio State Hospital
- Terrell State Hospital

G.4. Behavioral Health Safety-Net Delivery System

1. The Health and Human Services Commission (HHSC) provides mental health services to the safety-net population through service area contracts with 39 community mental health centers called Local Mental Health Authorities (LMHAs). A listing of LMHAs and their service areas begins on the following slide.

2. The LMHAs are formed and governed at the county or joint-county level, with oversight provided by HHSC and financial support from federal, state, and local sources.

3. The LMHAs also serve the Medicaid population, and are authorized to provide the following services:

   - Community crisis, community outpatient services, children's services, diversion, inpatient/residential, disaster behavioral health teams

4. HHSC provides addiction treatment services to the safety-net population by funding provider organizations throughout the state. The intake organizations for safety-net addiction treatment services are called Outreach, Screening, and Referral Centers (OSARs). A listing of OSARs and their service areas begins on slide 83.

   - All 14 OSARs are located within LMHAs

   - OSARs serve approximately 30,000 individuals annually

G.4. Behavioral Health Safety-Net Delivery System: LMHA Service Areas

Map Code	Color	Local Mental Health Authority	Counties Served
1		ACCESS	Anderson, Cherokee
2		Andrews Center Behavioral Healthcare System*	Henderson, Rains, Smith, Van Zandt, Wood
3		Austin Travis County Integral Care	Travis
4		Betty Hartwick Center	Callahan, Jones, Shackelford, Stephens, Taylor
5		Bluebonnet Trails Community Services*	Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, Williamson
6		Border Region Behavioral Health Center	Jim Hogg, Starr, Webb, Zapata
7		Burke Center*	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
8		Camino Real Community Services	Atascosa, Dimmit, Frio, Karnes, La Salle, Karnes, Maverick, McMullen, Wilson, Zavala
9		The Center for Health Care Services*	Bexar
10		Center for Life Resources	Brown, Coleman, Comanche, Eastland, McCulloch, Mills, San Saba
11		Central Counties Services	Bell, Coryell, Hamilton, Lampasas, Milam
12		Central Plains Center	Bailey, Briscoe, Castro, Floyd, Hale, Lamb, Motley, Parmer, Swisher
13		Coastal Plains Community Center	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, San Patricio
14		Community Healthcare	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, Upshur

*Also operates as an OSAR

G.4. Behavioral Health Safety-Net Delivery System: LMHA Service Areas

Map Code	Color	Local Mental Health Authority	Counties Served
15		Denton County MHMR Center	Denton
16		Emergence Health Network*	El Paso
17		Gulf Bend Center	Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, Victoria
18		Gulf Coast Center*	Brazoria, Galveston
19		Heart of Texas Region MHMR Center	Bosque, Falls, Freestone, Hill, Limestone, McLennan
20		Helen Farabee Centers*	Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, Young
21		Hill Country Mental Health and Developmental Disabilities Centers	Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, Val Verde
22		Lakes Regional MHMR Center	Camp, Delta, Franklin, Hopkins, Lamar, Morris, Titus
23		StarCare Specialty Health System*	Cochran, Crosby, Hockley, Lubbock, Lynn
24		MHMR Authority of Brazos Valley	Brazos, Burleson, Grimes, Leon, Madison, Robertson, Washington
25		The Harris Center for Mental Health and IDD*	Harris
26		MHMR Center of Nueces County	Nueces
27		MHMR of Tarrant County*	Tarrant
28		MHMR Services for the Concho Valley	Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green

G.4. Behavioral Health Safety-Net Delivery System: LMHA Service Areas

Map Code	Color	Local Mental Health Authority	Counties Served
29		North Texas Behavioral Health Authority (Formerly NorthSTAR program)*	Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
30		Pecan Valley Centers for Behavioral and Developmental HealthCare	Erath, Hood, Johnson, Palo Pinto, Parker, Somervell
31		PermiaCare (formerly Permian Basin Community Centers for MHMR)*	Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos, Presidio
32		Spindletop Center	Chambers, Hardin, Jefferson, Orange
33		Texana Center	Austin, Colorado, Fort Bend, Matagorda, Waller, Wharton
34		Texas Panhandle Centers	Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, Wheeler
35		Texoma Community Center	Cooke, Fannin, Grayson
36		Tri-County Services	Liberty, Montgomery, Walker
37		Tropical Texas Behavioral Health*	Cameron, Hidalgo, Willacy
38		West Texas Centers	Andrews, Borden, Crane, Dawson, Fisher, Gaines, Garza, Glasscock, Howard, Kent, Loving, Martin, Mitchell, Nolan, Reeves, Runnels, Scurry, Terrell, Terry, Upton, Ward, Winkler, Yoakum
39		Life Path Systems*	Collin

G.4. Behavioral Health Safety-Net Delivery System: LMHA Catchment Areas
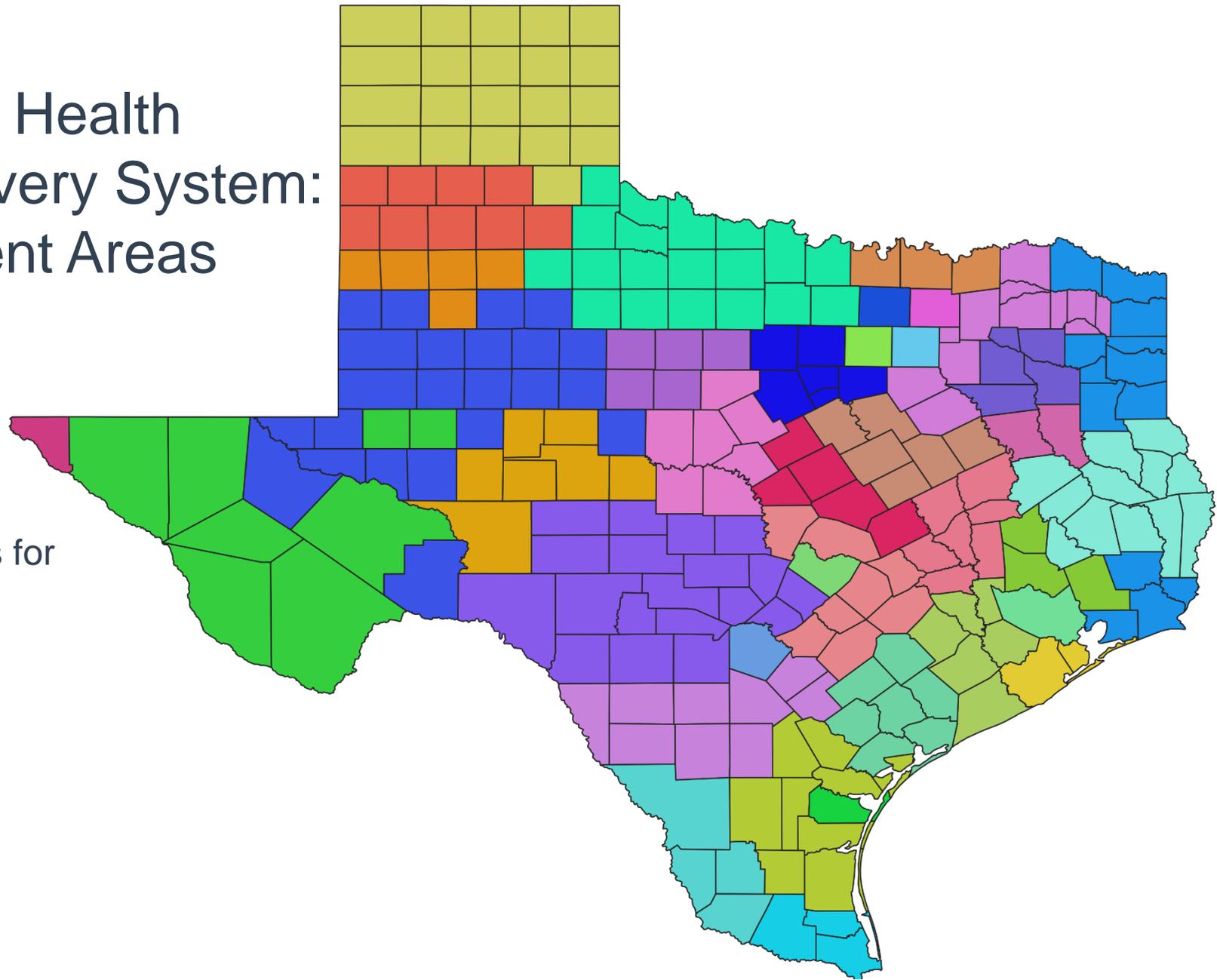
*Please see previous slides for area labels.

G.4. Behavioral Health Safety-Net Delivery System: OSAR Service Areas

Region	OSAR	Counties Served
1	StarCare Specialty Health System	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum
2	Helen Farabee Centers	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
3	Life Path Systems	Collin
3	MHMR of Tarrant County	Cooke, Denton, Erath, Fannin, Grayson, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, Wise
3	North Texas Behavioral Health Authority	Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall
4	Andrews Center Behavioral Healthcare System	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
5	Burke Center	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
6	Gulf Coast Center	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Matagorda, Waller, Wharton

G.4. Behavioral Health Safety-Net Delivery System: OSAR Service Areas

Region	OSAR	Counties Served
6	The Harris Center for Mental Health and IDD	Harris, Liberty, Montgomery, Walker, Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Matagorda, Waller, Wharton
7	Bluebonnet Trails Community Services	Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson
8	The Center for Health Care Services	Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala
9	PermiaCare	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
10	Emergence Health Network	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio Counties
11	Tropical Texas Behavioral Health	Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of persons in traditional Medicaid	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary
1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics
1. United States Census Bureau. (2021). 2021 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved January 2023 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2021). 2021 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved January 2023 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2021). 2021 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved January 2023 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2021). 2021 Population Distribution by Race/Ethnicity. Retrieved January 2023 from https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05

B.2. Population Centers
1. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved January 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: States (and equivalent). Retrieved January 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
3. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from https://fred.stlouisfed.org

B.3. Population Distribution By Payer: National vs. State
1. *OPEN MINDS.* (2023). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved December 2021. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (January 2023). Retrieved December 2021. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2022). Retrieved December 2021. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

B.3. SMI Population Distribution By Payer: National vs. State
1. *OPEN MINDS.* (2022). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment
1. *OPEN MINDS.* (2023, December). Health Plans Database.
2. TRICARE. (2021, June 22). Beneficiaries by Location. Retrieved January 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2022). Subscription Database. www.markfarrah.com

H.3. Sources

B.4. Largest State Health Plans By Estimated SMI Enrollment
1. *OPEN MINDS.* (2023, December). Health Plans Database.
2. TRICARE. (2021, June 22). Beneficiaries by Location. Retrieved January 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace
1. Health Insurance. (2023, November). Texas Health Insurance Marketplace: History and News of the State's Exchange. Retrieved January 2023 https://www.healthinsurance.org/texas-state-health-insurance-exchange/

B.6. ACOs
1. *OPEN MINDS.* (2022). ACO Database.

C.1. Medicaid Governance: Organizational Chart
1. Texas Department of Health and Human Services. (2020, December). DSHS Organizational Chart. Retrieved January 2023 from https://www.dshs.texas.gov/orgchart/default.shtm

C.1. Medicaid Governance: Key Leadership
1. Texas Department of Health and Human Services. (2021, January). DSHS Organizational Chart. Retrieved January 2023 from https://www.dshs.texas.gov/orgchart/default.shtm
2. Texas Department of Health and Human Services. (2019, November). Health and Human Services Announces New Program Chief. Retrieved January 2023 from https://hhs.texas.gov/about-hhs/communications-events/news/2019/11/hhs-announces-new-chief-program-services-officer

C.2. Medicaid Program Spending By Eligibility Group
1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Budget
1. United States Government Printing Office. (2018, November 28). Federal Medical Assistance Percentages FY 2021. Retrieved January 2023 from https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2022, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved January 2023 from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html

H.3. Sources

C.2. Medicaid Program Spending: Change Over Time
1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/publication/macstats-archive/
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2023 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved January 2023 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

C.3. Medicaid Expansion Status
1. Kaiser Family Foundation.. (2023, January 1) Medicaid Income Eligibility Limits for Adults as a Percent of the FPL. Retrieved April 2022 from https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved January 2023 from https://www.macpac.gov/macstats/
4. Centers for Medicare and Medicaid Services. (2020, June). Medicaid Enrollment Data Collected Through MBES 2020 Q4. Retrieved January 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
5. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved January 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
6. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved January 2023 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

C.4. Medicaid Program Benefits
1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved January 2023 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/

H.3. Sources

D.1. Medicaid Financing & Service Delivery System
1. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx
2. Information derived from throughout the profile.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group
1. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

D.2. Medicaid Fee-For-Service Program: Overview
1. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx
2. Texas Medicaid and Healthcare Partnership. Texas Medicaid and Healthcare Partnership. Retrieved January 2023 from http://www.tmhp.com/Pages/default.aspx

D.2. Medicaid FFS Program: Behavioral Health Benefits
1. Texas Health and Human Services Commission. (2020, November 12). Medicaid State Plan. Retrieved January 2023 from https://apps.hhs.texas.gov/documents/medicaid-chip-state-plan-attachments.pdf
2. Texas Health and Human Services Commission. (2020, June 16). Texas Medicaid Provider Procedures Manual. Retrieved January 2023 from http://www.tmhp.com/Manuals_HTML1/TMPPM/Current/index.html#t=TMPPM%2F1_00a_Preliminary_Information%2F1_00a_Preliminary_Information.htm

D.2. Medicaid FFS Program Behavioral Health Benefits: HCBS-AMH
1. Texas Department of Health and Human Services. (2017, December 16). SPA TX 16-0001. Retrieved January 2023 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/TX/TX-16-0001.pdf
2. Texas Department of Health and Human Services. (2020, December). Texas Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
3. Texas Department of Health and Human Services. (2019, November). Home and Community-based Services Adult Mental Health. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/hcbs-amh/hcbs-amh-provider-manual.pdf

H.3. Sources

D.2. Medicaid FFS Program: Pharmacy Benefits
1. Texas Department of Health and Human Services. (2020, December). Texas Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
2. Texas Vendor Drug. (2021, January 28). Texas Preferred Drug List. Retrieved January 2023 from https://www.txvendordrug.com/sites/txvendordrug/files/docs/formulary/2019-0725-preferred-drug-list.pdf
3. Texas Department of Health and Human Services. (2018). Evaluation of Pharmacy Service Delivery Models. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/sb-1-evaluation-pharmacy-service-delivery-models-dec-2018.pdf
4. Texas Department of Health and Human Services. (2021, January 1). Medicaid Eligibility. Retrieved January 2023 from https://hhs.texas.gov/laws-regulations/handbooks/twh/part-a-determining-eligibility/section-800-medicaid-eligibility
5. Texas Department of Health and Human Services. (2020, December). Texas Medicaid Provider Procedures Manual. Retrieved January 2023 from https://www.tmhp.com/resources/provider-manuals/tmppm

D.3. Medicaid Managed Care Program: Overview
1. Texas Department of Health and Human Services. (2020, December). Quality Measures and Value Based Payments. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb-1629-quality-measures-value-based-payments-dec-2020.pdf
2. Texas Department of Health and Human Services. (2020). Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393
4. Texas Department of Health and Human Services. (2019, February 6). Medicaid Overview. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/mcs-house-appropriations-feb-6-2019.pdf
5. Texas Department of Health and Human Services. (2020, September 1). Uniform Managed Care Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf
6. Texas Department of Family and Protective Services. What is Star Health? Retrieved January 2023 from https://www.dfps.state.tx.us/Child_Protection/Medical_Services/default.asp
7. HCP-LAN. (2019, October 24). While progress continues, the LAN launches new goals to increase reach and impact of value-based payment reform . Retrieved January 2023 from http://hcp-lan.org/workproducts/2019-APM-Progress-Press-Release.pdf

H.3. Sources

D.3. Medicaid Managed Care Program: Health Plan Regions
1. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

D.3. Medicaid Managed Care Program: STAR Program
1. Texas Health and Human Services Commission. (2020), September 1). Uniform Managed Care Contract Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf
2. Texas Health and Human Services Commission. (2019, February 6). Medicaid Overview. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/leg-presentations/mcs-house-appropriations-feb-6-2019.pdf

D.3. Medicaid Managed Care Program: STAR Plans By Service Area
1. Texas Health and Human Services Commission. (2020, September 1). Texas Managed Care Service Areas. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files//documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf
2. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx

D.3. Medicaid Managed Care Program: STAR+PLUS Program
1. Texas Department of Health and Human Services. Star Plus. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus
2. Texas Department of Health and Human Services. (2020, September 1). General Contracts Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/starplus-expansion-contract.pdf
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

D.3. Medicaid Managed Care Program: STAR+PLUS Plans By Service Area
1. Texas Health and Human Services Commission. (2020, September 1). Texas Managed Care Service Areas. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files//documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf
2. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx

D.2. Medicaid FFS Program: SMI Population
1. *OPEN MINDS*. (2022). Serious Mental Illness Prevalence Estimates.
2. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx

H.3. Sources

D.3. Medicaid Managed Care Program: STAR Kids Program
1. Texas Department of Health and Human Services. (2020). Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
2. Texas Health and Human Services Commission. STAR Kids. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-chip/programs/star-kids

D.3. Medicaid Managed Care Program: STAR Kids Plans By Service Area
1. Texas Health and Human Services Commission. (2020, September 1). Texas Managed Care Service Areas. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files//documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf
2. Texas Department of Health and Human Services. (2022, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx

D.3. Medicaid Managed Care Program: Health Plan Characteristics
1. Aetna Better Health of Texas. (2020, December). Texas Provider Manual. Retrieved January 2023 from https://www.aetnabetterhealth.com/texas/assets/pdf/provider/TX%20ABH%20Medicaid%20and%20CHIP%20Manual%2011921.pdf
2. Amerigroup (2019, December). Amerigroup Provider Manual. Retrieved January 2023 from https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_ProviderManual.pdf
3. BCBS. (2019, February). Texas Provider Manual. Retrieved March 11,2020 from https://www.bcbstx.com/provider/pdf/medicaid_star_chip_manual.pdf
4. Children's Medical Center Health Plan. (2020, January). Texas provider manual. Retrieved January 2023 from https://www.childrensmedicalcenterhealthplan.com/wps/wcm/connect/cmchp/80fb756e-3bf7-4190-9eb4-1c1d214d75f6/CMCHP2020122_Provider+Manual.pdf?MOD=AJPERES&CVID=m.oLX8l
5. Cigna-HealthSpring. (2020, March). Texas Provider Manual. Retrieved January 2023 from https://starplus.cigna.com/static/starplus-cigna-com/docs/provider-manual.pdf
6. Cigna-HealthSpring. (2020, January 1). Pharmacy Management and Credentialing. Retrieved January 2023 from https://www.cigna.com/health-care-providers/pharmacy/management-credentialing
7. Community First Health Plan. (2020). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Retrieved January 2023 from https://www.txvendordrug.com/sites/txvendordrug/files/docs/formulary/2020-0730-preferred-drug-list.pdf
8. Community Health Choice. (2021). Provider Manual. Retrieved January 2023 from https://provider.communityhealthchoice.org/wp-content/uploads/sites/2/2021/01/star-chip-provider-manual-2021.pdf
9. Cook Children's Health Plan. (2020, December). Provider Manual. Retrieved January 2023 from https://cookchp.org/SiteCollectionDocuments/2021/STAR-Kids-Provider-Manual.pdf

H.3. Sources

D.3. Medicaid Managed Care Program: Health Plan Characteristics (cont.)

1. Driscoll Health Plan. (2020, December). Provider Manual. Retrieved January 2023 from https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:45aefd9a-2af1-4326-aadc-acfc3daacdaf#pageNum=1
2. El Paso Health. (2020, September). Provider Manual. Retrieved January 2023 from https://www.elpasohealth.com/pdf/providermanual.pdf
3. FirstCare. (2020, April). Provider Manual. Retrieved January 2023 from https://www.firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/STAR-CHIP-Provider-Manual.pdf
4. Molina Healthcare (2020, January). Provider Manual. Retrieved January 2023 from https://www.molinahealthcare.com/providers/tx/marketplace/manual/~/media/Molina/PublicWebsite/PDF/providers/tx/Marketplace/provider-manual.pdf
5. Parkland Community Health Plan, Inc. (2019 January). Provider Manual. Retrieved January 2023 from https://www.parklandhmo.com/assets/pdf/providers/PCHP%20Provider%20Manual_ver%20B_approved.pdf
6. Superior Health Plan. (2020, July). Provider Manual. Retrieved January 2023 from https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20184630-Medicaid-Provider-Manual-508-08262020.pdf
7. Texas Children's Health Plan. (2020, November). Provider Manual. Retrieved January 2023 from https://www.texaschildrenshealthplan.org/sites/default/files/pdf/ND-2003-345%20STAR%20Kids%20Provider%20Manual_V2%20%281%29.pdf
8. UnitedHealthcare. (2020, July). Provider Manual. Retrieved January 2023 from https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TX-CHIP-STAR-STAR-PLUS-Care-Provider-Manual.pdf

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Texas Department of Health and Human Services. (2020). Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
2. Texas Department of Health and Human Services. (2020, September 1). General Contracts Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/starplus-expansion-contract.pdf
3. Texas Department of Health and Human Services. Home and Community-based Services Adult Mental Health. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/hcbs-amh/hcbs-amh-provider-manual.pdf

H.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Benefits
1. Texas Health and Human Services Commission. (2020, September 1). Uniform Managed Care Contract Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf
2. Texas Health and Human Services Commission. (2020, November 12). Medicaid State Plan. Retrieved January 2023 from https://apps.hhs.texas.gov/documents/medicaid-chip-state-plan-attachments.pdf

D.3. Medicaid Managed Care Program: SMI Population
1. *OPEN MINDS*. (2022). Serious Mental Illness Prevalence Estimates.
2. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

D.3. Medicaid Managed Care Program: Pharmacy Benefits
1. Texas Health and Human Services Commission. (2021, January). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Retrieved January 2023 from https://www.txvendordrug.com/sites/default/files/docs/2022-0728-preferred-drug-list.pdf
2. Texas Health and Human Services Commission. (2018, December). Evaluation of Pharmacy Service Delivery Models. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/oct-2022-vbpqiac-agenda-item-6.pdf
3. Texas Health and Human Services Commission. (2018, August 17). Deliverable 2 – Rider 60 Report Final Report on the Study of Potential Cost Savings in the Administration of Prescription Drug Benefits. Retrieved January 2023 from http://www.ncpa.co/pdf/state-advoc/texas-report.pdf
4. Texas Health and Human Services Commission. (2020, September 1). Uniform Managed Care Contract Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf
5. Texas Health and Human Services Commission Office of Inspector General. (2018, October). Date Review- Medicaid Lock-in Program. Retrieved January 2023 from https://oig.hhs.texas.gov/sites/default/files/documents/reports/Lock-In-Data-Review-V2a.pdf

D.4. Medicaid Program: Care Coordination Initiatives
1. Derived from information found throughout the profile.

H.3. Sources

D.5. Medicaid Program Care Management and Demonstration Waivers
1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers
1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved January 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program: New Initiatives – Care For The SMI Population
1. Texas Health and Human Services Commission. (2020, September 1). Uniform Managed Care Contract Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/uniform-managed-care-contract.pdf
2. Texas Health and Human Services Commission. (2018, June). Request for Information (RFI) for Texas CHIP and Medicaid Managed Care Services for Serious Mental Illness. Retrieved January 2023 from https://852252.secure.netsuite.com/core/media/media.nl?id=11891752&c=852252&h=bfd9d68251d427c65c4b&_xt=.pdf
3. Texas Health and Human Services Commission. (2018, November). Managed Care Organization Services for Individuals with Serious Mental Illness - Performance Metrics. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb1-eval-mco-services-adults-serious-mental-ill-star-plus-nov-2020.pdf

D.6. Medicaid Program: New Initiatives
1. Texas Health and Human Services Commission. (2018, November). Health and Human Services Procurement and Contracting Improvement Plan. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/contracting/procurement-contracting-improvement-plan-2018.pdf
2. Texas Department of Health and Human Services. (2020, February). DSRIP Waiver Renewal. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-waiver/waiver-renewal/dsrip-partner-engagement-plan-feb-2020.pdf
3. Dallas News. (2020, March 25). More Bungled Bid Scoring Forces Texas To Cancel 10 Billion of Medicaid Contracts. Retrieved January 2023 from https://www.dallasnews.com/news/politics/2020/03/25/more-bungled-bid-scoring-forces-texas-to-cancel-10-billion-of-medicaid-contracts/
4. Texas Health and Human Services Commission. (2020, September). Implementation of Acute Care Services and Long-term Services and Supports System Redesign for Individuals with an Intellectual or Developmental Disability. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/implementation-acute-care-ltss-redesign-sept-2020.pdf

H.3. Sources

E.1. Dual Eligible Medicaid Financing & Service Delivery System
1. Centers for Medicare and Medicaid Services. (2020, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2020, December). Special Needs Plan (SNP) Data. Retrieved January 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html
3. Texas Department of Health and Human Services. (2020, May 31). Medicaid and Chip Financial Statistical Reports. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/medicaid-and-chip-financial-statistical-reports

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
1. Centers for Medicare and Medicaid Services. (2020, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved January 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2020, December). Special Needs Plan (SNP) Data. Retrieved January 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview
1. Centers for Medicare and Medicaid Services. (2020, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html
2. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives
1. Texas Health and Human Services Commission. (2020, November 1). Dual Eligible Demonstration Three-Way Contract. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXContract08012017.pdf
2. Texas Health and Human Services Commission. (2020, November 1). Dual Eligible Demonstration Memorandum of Understanding. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas.html
3. Center for Medicare and Medicaid Services. (2020, December 16). Texas. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas

H.3. Sources

E.4. Dual Eligible Medicaid Financing & Delivery System: Integrated Care Project Demonstration
1. Texas Health and Human Services Commission. (2018, March 30). Dual Eligible Demonstration Three-Way Contract. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/TXContract08012017.pdf
2. Texas Health and Human Services Commission. (2014, May 23). Dual Eligible Demonstration Memorandum of Understanding. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas.html
3. Center for Medicare and Medicaid Services. (2020, December 16). Texas. Retrieved January 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas

E.4. Dual Eligible Medicaid Financing & Delivery System: Integrated Care Project Demonstration Map & Enrollment
1. Texas Health and Human Services. Medicaid and CHIP MCO Enrollment by SDA, Preliminary (August 2020). Retrieved January 2023 from https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics

F.1. LTSS Financing & Service Delivery
1. Texas Department of Health and Human Services. (2020). Medicaid and CHIP Reference Guide. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf
2. Texas Department of Health and Human Services. (2020, May 31). Medicaid and Chip Financial Statistical Reports. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/medicaid-and-chip-financial-statistical-reports
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

F.1. LTSS Service Delivery System Enrollment By Eligibility Group
1. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

F.2. LTSS Financing & Service Delivery System: Overview
1. Texas Department of Health and Human Services. Star Plus. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus
2. Texas Department of Health and Human Services. (2020, September 1). General Contracts Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/starplus-expansion-contract.pdf
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

H.3. Sources

F.3. LTSS Health Plan Characteristics
1. Amerigroup (2019, December). Amerigroup Provider Manual. Retrieved January 2023 from https://providers.amerigroup.com/ProviderDocuments/TXTX_MMP_ProviderManual.pdf
2. Cigna-HealthSpring. (2020, March). Texas Provider Manual. Retrieved January 2023 from https://starplus.cigna.com/static/starplus-cigna-com/docs/provider-manual.pdf
3. Cigna-HealthSpring. (2020, January 1). Pharmacy Management and Credentialing. Retrieved January 2023 from https://www.cigna.com/health-care-providers/pharmacy/management-credentialing
4. Molina Healthcare (2020, January). Provider Manual. Retrieved January 2023 from https://www.molinahealthcare.com/providers/tx/marketplace/manual/~/media/Molina/PublicWebsite/PDF/providers/tx/Marketplace/provider-manual.pdf
5. Superior Health Plan. (2020, July). Provider Manual. Retrieved January 2023 from https://www.superiorhealthplan.com/content/dam/centene/Superior/Provider/PDFs/SHP_20184630-Medicaid-Provider-Manual-508-08262020.pdf
6. UnitedHealthcare. (2020, July). Provider Manual. Retrieved January 2023 from https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TX-CHIP-STAR-STAR-PLUS-Care-Provider-Manual.pdf

F.4. Medicaid LTSS Program: Health Benefits
1. Texas Department of Health and Human Services. Star Plus. Retrieved January 2023 from https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus
2. Texas Department of Health and Human Services. (2020, September 1). General Contracts Terms and Conditions. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/contracts/starplus-expansion-contract.pdf
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved January 2023 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8393

F.4. Medicaid LTSS Program: New Initiatives
1. Texas Health and Human Services Commission. (2018, November). Health and Human Services Procurement and Contracting Improvement Plan. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/contracting/procurement-contracting-improvement-plan-2018.pdf
2. Texas Department of Health and Human Services. (2020, February). DSRIP Waiver Renewal. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-waiver/waiver-renewal/dsrip-partner-engagement-plan-feb-2020.pdf
3. Dallas News. (2020, March 25). More Bungled Bid Scoring Forces Texas To Cancel 10 Billion of Medicaid Contracts. Retrieved January 2023 from https://www.dallasnews.com/news/politics/2020/03/25/more-bungled-bid-scoring-forces-texas-to-cancel-10-billion-of-medicaid-contracts/
4. Texas Health and Human Services Commission. (2020, September). Implementation of Acute Care Services and Long-term Services and Supports System Redesign for Individuals with an Intellectual or Developmental Disability. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/implementation-acute-care-ltss-redesign-sept-2020.pdf

H.3. Sources

G.1. Public Behavioral Health System Governance: Organization Chart
1. Texas Department of Health and Human Services. Mental Health and Substance Abuse. Retrieved January 2023 from https://hhs.texas.gov/services/mental-health-substance-use
2. Texas Department of Health and Human Services. (2020, November 10). Organizational Chart. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/about-hhs/leadership/hhs-org-chart.pdf

G.1. Health & Human Services Commission Governance: Organization Chart
1. Texas Department of Information Resources. (2021, January 19). Capitol Complex Telephone System (CCTS) Directory – Health and Human Services Commission. Retrieved January 2023 from https://dirpub.dir.texas.gov/agy529c.html

G.2. Health & Human Services Commission: Behavioral Health Spending
1. Texas Health and Human Services Commission. (2) Legislative Appropriations Request for Fiscal Years 2022-2023. Retrieved January 2023 from https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2022-2023.pdf
2. Texas Health and Human Services Commission. (2020, October 29). Legislative Appropriations Request for Fiscal Years 2021-2022. Retrieved January 2023 from https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/changes-state-hospital-system
3. Texas Health and Human Services Commission. (2018, August 31). Legislative Appropriations Request for Fiscal Years 2020-2021. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf

G.2. Health & Human Services Commission: Behavioral Health Spending Over Time
1. Texas Health and Human Services Commission. (2020, October 29). Legislative Appropriations Request for Fiscal Years 2021-2022. Retrieved January 2023 from https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/changes-state-hospital-system
2. Texas Health and Human Services Commission. (2018, August 31). Legislative Appropriations Request for Fiscal Years 2020-2021. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf
3. Texas Health and Human Services Commission. (2018, August 31). Legislative Appropriations Request for Fiscal Years 2020-2021. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf
4. Texas Health and Human Services Commission. (2017, December 1). FY 2018 Operating Budget. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files//documents/about-hhs/budget-planning/2018-operating-budget.pdf
5. Texas Department of State Health Services. FY 2016 Operating Budget. Retrieved January 2023 from http://www.dshs.texas.gov/budget/fy16/fy16operatingbudget.aspx?terms=operating%20budget
6. Texas Department of State Health Services. FY 2014 Operating Budget. Retrieved January 2023 from http://www.dshs.texas.gov/budget/fy14/Fiscal-Year-2014-Operating-Budget.doc?terms=fiscal%20year%202014%20operating%20budget

H.3. Sources

G.3. State Psychiatric Institutions
1. Texas Department of Health and Human Services. (2018, May). Health and Human Services System Strategic Plans 2019-2023 Volume 1. Retrieved January 2023 from https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/strategic-plans/2019-23/strategic-plans-2019-23-volume-i.pdf
2. American Hospital Directory. (2021). Austin State Hospital. Retrieved January 2023 from https://www.ahd.com/free_profile.php?hcfa_id=f0bad47f61b53b96fa04a46eb024f75e&ek=970d755a683cf60769f1ba3fc00431d9
3. American Hospital Directory. (2021). Big Spring State Hospital. Retrieved January 2023 from https://www.ahd.com/free_profile/454000/Big_Spring_State_Hospital/Big_Spring/Texas/
4. American Hospital Directory. (2021). El Paso Psychiatric Center. Retrieved January 2023 from https://www.ahd.com/free_profile/454100/El_Paso_Psychiatric_Center/El_Paso/Texas/
5. American Hospital Directory. (2021). North Texas State Hospital. Retrieved January 2023 from https://www.ahd.com/free_profile.php?hcfa_id=bbdf6cf2205deca89abd813a6d78587c&ek=2687c73dcec4a2bdd27dc117e868d1ae
6. MDLinx. (2021). Rio Grande State Center. Retrieved January 2023 from https://www.mdlinx.com/hospital/rio-grande-state-centersouth-texas-health-care-system
7. American Hospital Directory. (2021). Rusk State Hospital. Retrieved January 2023 from https://www.ahd.com/free_profile/454009/Rusk_State_Hospital/Rusk/Texas
8. American Hospital Directory. (2021). https://www.ahd.com/free_profile/454011/San_Antonio_State_Hospital/San_Antonio/Texas/
9. American Hospital Directory. (2021). Terrell State Hospital. Retrieved January 2023 from https://www.ahd.com/free_profile/454006/Terrell_State_Hospital/Terrell/Texas/

G.3 State Psychiatric Institutions
1. Texas Department of Health and Human Services. (2018, January 8). Changes To The State Hospital System. Retrieved January 2023 from https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/changes-state-hospital-system

G.4. State Behavioral Health Safety-Net Delivery System
1. Texas Health and Human Services Commission. (2019, February). Presentation to the house Public Health Committee. Retrieved January 2023 from https://www.dshs.texas.gov/sites/default/files/legislative/86th/DSHS-Presentation-to-House-PH-2-20-19-final.pdf

G.4. State Behavioral Health Safety-Net Delivery System: LMHA Charts
1. Texas Health and Human Services Commission. Find Your Local Mental Health or Behavioral Health Authority. Retrieved January 2023 from https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority

G.4. State Behavioral Health Safety-Net Delivery System: OSAR Charts
1. Texas Health and Human Services Commission. Outreach, Screening, Assessment and Referral Centers. Retrieved January 2023 from https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral-centers