



**OPEN MINDS**

# Texas Health & Human Services Market Profile: 2024



# Health & Human Services Market Profile Overview

## A. Executive Summary

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Behavioral Health Safety-Net System Overview

## B. Health Financing System Overview

1. Population Demographics
2. Population Centers
3. Population Distribution By Payer
4. Largest Health Plans
5. Health Insurance Marketplace
6. Accountable Care Organizations (ACOs)

## C. Medicaid Administration, Governance & Operations

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits

## D. Medicaid Financing & Service Delivery System

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

## E. Medicare Financing & Service Delivery System

1. Medicare Financing & Service Delivery System
2. Medicare System: Overview
3. Medicare ACOs
4. Medicare System: New Initiatives

## F. Dual Eligible Financing & Service Delivery System

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Plans By Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Delivery System: Overview
4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

## G. Long-Term Services & Supports Financing & Service Delivery System

1. LTSS Financing & Service Delivery System
2. Largest LTSS Health Plans By Estimated SMI Enrollment
3. Medicaid LTSS Program: Health Plan Characteristics
4. Medicaid LTSS Program: Health Benefits
5. LTSS Medicaid Financing & Delivery System: New Initiatives

## H. State Behavioral Health Administration & Finance System

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. Behavioral Health Hospital Capacity
4. Behavioral Health Safety-Net Delivery System
5. Behavioral Health System: New Initiatives

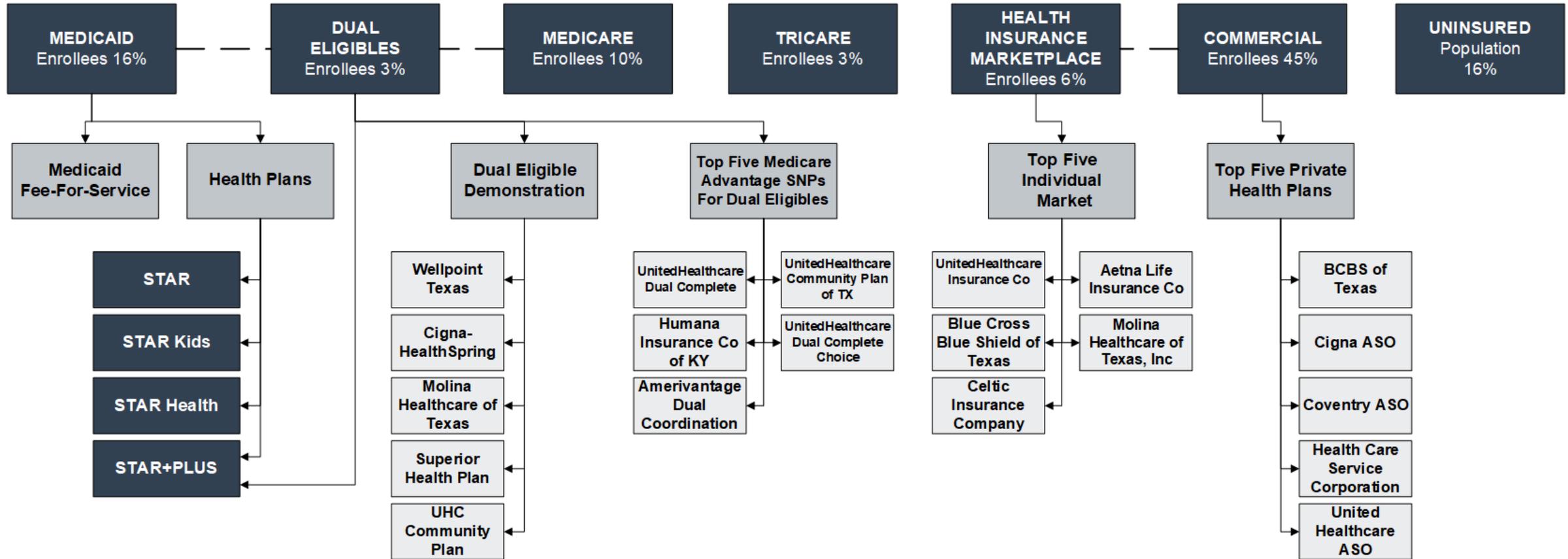
## I. Appendices

1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

# A. Executive Summary

# A.1. Texas Physical Health Care Coverage by Payer

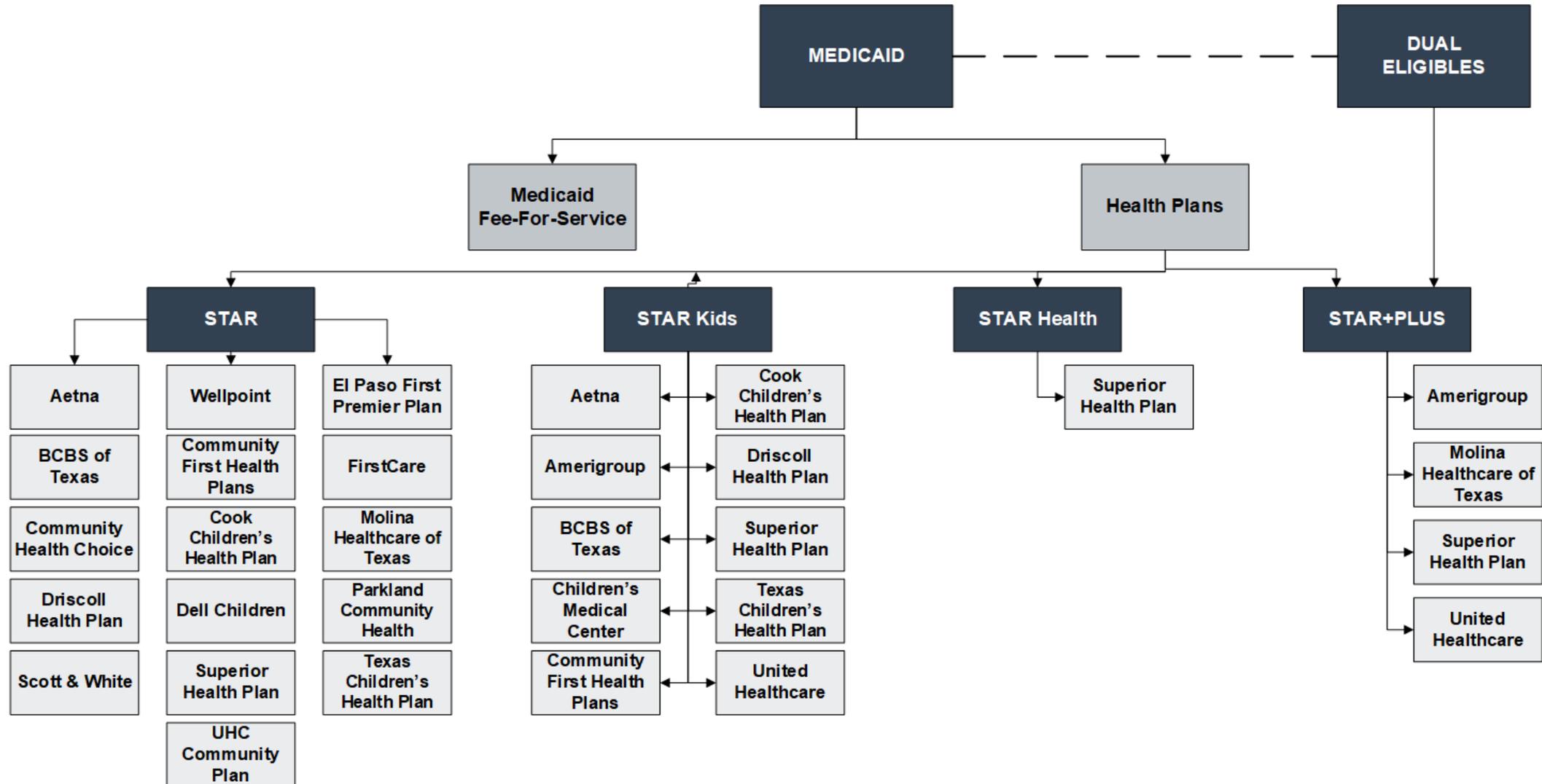
Total Texas Population- 30,029,572  
 Estimated SMI Population- 2,402,366



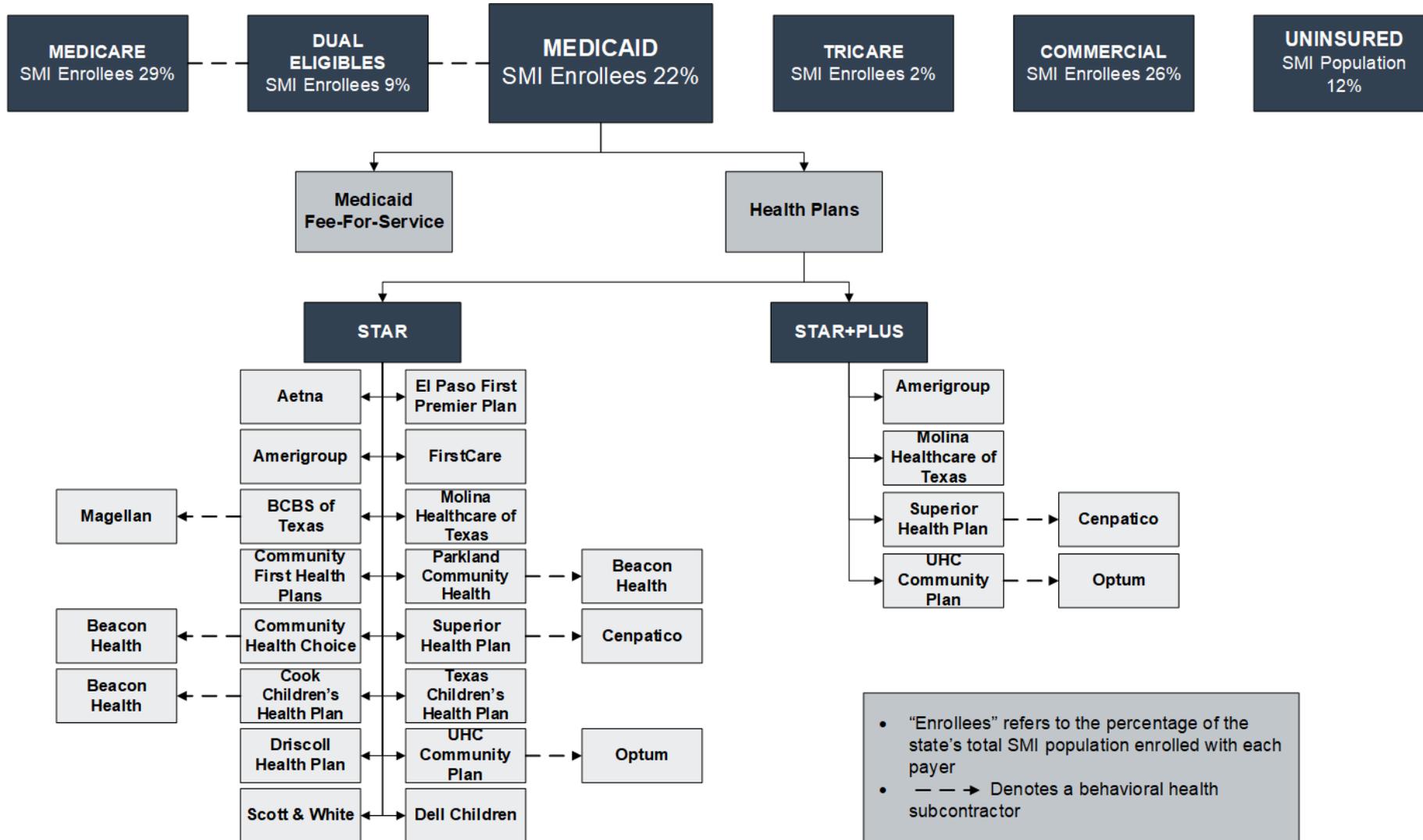
"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding.

# 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  | ✓              | The Dual Demonstration Program will end Dec. 31, 2025, and transition Medicare-Medicaid Plans to integrated Dual Eligible Special Needs Plans by Jan. 1, 2026. |
| 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 operates 17 CCBHCS under grants from SAMHSA  |
| 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 37 local mental health authorities and two local behavioral health authorities to deliver mental health services in communities across Texas.

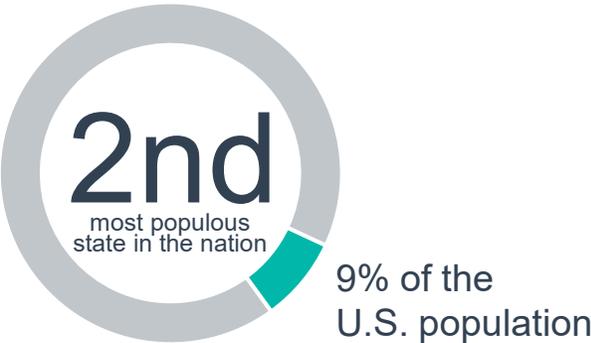
### Addiction Treatment Services

- 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).

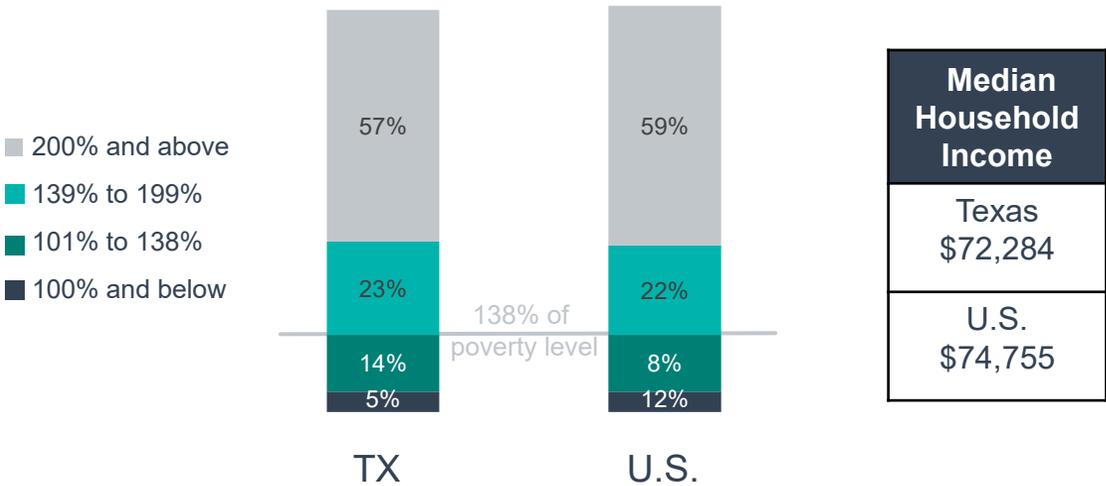
# B. Texas Health Financing System Overview

# B.1. Population Demographics

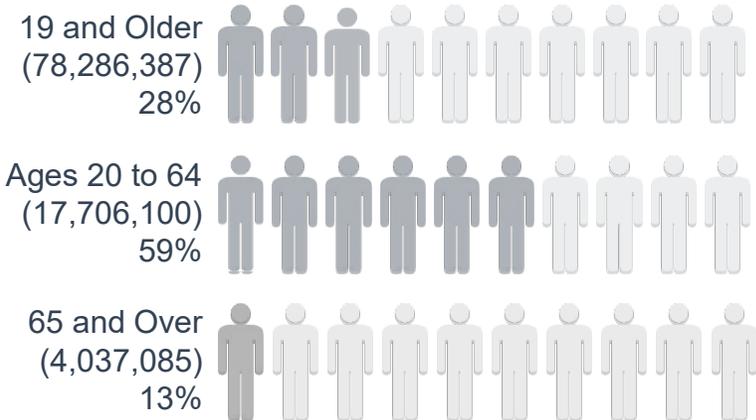
Total Texas Population- 30,029,572  
 Estimated SMI Population- 2,402,366



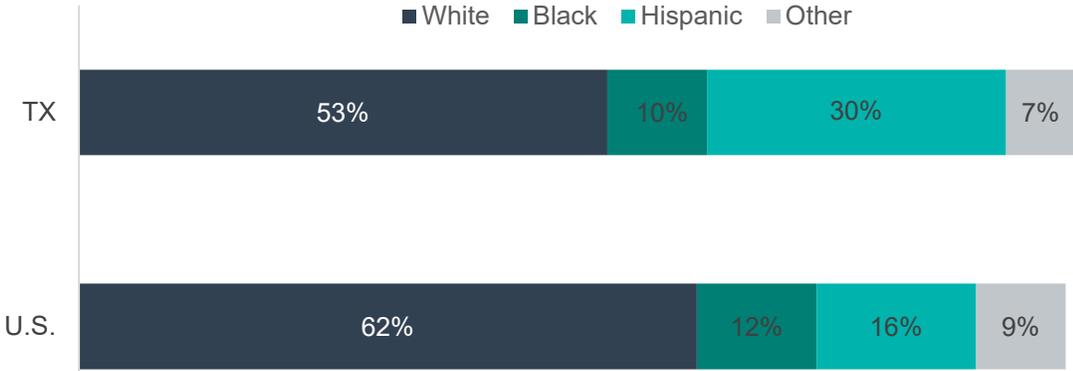
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



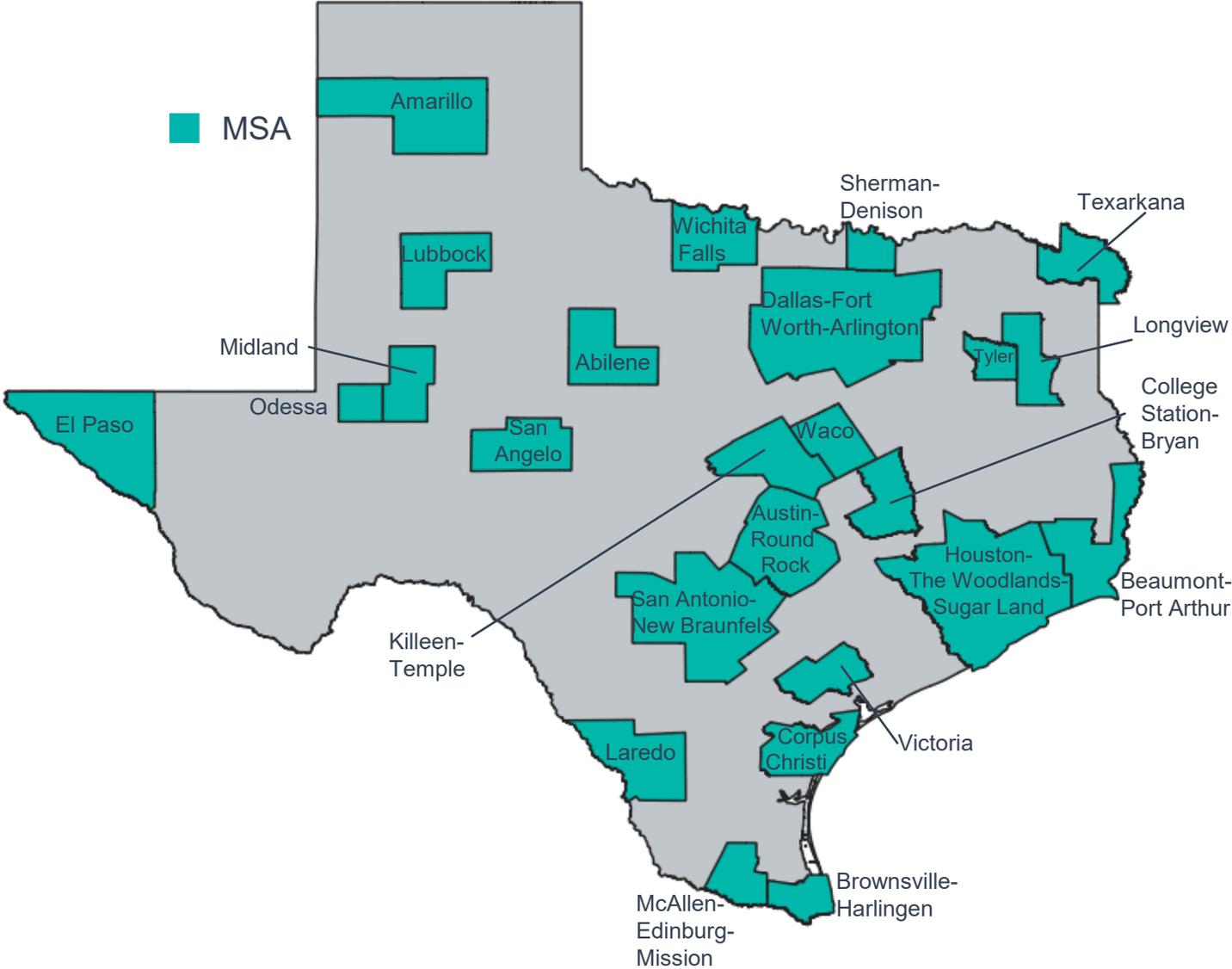
Texas & U.S. Racial Composition



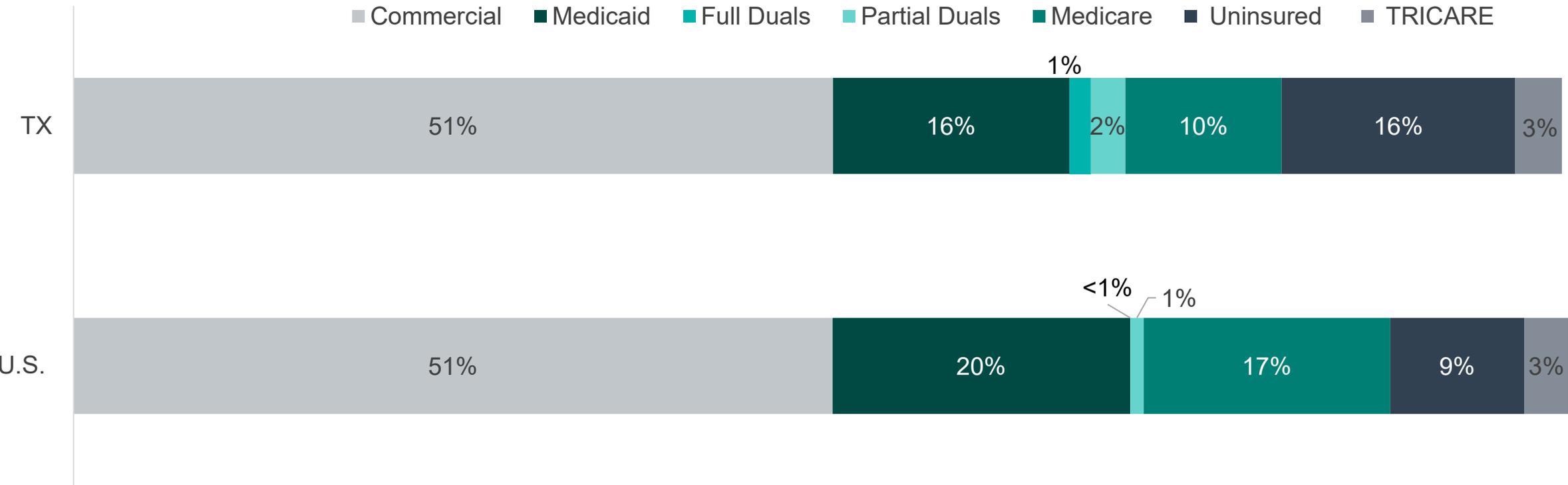
Totals may not equal 100% due to rounding.

# B.2. Population Centers

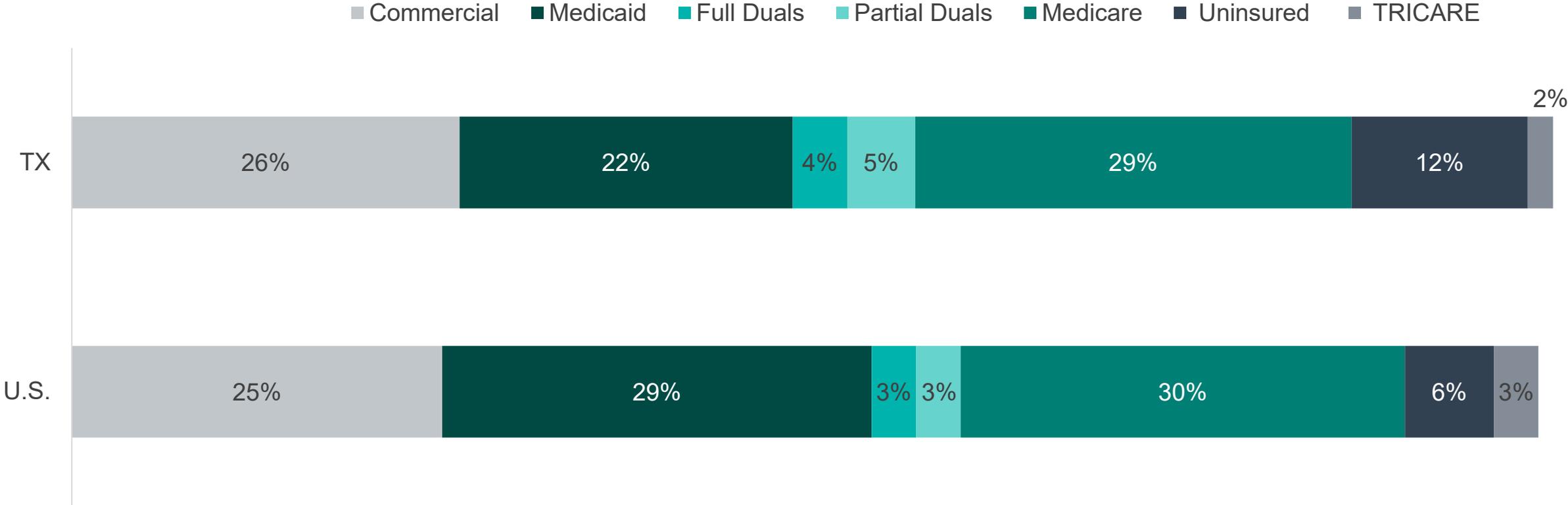
| Metropolitan Statistical Areas (MSAs) |                   |                       |
|---------------------------------------|-------------------|-----------------------|
| MSA                                   | MSA Residents     | Percent Of Population |
| <b>Total MSA Population</b>           | <b>27,389,386</b> | <b>90%</b>            |
| Dallas-Fort Worth-Arlington           | 7,943,685         | 26%                   |
| Houston-The Woodlands-Sugar Land      | 7,340,118         | 24%                   |
| San Antonio-New Braunfels             | 2,655,342         | 9%                    |
| Austin-Round Rock-Georgetown          | 2,421,115         | 8%                    |
| McAllen-Edinburg-Mission              | 888,367           | 3%                    |
| El Paso                               | 872,195           | 3%                    |
| Killeen-Temple                        | 496,228           | 2%                    |
| Brownsville-Harlingen                 | 425,208           | 1%                    |
| Corpus Christi                        | 421,628           | 1%                    |
| Beaumont-Port Arthur                  | 393,575           | 1%                    |
| Other MSAs                            | 3,531,925         | 12%                   |



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



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



Totals may not equal 100% due to rounding.

## B.4. Largest Texas Health Plans By Enrollment

| Plan Name                           | Type  | Enrollment* |
|-------------------------------------|---|-------------|
| Health Care Service Corporation     | Commercial  | 6,534,188   |
| Blue Cross and Blue Shield of Texas | Commercial  | 6,202,674   |
| UnitedHealthcare ASO                | Commercial Administrative Services Organization (ASO) | 2,208,572   |
| Medicare Fee-for-service (FFS)      | Medicare  | 1,971,616   |
| Coventry ASO                        | Commercial ASO  | 1,950,178   |
| Cigna ASO                           | Commercial ASO  | 1,233,485   |
| Superior HealthPlan STAR            | Medicare managed care – STAR                          | 1,125,161   |
| Wellpoint STAR                      | Medicare managed care – STAR                          | 879,871     |
| UnitedHealthcare Insurance Company  | Commercial  | 781,773     |
| Texas Children’s Health Plan STAR   | Medicaid managed care – STAR                          | 564,644     |

\* Medicaid enrollment as of December 2023; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of December 2023

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

| Plan Name                                | Type                         | Enrollment* | Estimated SMI Enrollment |
|--|------------------------------|-------------|--------------------------|
| Medicare FFS                             | Medicare                     | 1,971,616   | 447,557                  |
| Health Care Service Corporation          | Commercial                   | 6,534,188   | 274,436                  |
| Blue Cross and Blue Shield of Texas      | Commercial                   | 6,202,674   | 260,512                  |
| Superior HealthPlan STAR                 | Medicaid managed care – STAR | 1,125,161   | 130,519                  |
| Wellpoint STAR                           | Medicaid managed care – STAR | 879,871     | 102,065                  |
| UnitedHealthcare ASO                     | Commercial ASO               | 2,208,572   | 92,764                   |
| Coventry ASO                             | Commercial ASO               | 1,950,178   | 81,907                   |
| Sierra Health and Life Insurance Company | Medicare Advantage           | 322,783     | 73,272                   |
| UnitedHealthcare Dual Complete           | Medicare Advantage           | 313,805     | 713234                   |
| Texas Children’s Health Plan STAR        | Medicaid managed care – STAR | 564,644     | 65,499                   |

\* Medicaid enrollment as of December 2023; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of December 2023

# B.5. Health Insurance Marketplace

| Health Insurance Marketplace      |   |
|-----------------------------------|---|
| Health Plan Percentage            | 4%  |
| Type of Marketplace               | Federal   |
| Individual Enrollment Contact     | <a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>   |
|                                   | 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. |

| 2024 Individual Market Health Plans       |  |
|---|--|
| 1. Aetna Health Inc                       | 10. Moda Health Plan, Inc                |
| 2. Baylor Scott & White Insurance Company | 11. Molina Healthcare of Texas, Inc      |
| 3. Blue Cross Blue Shield of Texas        | 12. Oscar Insurance Company of Texas     |
| 4. Celtic Insurance Company               | 13. Scott and White Health Plan          |
| 5. CHRISTUS Health Plan                   | 14. Sendero Health Plans, Inc.           |
| 6. Cigna HealthCare of Texas. Inc         | 15. Superior Health Plan                 |
| 7. Community First Insurance Plans        | 16. UnitedHealthcare of Texas            |
| 8. Community Health Choice, Inc           | 17. US Health and Life Insurance Company |
| 9. Imperial Insurance Companies, Inc      |  |

| 2024 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

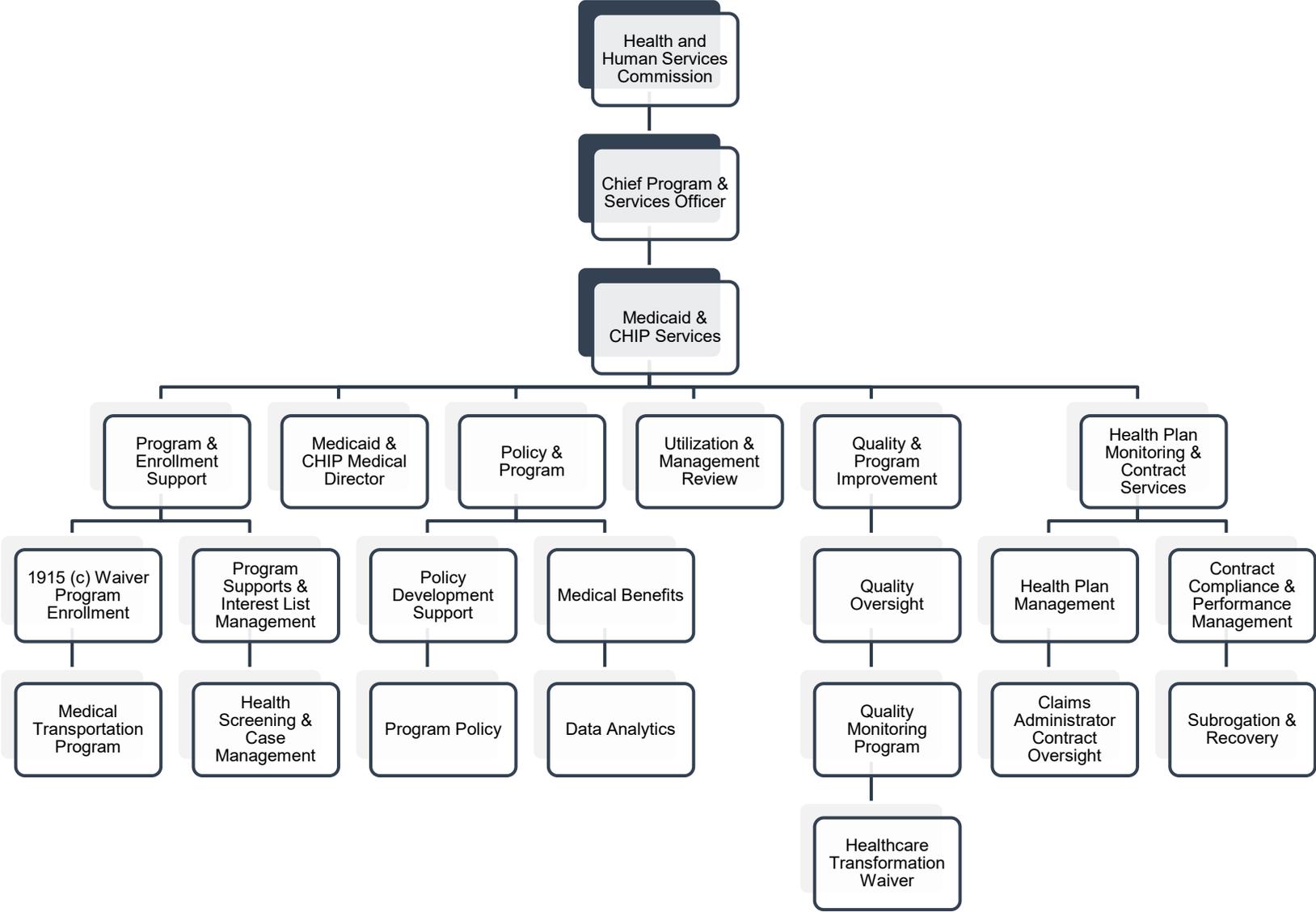
1. Fresenius Seamless Care of Dallas
2. Fresenius Seamless Care of Houston

### Next Generation

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

# C. Medicaid Administration, Governance & Operations

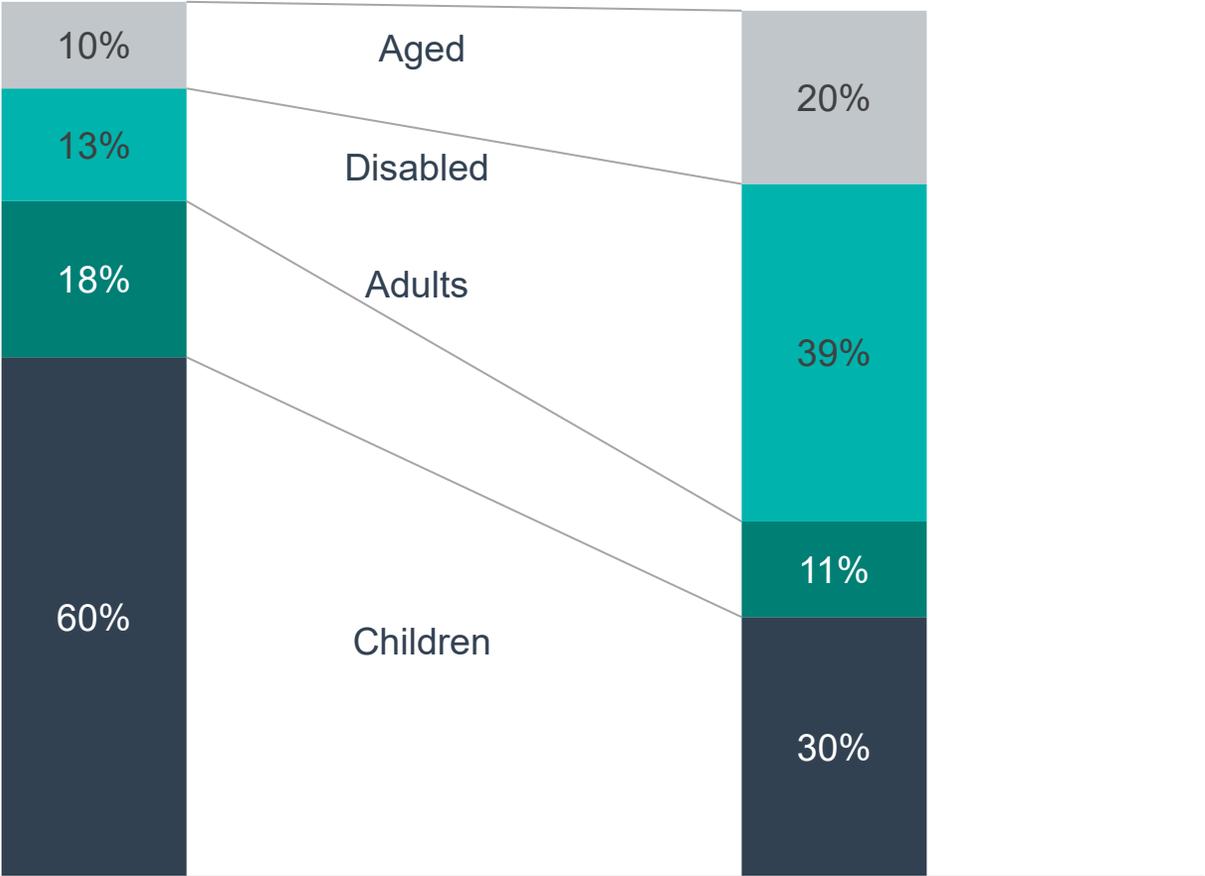
# C.1. Medicaid Governance: Organization Chart



# 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  |
| Camisha Banks      | Deputy Executive Commissioner for Managed Care                           | HHSC, Medicaid & CHIP Services       | camisha.banks@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



| Medicaid Spending Per Enrollee, FY 2021 |          |          |
|---|----------|----------|
|   | U.S.     | TX       |
| All populations                         | \$8,651  | \$7,592  |
| Children                                | \$3,584  | \$3,709  |
| Adults                                  | \$5,462  | \$5,052  |
| Expansion adults                        | \$7,486  | \$2,817  |
| Blind and disabled                      | \$23,935 | \$22,814 |
| Aged                                    | \$18,514 | \$15,404 |

Percent of Total Medicaid Population

Percent of Total Medicaid Spending

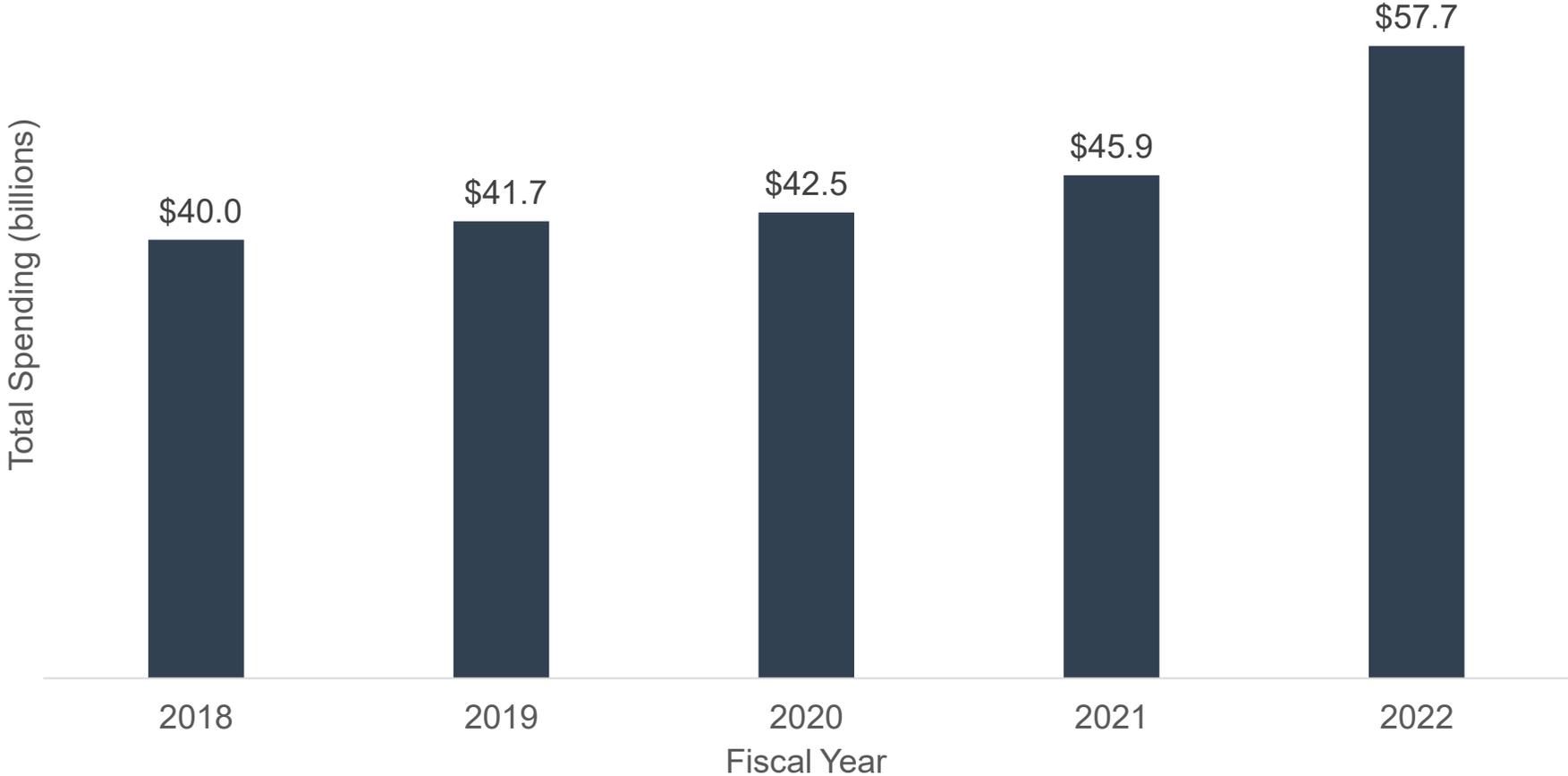
Based on FY 2021 data

# C.2. Medicaid Program Spending: Budget

| Budget Item                           | FY 2022 Spending | Percent Of Budget |
|---------------------------------------|------------------|-------------------|
| Managed care and premium assistance   | \$37,585,000,000 | 65%               |
| Hospital                              | \$8,384,000,000  | 15%               |
| Home- and community-based LTSS        | \$2,933,000,000  | 5%                |
| Other acute                           | \$2,474,000,000  | 4%                |
| Other practitioner                    | \$2,305,000,000  | 4%                |
| Medicare premiums and coinsurance     | \$1,725,000,000  | 3%                |
| Institutional LTSS                    | \$1,693,000,000  | 3%                |
| Drugs                                 | \$448,000,000    | 1%                |
| Physician                             | \$122,000,000    | <1%               |
| Clinic and health center              | \$24,000,000     | <1%               |
| Dental                                | \$12,000,000     | <1%               |
| <b>Budget Total: \$57,705,000,000</b> |                  |                   |

| Federal & County Financial Participation             |       |
|--|-------|
| FY 2024 Federal Medical Assistance Percentage (FMAP) | 66.2% |
| CY 2024 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 2023) | 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   |
| <b>Enrollment* (November 2023)</b> | 214,398   | 3,603,216                             | 532,879                               | 150,359                               | 24,970                                |
| <b>SMI Enrollment</b>              | Texas does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care. <ul style="list-style-type: none"> <li>• Estimated 5% of the SMI population in FFS; 95% in managed care</li> </ul> |                                       |                                       |                                       |                                       |
| <b>Management</b>                  | <ul style="list-style-type: none"> <li>• Health and Human Services Commission</li> <li>• Texas Medicaid and Healthcare Partnership provides administrative functions</li> </ul>   | 16 health plans                       | Five health plans                     | 10 health plans                       | One health plan                       |
| <b>Payment Model</b>               | FFS   | Capitated rate                        | Capitated rate                        | Capitated rate                        | Capitated rate                        |
| <b>Geographic Service Area</b>     | Statewide   | Statewide; plans available regionally |

**Total Medicaid: 4,525,821 | Total Medicaid With SMI: 524,995**

\*An additional 45,451 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 2023: 5% in fee-for-service (FFS); 95% in managed care  |   |
| SMI population inclusion in managed care                         | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Estimated 5% of the SMI population in FFS; 95% in managed care</li> </ul> |   |
| Dual eligible population inclusion in managed care               | <ul style="list-style-type: none"> <li>• Dual eligibles are mandatorily enrolled in managed care unless they receive LTSS for an intellectual/developmental disability (I/DD).</li> <li>• Estimated 7% in FFS; 93% in managed care</li> </ul>  |   |
| Long-term services and supports (LTSS) inclusion in managed care | <ul style="list-style-type: none"> <li>• All individuals, except for children in need of nursing facility level of care or individuals with I/DD, are included in managed care</li> </ul>  |   |
| 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  | ✓              | The Dual Demonstration Program will end Dec. 31, 2025, and transition Medicare-Medicaid Plans to integrated Dual Eligible Special Needs Plans by Jan. 1, 2026. |
| 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 operates 17 CCBHCS under grants from SAMHSA  |
| Other Care Coordination Initiative   | ✓              | The STAR+PLUS Pilot Program (SP3), is a new pilot program that will implement in phases, with services expected to start 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/IID       |  |   | X   |
| Individuals in foster care            |  |   | X   |
| Other populations                     | <ul style="list-style-type: none"> <li>• Medically needy</li> <li>• Residents of state-supported living centers</li> </ul> |   | <ul style="list-style-type: none"> <li>• Medicaid for Breast and Cervical Cancer</li> </ul> |

## D.2. Medicaid FFS Program: Overview

- Full-benefit FFS enrollment as of November 2023 was 214,398.
- 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.
- 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

- Behavioral health services and pharmacy are provided FFS by the state.
- Individuals with SMI may also be eligible for adult mental health home- and community-based services (HCBS-AMH). For more details see [Section D.3.](#)

| FFS Mental Health Benefits  | FFS Addiction Treatment Benefits                      |
|---|---|
| 1. Screening services   | 1. Inpatient services                                 |
| 2. Psychiatric diagnostic evaluation  | 2. Assessment   |
| 3. Psychotherapy  | 3. Withdrawal management (outpatient and residential) |
| 4. Psychological and neuropsychological testing   | 4. Individual and group counseling                    |
| 5. Inpatient care   | 5. Residential treatment services                     |
| 6. Electroconvulsive therapy  | 6. Outpatient treatment services                      |
| 7. Pharmacological management   | 7. Medication assisted treatment                      |
| 8. Rehabilitative services <ul style="list-style-type: none"> <li>• Day program</li> <li>• Medication training and support</li> <li>• Crisis intervention</li> <li>• Skills training and development</li> <li>• Psychosocial rehabilitative services</li> </ul> |   |
| 9. Peer specialists   |   |
| 10. Targeted case management  |   |
| 11. HCBS-AMH  |   |

## D.2. Medicaid FFS Program: Pharmacy Benefit

| Texas FFS Program Pharmacy Benefit & Utilization Restrictions                  |   |
|--|---|
| <b>State Uses Pharmacy Benefit Manager</b>                                     | The state operates the Vendor Drug Program, under which it contracts with four different organizations for the following: <ul style="list-style-type: none"> <li>• Pharmacy claims and rebates</li> <li>• Clinical and auto prior authorization</li> <li>• Retrospective drug utilization review</li> <li>• Preferred drug list (PDL)</li> </ul>  |
| <b>Responsible For Financing General Pharmacy Benefit</b>                      | Medicaid FFS  |
| <b>Responsible For Financing Mental Health Pharmacy Benefit</b>                | Medicaid FFS  |
| <b>State Uses A PDL For General Pharmacy</b>                                   | Yes   |
| <b>State Uses A PDL For Mental Health Drugs</b>                                | Yes, antidepressants and antipsychotics are included on the PDL   |
| <b>State Uses A PDL For Addiction Treatment Drugs</b>                          | Yes, addiction treatment drugs are included on the PDL.   |
| <b>Coverage Of Antipsychotic Injectable Medications</b>                        | 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.  |
| <b>Utilization Restrictions For Mental Health Or Addiction Treatment Drugs</b> | <ul style="list-style-type: none"> <li>• Adults in FFS are limited to three prescriptions per month, with some exceptions</li> <li>• Treatment failure of a preferred drug, contraindication of a preferred drug, or allergy to preferred drug required before non-preferred drug prescribed</li> <li>• Many preferred antipsychotics and addiction treatment drugs are subject to clinical prior authorizations</li> </ul> |
| <b>State Has A Pharmacy Lock-In Program Or Other Restriction Program</b>       | 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, individuals may be locked-in for an additional 60 months.   |

## D.3. Medicaid Managed Care Program: Overview

- As of November 2023, enrollment in managed care was 4,311,424.
- 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.
- 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.
- 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.
- 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.
  - 50% of expenditures must be in APMs, and 25% of expenditures must be in risk-based 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

| Region                                     | Counties  | Region     | Counties   |
|--|---|------------|--|
| Bexar                                      | Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson   | 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  |
| Dallas                                     | Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall   |            |  |
| El Paso                                    | El Paso, Hudspeth   | 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 |
| 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 |            |  |
|  |   | 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

- As of November 2023, enrollment in STAR was 3,603,214, representing 84% of the total Medicaid managed care population.
- The STAR program provides physical health, behavioral health, and pharmacy services for pregnant women, newborns, and children and families with limited income.
- The STAR program operates statewide. There are 16 STAR health plans available regionally in the 13 service delivery areas.
- 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, Wellpoint, Community First, Superior                                    | 318,347    | 9%         |
| Dallas   | Wellpoint, Molina, Parkland  | 474,925    | 13%        |
| El Paso  | El Paso First, Molina, Superior  | 132,840    | 4%         |
| Harris   | Wellpoint, Community Health Choice, Molina, Texas Children's, UnitedHealthcare | 892,291    | 25%        |
| Hidalgo  | Driscoll, Molina, Superior, UnitedHealthcare                                   | 385,764    | 11%        |
| Jefferson  | Wellpoint, Community Health Choice, Molina, Texas Children's, UnitedHealthcare | 107,964    | 3%         |
| Lubbock  | Wellpoint, FirstCare, Superior   | 89,674     | 2%         |
| MRSA Central                                     | Wellpoint, Scott and White, Superior   | 169,575    | 5%         |
| MRSA North                                       | Wellpoint, Superior  | 209,763    | 6%         |
| MRSA West  | Wellpoint, FirstCare, Superior   | 192,842    | 5%         |
| Nueces   | Driscoll, Superior, UnitedHealthcare   | 102,902    | 3%         |
| Tarrant  | Aetna, Wellpoint, Cook Children's  | 342,163    | 9%         |
| Travis   | Blue Cross and Blue Shield of Texas, Dell Children's, Superior                 | 184,164    | 5%         |
| <b>Total November 2023 Enrollment: 3,603,216</b> |  |            |            |

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

- As of November 2023, enrollment in STAR+PLUS was 532,879, representing 12% of the total Medicaid managed care population.
- 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.
- 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
- 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.
- 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.
- 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  | Wellpoint, Molina, Superior         | 46,535     | 9%         |
| Dallas   | Molina, Superior                    | 63,463     | 12%        |
| El Paso  | Wellpoint, Molina                   | 21,679     | 4%         |
| Harris   | Wellpoint, Molina, UnitedHealthcare | 112,833    | 21%        |
| Hidalgo  | Molina, Superior                    | 62,024     | 12%        |
| Jefferson                                      | Wellpoint, Molina, UnitedHealthcare | 18,679     | 4%         |
| Lubbock  | Wellpoint, Superior                 | 12,643     | 2%         |
| MRSA Central                                   | Superior, UnitedHealthcare          | 29,661     | 6%         |
| MRSA North                                     | UnitedHealthcare                    | 43,192     | 8%         |
| MRSA West                                      | Wellpoint, Superior                 | 33,373     | 6%         |
| Nueces   | Superior, UnitedHealthcare          | 19,823     | 4%         |
| Tarrant  | Wellpoint                           | 43,370     | 8%         |
| Travis   | Wellpoint, UnitedHealthcare         | 25,605     | 5%         |
| <b>Total November 2023 Enrollment: 532,879</b> |                                     |            |            |

Totals may not equal 100% due to rounding.

## D.3. Medicaid Managed Care Program: STAR Kids

- As of November 2023, enrollment in STAR Kids was 150,359, representing 3% of the total Medicaid managed care population.
- Children and young adults under the age of 21 who receive Supplemental Security Income (SSI), who reside in an ICF/IID 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)
- 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.
- The STAR Kids program operates statewide, with a total of 10 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                             | 13,119     | 9%         |
| Dallas   | Wellpoint, Children's Medical Center                  | 19,697     | 13%        |
| El Paso  | Wellpoint, Superior                                   | 4,419      | 3%         |
| Harris   | Wellpoint, Texas Children's, UnitedHealthcare         | 35,191     | 23%        |
| Hidalgo  | Driscoll, Superior, UnitedHealthcare                  | 20,347     | 14%        |
| Jefferson                                      | Texas Children's, UnitedHealthcare                    | 4,722      | 3%         |
| Lubbock  | Wellpoint, Superior                                   | 3,112      | 2%         |
| MRSA Central                                   | Blue Cross and Blue Shield of Texas, UnitedHealthcare | 8,330      | 6%         |
| MRSA North                                     | Texas Children's, UnitedHealthcare                    | 10,084     | 7%         |
| MRSA West                                      | Wellpoint, Superior                                   | 6,359      | 4%         |
| Nueces   | Driscoll, Superior                                    | 4,599      | 3%         |
| Tarrant  | Aetna, Cook Children's                                | 13,645     | 9%         |
| Travis   | Blue Cross and Blue Shield of Texas, Superior         | 6,734      | 4%         |
| <b>Total November 2023 Enrollment: 150,359</b> |   |            |            |

Totals may not equal 100% due to rounding.

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

| Aetna Better Health   | Wellpoint   | Blue Cross Blue Shield of Texas   |
|---|---|---|
| <ol style="list-style-type: none"> <li>Profit status: For-profit</li> <li>Parent company: Aetna/ CVS</li> <li>Behavioral health subcontractor: None</li> <li>Pharmacy benefit manager: CVS Caremark</li> <li>Managed care programs: STAR, STAR Kids</li> <li>Enrollment share: 3%</li> </ol>          | <ol style="list-style-type: none"> <li>Profit status: For-profit</li> <li>Parent company: Anthem</li> <li>Behavioral health subcontractor: None</li> <li>Pharmacy benefit manager: IngenioRx</li> <li>Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids</li> <li>Enrollment share: 19%</li> </ol> | <ol style="list-style-type: none"> <li>Profit status: For-profit</li> <li>Parent company: Health Care Service Corp.</li> <li>Behavioral health subcontractor: Magellan</li> <li>Pharmacy benefit manager: Prime Therapeutics</li> <li>Managed care programs: STAR, STAR Kids</li> <li>Enrollment share: 1%</li> </ol> |
| Dell Children   | Scott & White   | Community First Health Plans  |
| <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: Dell Children’s Medical Center</li> <li>Behavioral health subcontractor: Magellan</li> <li>Pharmacy benefit manager: None</li> <li>Managed care programs: STAR</li> <li>Enrollment share: &lt;1%</li> </ol> | <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: None</li> <li>Behavioral health subcontractor: None</li> <li>Pharmacy benefit manager: None</li> <li>Managed care programs: STAR</li> <li>Enrollment share: 1%</li> </ol>   | <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: University Health System</li> <li>Behavioral health subcontractor: None</li> <li>Pharmacy benefit manager: Navitus</li> <li>Managed care programs: STAR, STAR Kids</li> <li>Enrollment share: 3%</li> </ol>                 |
| Community Health Choice   | Cook Children’s Health Plan   | Driscoll Health Plan  |
| <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: None</li> <li>Behavioral health subcontractor: Beacon Health Options</li> <li>Pharmacy benefit manager: Navitus</li> <li>Managed care programs: STAR</li> <li>Enrollment share: 7%</li> </ol>               | <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: None</li> <li>Behavioral health subcontractor: Beacon Health Options</li> <li>Pharmacy benefit manager: Navitus</li> <li>Managed care programs: STAR, STAR Kids</li> <li>Enrollment share: 3%</li> </ol>                    | <ol style="list-style-type: none"> <li>Profit status: Non-profit</li> <li>Parent company: Driscoll Children’s Hospital</li> <li>Behavioral health subcontractor: None</li> <li>Pharmacy benefit manager: Navitus</li> <li>Managed care programs: STAR, STAR Kids</li> <li>Enrollment share: 5%</li> </ol>             |

Totals may not equal 100% due to rounding.

# 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: 6%                                       |

| 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: Express Scripts    |
| 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: 9%  |

Totals may not equal 100% due to rounding.

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

- Most behavioral health services and pharmacy are included in the health plan's capitation in all Texas managed care programs.
- Home & Community Based Services – Adult Mental Health (HCBS-AMH) services are not included in the health plan's capitation rate and are delivered 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](#).

## 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 <ul style="list-style-type: none"><li>• Day program</li><li>• Medication training and support</li><li>• Crisis intervention</li><li>• Skills training and development</li><li>• Psychosocial rehabilitative services</li></ul> |
| 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

- Texas does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care.
- As of November 2023, OPEN MINDS estimates that 95% 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 plans; 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 plans  |
| 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



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

- 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 (I/DD), traumatic brain injuries (TBI), acquired brain injuries (ABI) and similar functional needs.
- SP3 will implement in phases, Services began in Bexar county February 1, 2024.
- The pilot will then be evaluated.
- SP3 services will be offered to people who meet the following requirements:
  - Live in the service area where SP3 will operate
  - Are age 21 and older
  - Are enrolled in STAR+PLUS
  - Have I/DD, TBI, ABI, or a similar functional need as someone with ISS, TBI, or ABI
  - Are not currently enrolled in an I/DD 1915(c) waiver or community-based ICF
  - Are not currently living in a nursing home
- 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.
- 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.)

- The Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot program is being tested within the STAR Kids program model for the effectiveness of enhanced care coordination provided through health homes designed specifically to support children with medically complex conditions and their families.
- Participation in the pilot is voluntary for MCOs, health home providers, and Medicaid members.
- The pilot is set to run from December 1, 2022, until September 1, 2025.
- 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.
- 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.)

- The Peer Re-entry Pilot Program provides community-based peer services and access to services from licensed mental health professionals who assist with transition or “re-entry” into clinically appropriate community-based mental health services.
- 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.
- The goals of the program are to support recovery through ongoing mental health peer supports.
- 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.
- The following LMHAs implemented the Peer Support Re-entry Pilot program:
  - 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 | <ul style="list-style-type: none"> <li>• Authorizes statewide managed care for most populations; with the savings financing an uncompensated care pool, and a Delivery System Reform Incentive Payment pool.</li> <li>• Authorizes HCBS for persons age 65 and older, and physically disabled individuals age 21 to 64.</li> </ul> | 1115        | None; Caps in place for HCBS: <ul style="list-style-type: none"> <li>• SSI-related eligibles- 45,562</li> <li>• 217-like HCBS group- 24,742</li> </ul> | 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      |
| Specialized Add-on Services (TX-27)                             | Provide the Pre-Admission Screening and Resident Review services under the array of habilitative specialized services, called Habilitation Coordination.   | 1915 (b)    | None   | 12/01/2022     | 11/30/2027      |

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

| Waiver Title  | Target Population  | 2024 Enrollment Cap | Operating Unit                                     | Concurrent Management Authority |
|---|--|---------------------|--|---------------------------------|
| TX HCBS Program (0110.R08.02)   | Individuals of any age with I/DD   | 29,819              | Department of Aging and Disability Services (DADS) | None                            |
| TX Home Living Program (0403.R0.00)                                     | 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.R03.00)                       | Individuals with serious emotional disturbance ages 3 to 18  | 3,591               | Medicaid and CHIP Services                         | None                            |
| TX Deaf Blind w/Multiple Disabilities (0281.R06.02)                     | Individuals of any age with a developmental disability and deaf-blindness  | 362                 | Medicaid and CHIP Services                         | None                            |
| TX Medically Dependent Children Program (MDCP) Waiver (0181.R07.00)     | Families and primary caregivers of individuals who wish to move from a nursing facility to the community or who wish to remain in the community. | 6,796               | Medicaid and CHIP Services                         | None                            |

## D.6. Medicaid Program: New Initiatives – Medicaid Diabetes Care

- The Texas Health and Human Services Commission (HHSC) joined a multi-state initiative to improve diabetes care for Medicaid recipients.
- The Center for Health Care Strategies' Continuous Glucose Monitor Access Accelerator aims to address health disparities for Medicaid recipients who have diabetes.
  - Other states chosen for the program include Oklahoma, Iowa, Kentucky, Michigan, New Jersey and South Dakota.
- Through the 18-month program, HHSC intends to increase access to continuous glucose monitors (CGMs) for clients treated in primary care settings across the state's diverse population.
- CGMs are used by millions of people throughout the U.S. to monitor glucose levels and avoid complications and emergencies, [according to the American Diabetes Association](#).
  - Texas Medicaid provides CGMs and other benefits related to diabetes, including lab services and other equipment and supplies for monitoring and treatment.
- The accelerator program provides information and resources on CGMs and fosters networking opportunities with the other participating states.
  - HHSC will use the program to explore ways to increase the understanding and prescription of CGMs through education and training to providers.
- The program will provide as much as \$75,000 to support initiatives for providing CGMs.

# E. Medicare Financing & Service Delivery System

# E.1. Medicare Financing & Service Delivery System

| Medicare System Characteristics |   |  |
|---------------------------------|---|--|
| Characteristics                 | Traditional Medicare (FFS)  | Medicare Advantage   |
| Enrollment (January 2024)       | 1,971,616   | 3,528,882  |
| SMI Enrollment                  | <ul style="list-style-type: none"> <li>OPEN MINDS estimates 64% of the population in Medicare Advantage, 36% in Traditional Medicare.</li> </ul>  |  |
| Management                      | <ul style="list-style-type: none"> <li>Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care</li> <li>Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs</li> </ul> | <ul style="list-style-type: none"> <li>Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen</li> </ul> |
| Payment Model                   | <ul style="list-style-type: none"> <li>Part A &amp; B cover up to 80%, remaining costs can be paid out of pocket</li> </ul>   | <ul style="list-style-type: none"> <li>Fixed amounts paid based on health plan chosen</li> </ul>   |
| Geographic Service Area         | Statewide   | Statewide  |

**Total Medicare: 5,500,498 | Total Medicare With SMI: 1,248,613**

# E.1. Medicare Financing & Service Delivery System

| Medicare Financial Delivery System Enrollment                              |   |
|--|---|
| Total Medicare population distribution                                     | As of January 2024: 64% Medicare Advantage, 36% in traditional Medicare.        |
| SMI population inclusion in managed care                                   | Estimated 64% of population in Medicare Advantage, 36% in traditional Medicare. |
| Medicare population inclusion in Chronic special needs plan or (C-SNP).    | Estimated that around 2% of population is enrolled in C-SNP plans.              |
| Medicare population inclusion in Institutional Special Needs Plan (I-SNP). | Estimated that less than 1% of population is enrolled in I-SNP plans.           |

## E.2. Medicare System: Overview

- Medicare enrollment as of January 2024 was 5,500,498.
- In 2023, over 5 million residents were covered by Medicare in Texas.
  - Only about 15% of the Texas population is enrolled in Medicare, compared with nearly 20% of the United States population enrolled in Medicare.
  - Eleven percent of all Medicare beneficiaries in Texas were under the age of 65 as of mid-2023.
- Medicare Advantage plans were available in all 254 counties in Texas in 2023, but plan availability ranges from as few as six plans in some of the state's service areas to as many as 77 plans for sale in Harris County.
- There are 55 insurers licensed to sell Medigap plans in Texas.
- In Texas, there were 27 stand-alone Medicare Part D prescription drug plans in 2023, with premiums starting at \$6.60.
  - As of mid-2023, there were about 1.5 million Medicare beneficiaries in Texas with stand-alone Medicare Part D prescription drug plans. More than 2 million Texas residents had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

# E.3. Medicare ACOs

| 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        |  |  |

## E.3. Medicare ACOs (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

## E.4. Medicare System: New Initiatives

- There are no new or pending Medicare initiatives in the state.

# F. Dual Eligible Financing & Service Delivery System

# F.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 (December 2023)                     | 16,728  | 401,453                               | 25,451   | 1,264                      |
| Estimated SMI Enrollment                       | 3,512   | 84,305                                | 5,344  | 265                        |
| Management                                     | <ul style="list-style-type: none"> <li>Health and Human Services Commission</li> <li>Texas Medicaid and Healthcare Partnership provides administrative functions</li> </ul> | 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: 444,896 | Total Dual Eligible Enrollment With SMI: 93,428**

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

## F.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                | UnitedHealthcare                                    | Medicare Advantage D-SNP | 127,823                   | 29,016                   |
| UnitedHealthcare Community Plan of Texas, LLC | UnitedHealthcare                                    | Medicare Advantage D-SNP | 70,618                    | 16,030                   |
| Humana Insurance Company of Kentucky          | Humana, Inc   | Medicare Advantage D-SNP | 57,810                    | 13,123                   |
| UnitedHealthcare Dual Complete Choice         | UnitedHealthcare                                    | Medicare Advantage D-SNP | 46,404                    | 10,534                   |
| Amerivantage Dual Coordination                | Amerigroup Texas, Inc                               | Medicare Advantage D-SNP | 31,639                    | 7,182                    |
| Cigna-HealthSpring TotalCare                  | HealthSpring Life and Health Insurance Company, Inc | Medicare Advantage D-SNP | 31,603                    | 7,174                    |
| Aetna Medicare Dual Core                      | Aetna Better Health of Texas, Inc                   | Medicare Advantage D-SNP | 25,094                    | 5,696                    |
| Humana Gold Plus                              | Humana, Inc   | Medicare Advantage D-SNP | 18,535                    | 4,207                    |
| UnitedHealthcare Dual Complete Plan 1         | UnitedHealthcare                                    | Medicare Advantage D-SNP | 14,269                    | 3,239                    |
| WellCare Access                               | WellCare of Texas, Inc                              | Medicare Advantage D-SNP | 10,474                    | 2,378                    |

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2023 was 444,896.
- 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.
- Dual eligibles are enrolled in STAR+PLUS unless they receive LTSS services for an intellectual/developmental disability (I/DD).
- Dual eligibles also have the option to enroll in the state's dual demonstration or PACE program in select areas of the state.
- D-SNP enrollment as of December 2023 is 492,699, estimated SMI was 111,129.

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration

- The Texas dual eligible demonstration program is called the Texas Dual Eligible Integrated Care Project.
- The demonstration contracts with STAR+PLUS health plans to provide all STAR+PLUS and Medicare covered services.
- As of December 2023, enrollment in the demonstration is 25,451.
- HHSC will end the Dual Demonstration Program by Dec. 31, 2025, and transition Medicare-Medicaid Plans (MMPs) to integrated Dual Eligible Special Needs Plans (D-SNPs) by Jan. 1, 2026.
- This transition is being implemented in accordance with the Centers for Medicare & Medicaid Services (CMS) Contract Year 2023 Medicare Advantage and Part D Final Rule.
- When MMP members transition to a STAR+PLUS MCO, they must choose between a Medicare Advantage Plan, D-SNP or fee-for-service Medicare. MMP members are encouraged to choose companion D-SNPs operated by the same parent organization or that are the same entity as their STAR+PLUS MCOs for better coordination of their Medicare and Medicaid services.

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration (cont.)

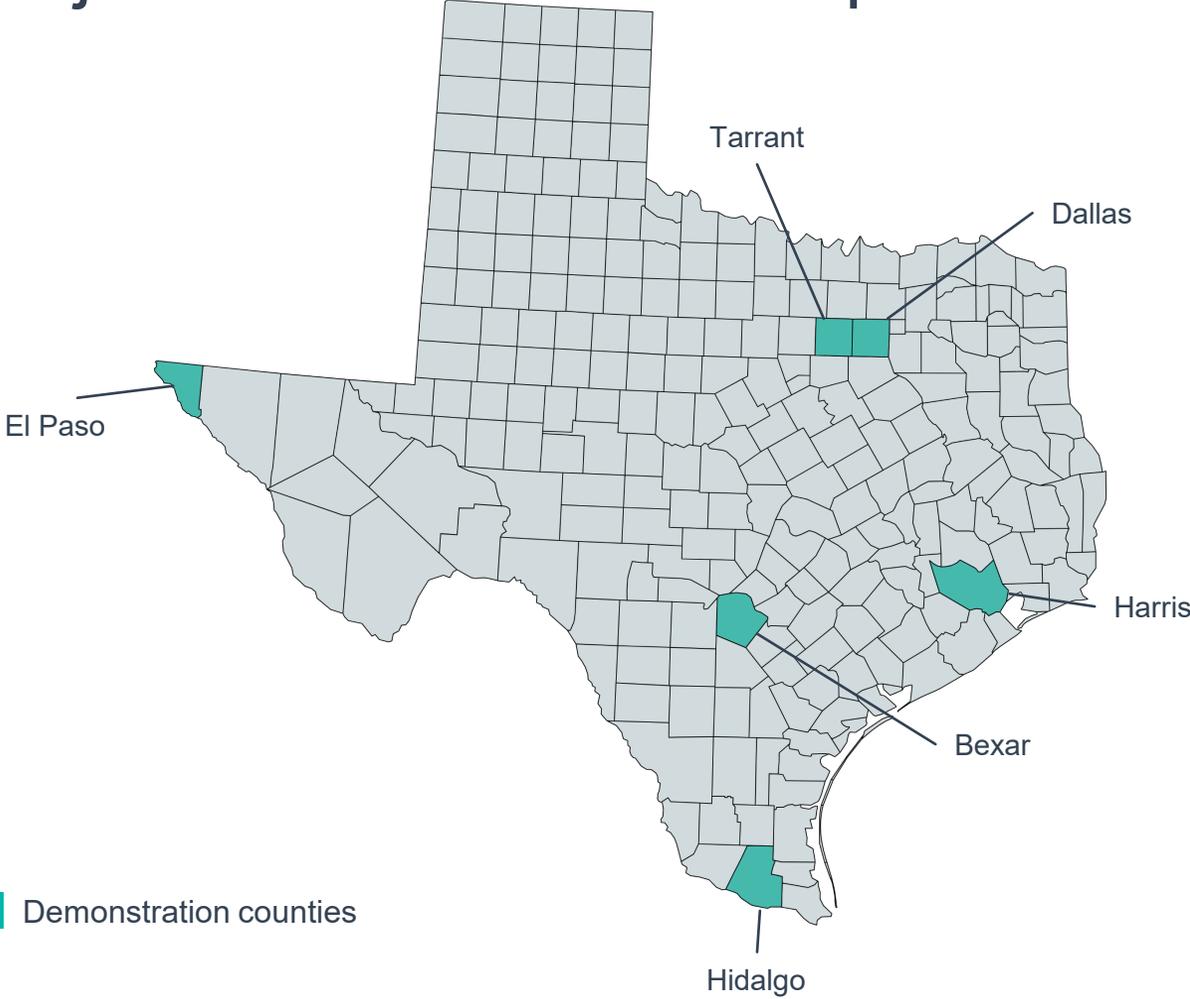
| Texas Dual Eligible Integrated Care Project Demonstration Overview |   |
|--|---|
| <b>Target Population</b>   | <ul style="list-style-type: none"> <li>▪ Full benefit dual eligibles ages 21 and over in the selected regions who are required to enroll in the STAR+PLUS program to receive Medicaid covered services.</li> <li>▪ Excludes persons residing in intermediate care facilities for individuals with intellectual disabilities and individuals receiving services through the following waivers:               <ul style="list-style-type: none"> <li>• Community Living Assistance and Support Services (CLASS)</li> <li>• Deaf Blind with Multiple Disabilities Program (DBMD)</li> <li>• Home and Community-based Services (HSC)</li> <li>• Texas Home Living Program (TxHmL)</li> </ul> </li> <li>▪ Excludes individuals with third party private insurance</li> </ul> |
| <b>Geographic Service Area</b>                                     | Six counties: Bexar, Dallas, El Paso, Harris, Hidalgo, and Tarrant  |
| <b>Enrollment Model</b>  | <ul style="list-style-type: none"> <li>• Passive enrollment with opt-out</li> <li>• Opt-in enrollment for individuals enrolled in PACE and the CMS Independence at Home demonstration</li> <li>• Individuals receiving services through a Medicare Advantage plan who are not participating in the demonstration must disenroll from that plan before opting-in</li> </ul>  |
| <b>Care Delivery Model</b>   | <ul style="list-style-type: none"> <li>• Integrated plan of care developed by a service coordinator with the individual and their chosen support team</li> <li>• Risk stratification of members into two levels using predictive-modeling software</li> <li>• Comprehensive risk assessment completed every 12 months at minimum</li> <li>• Individual Support Plan for individuals needing home- and community-based services (HCBS)</li> </ul>  |

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration (cont.)

| Texas Dual Eligible Integrated Care Project Demonstration Overview |  |
|--|--|
| <b>Benefits</b>  | <ul style="list-style-type: none"> <li>• Physical health, behavioral health, community-based and nursing facility LTSS, and pharmacy services</li> <li>• Services available in the STAR+PLUS HCBS waiver for those who meet the waiver requirements</li> <li>• Excluded are hospice services, pre-admission screening and resident review (PASR), and Medicaid transportation</li> </ul> |
| <b>Payment Model</b>   | <p>Three monthly capitation payments</p> <ul style="list-style-type: none"> <li>• From CMS: One payment for Medicare Parts A and B and one payment for Medicare Part D</li> <li>• From the state: One payment for Medicaid services</li> </ul>   |
| <b>Practice Performance &amp; Improvement</b>                      | <ul style="list-style-type: none"> <li>• 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).</li> <li>• State-defined measures evaluating LTSS</li> <li>• HEDIS/NCQA and AHRQ/CAHPS measures</li> <li>• CMS measures</li> </ul>              |

# F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration Map & Enrollment (cont.)

| County       | Plan                 | January 2023 Enrollment |
|--------------|----------------------|-------------------------|
| Bexar        | Wellpoint Texas      | 983                     |
|              | Molina Healthcare    | 887                     |
|              | Superior Health Plan | 2,396                   |
| Dallas       | Molina Healthcare    | 3,162                   |
|              | Superior Health Plan | 1,719                   |
| El Paso      | Wellpoint Texas      | 1,255                   |
|              | Molina Healthcare    | 1,300                   |
| Harris       | Wellpoint Texas      | 2,300                   |
|              | Molina Healthcare    | 1,341                   |
|              | UnitedHealthcare     | 2,872                   |
| Hidalgo      | Molina Healthcare    | 2,601                   |
|              | Superior Health Plan | 2,040                   |
| Tarrant      | Wellpoint Texas      | 2,595                   |
| <b>Total</b> |                      | <b>25,451</b>           |



# G. Long-Term Services & Supports Financing & Service Delivery System

# G.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.

| <b>LTSS* Medicaid System Characteristics</b> |  |
|--|--|
| <b>Characteristics</b>                       | <b>Medicaid Managed Care</b>   |
| <b>Enrollment (November 2023)</b>            | 532,879  |
| <b>Estimated SMI Enrollment</b>              | 61,813   |
| <b>Management</b>                            | <ul style="list-style-type: none"> <li>• Physical health: Five health plans</li> <li>• Behavioral health: Five health plans</li> </ul> |
| <b>Payment Model</b>                         | <ul style="list-style-type: none"> <li>• Physical health: Capitated rate</li> <li>• Behavioral health: Capitated rate</li> </ul>       |
| <b>Geographic Service Area</b>               | Statewide  |

**Total LTSS: 532,879 | Total LTSS With SMI: 61,813**

# G.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/IID       |   |   | X                                 |
| Other HCBS Recipients                 |   |   | X                                 |
| Other populations                     |   |   |                                   |

## G.2. LTSS Medicaid Financing & Delivery System: Overview

- 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.
- As of November 2023, enrollment in STAR+PLUS was 532,879, representing 12% of the total managed care population.
- 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
- 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.
- 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.
- 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.

# G.3. Medicaid LTSS Program: Health Plan Characteristics

| Wellpoint  |
|--|
| 1. Profit status: For-profit   |
| 2. Parent company: Anthem  |
| 3. Behavioral health subcontractor: None                                 |
| 4. Pharmacy benefit manager: CarelonRx                                   |
| 5. Managed care programs: STAR, STAR+PLUS, Dual Demonstration, STAR Kids |

| 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 |

# G.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

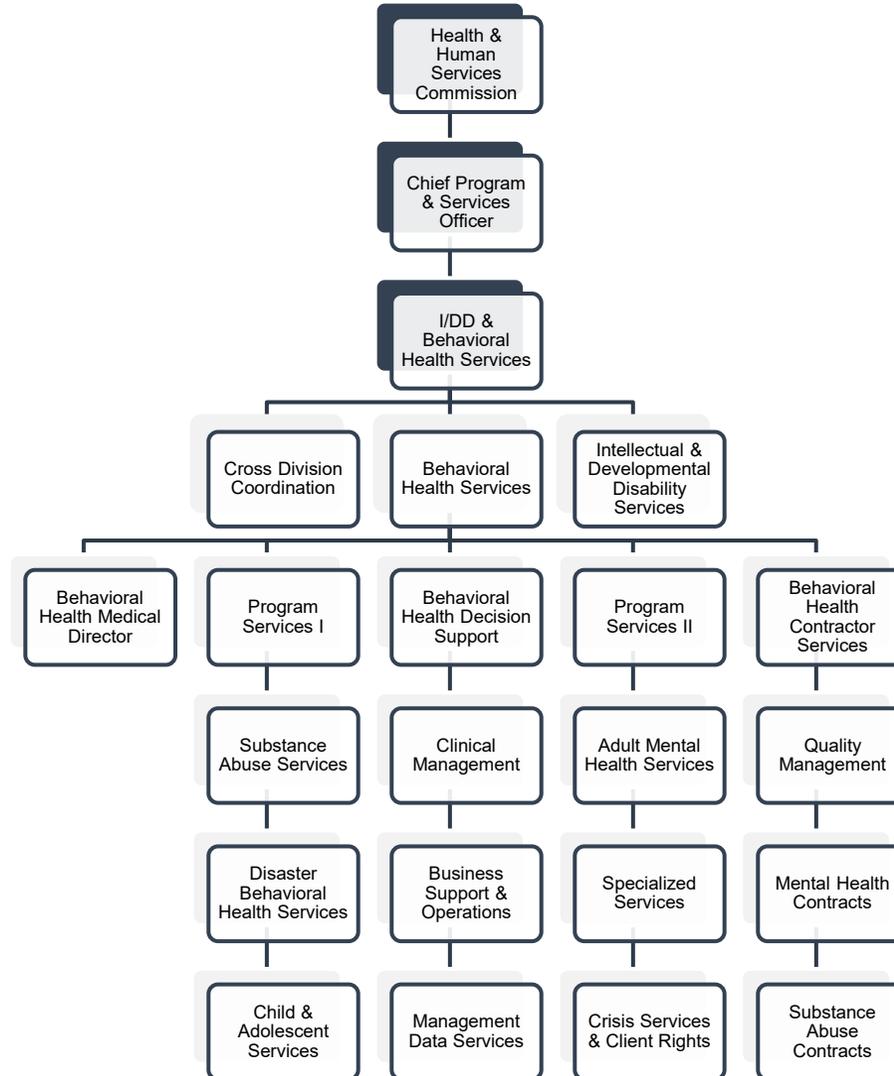
1. Inpatient services
2. Assessment
3. Withdrawal management (outpatient and residential)
4. Individual and group counseling
5. Residential treatment services
6. Outpatient treatment services
7. Medication assisted treatment

# G.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 (I/DD), traumatic brain injuries (TBI), acquired brain injuries (ABI) and similar functional needs.
- SP3 will implement in phases, Services began in Bexar county February 1, 2024.
- 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 operate
  - Are age 21 and older
  - Are enrolled in STAR+PLUS
  - Have I/DD, TBI, ABI, or a similar functional need as someone with ISS, TBI, or ABI
  - Are not currently enrolled in an I/DD 1915(c) waiver or community-based ICF
  - Are not currently living in a nursing home
- 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.
- 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.

# H. State Behavioral Health Administration & Finance System

# H.1. Health & Human Services Commission Governance: Organization Chart



# H.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     |

## H.2. Health & Human Services Commission: Behavioral Health Spending

| Budget Item   | SFY 2024 Budget Request | Percent Of Budget |
|---|-------------------------|-------------------|
| Mental health state hospitals                       | \$484,296,192           | 35%               |
| Adult community mental health services              | \$431,551,556           | 31%               |
| Substance abuse prevention, intervention, treatment | \$227,682,259           | 16%               |
| Community mental health crisis services             | \$129,468,814           | 9%                |
| Children community mental health services           | \$93,594,042            | 7%                |
| Behavioral health waiver                            | \$26,565,030            | 2%                |
| <b>Budget Total: \$1,393,157,893</b>                |                         |                   |

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



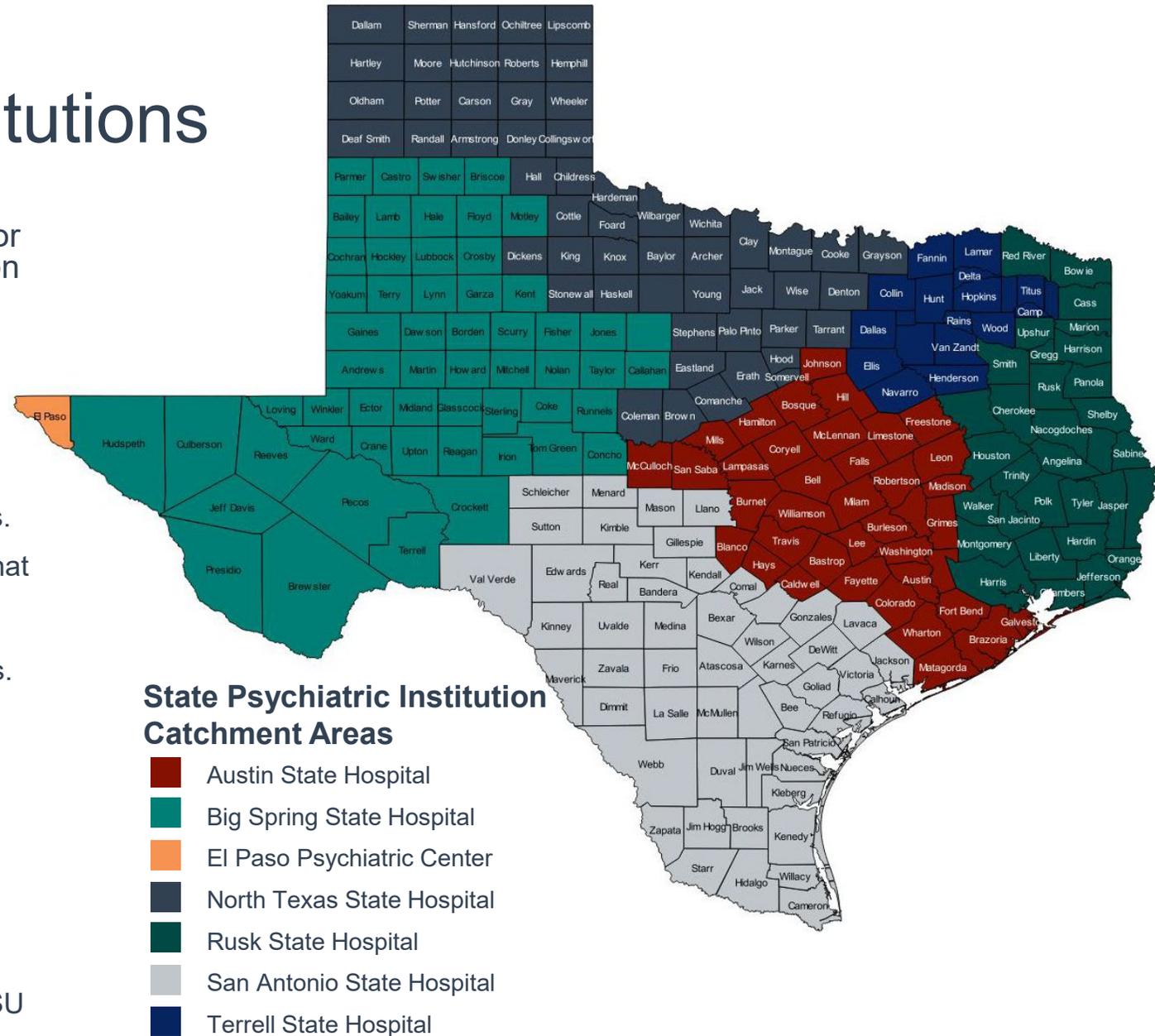
## H.3. State Psychiatric Institutions

| 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          |
| <b>Total</b>               |                       |                  | <b>2,346</b> |

# H.3. State Psychiatric Institutions

- 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:

  - HHSC is in the process of procuring the A/E Team for a new, standalone state hospital in Amarillo with 75 non-maximum-security beds.
  - Add a 50-bed maximum-security unit in Lubbock, Texas.
  - Build a replacement hospital for Terrell State Hospital that will have 250 beds.
  - Build a replacement hospital for the North Texas State Hospital – Wichita Falls campus that will have 200 beds.
  - Plan for replacement of Austin State Hospital and San Antonio State Hospital. These hospitals are both set to open in 2024.
  - Expand the El Paso Psychiatric Center by 50 non-maximum-security beds.
  - Expand the Rio Grande State Center State Hospital by 50 maximum-security beds.
  - Renovate the existing building 521 at SASH campus to convert the recently 40- Bed forensic unit to 40-Bed MSU unit.



## H.4. Behavioral Health Safety-Net Delivery System

- 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.
- 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.
- 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
- 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

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

| Map Code | Local Mental Health Authority                | Counties Served  |
|----------|--|--|
| 1        | ACCESS                                       | Anderson, Cherokee   |
| 2        | Andrews Center Behavioral Healthcare System* | Henderson, Rains, Smith, Van Zandt, Wood   |
| 3        | 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, 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 Healthcore                         | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, Upshur                                    |

\*Also operates as an OSAR

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

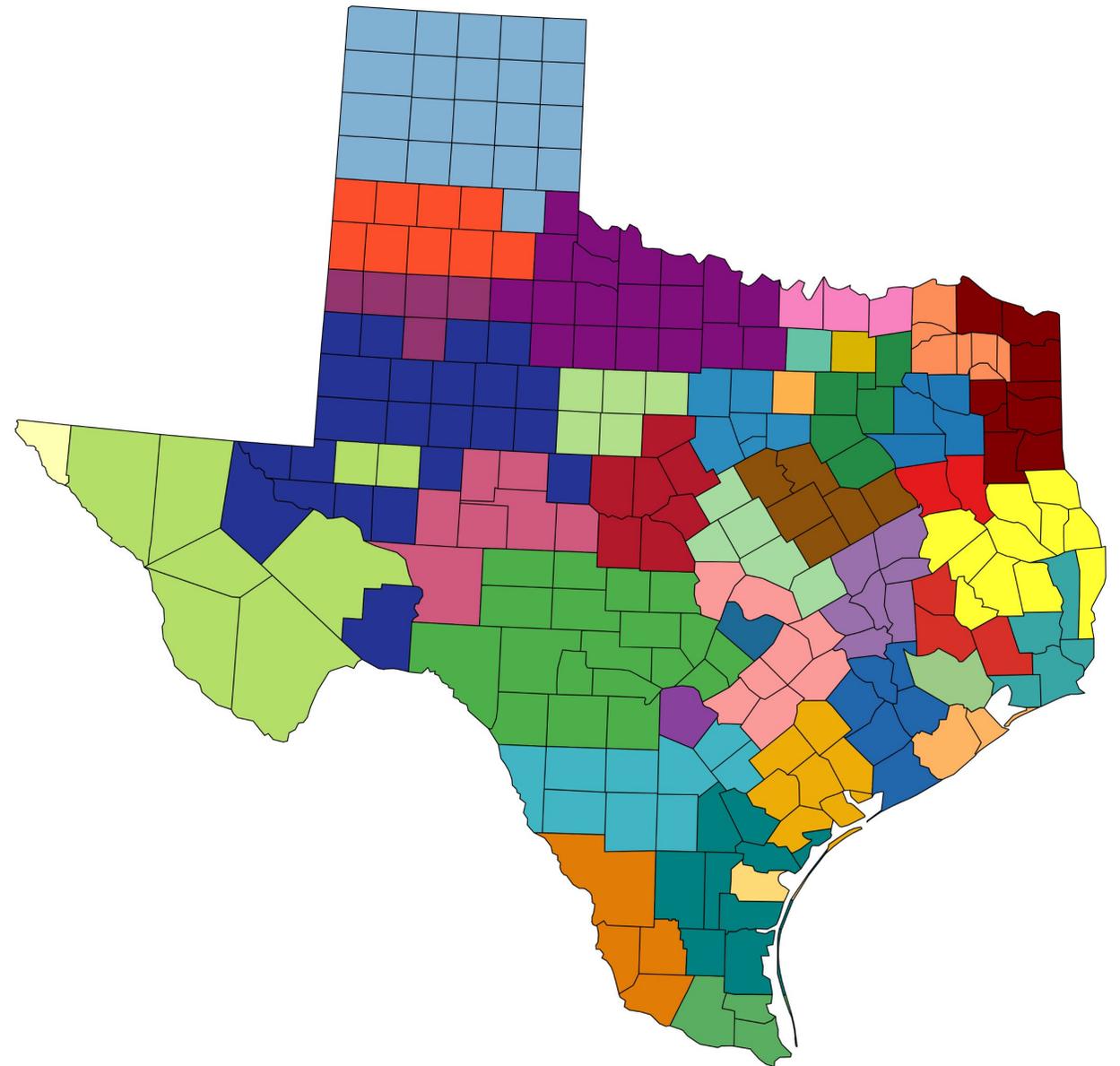
| Map Code | Local Mental Health Authority                                     | Counties Served  |
|----------|---|--|
| 15       | Denton County MHMR Center   | Denton   |
| 16       | Emergence Health Network*   | El Paso  |
| 17       | Gulf Bend Center  | Calhoun, DeWitt, Goliad, Jackson, Lavaca, 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       | Neuces Center for Mental Health and Intellectual Disabilities     | Nueces   |
| 27       | MHMR of Tarrant County*   | Tarrant  |
| 28       | MHMR Services for the Concho Valley                               | Coke, Concho, Crockett, Irion, Reagan, Sterling, Tom Green   |

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

| Map Code | 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       | PermianCare (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  |

# H.4. Behavioral Health Safety-Net Delivery System LMHA Catchment Areas

- ACCESS
- Andrews Center
- Betty Hardwick
- Bluebonnet Trails
- Border Region
- Brazos Valley
- Burke Center
- Camino Real
- Center for Health Care Services
- Center for Life Resources
- Central Counties
- Central Plains Center
- Coastal Plains
- Community Healthcore
- Concho Valley
- Denton County
- Emergence Health Network
- Gulf Bend Center
- Gulf Coast Center
- Harris Center
- Heart of Texas
- Helen Farabee
- Hill Country
- Integral Care
- Lakes Regional
- LifePath
- North Texas Behavioral Health Authority
- Nueces Center
- Pecan Valley
- PermianCare
- Spindletop Center
- StarCare
- Tarrant County
- Texana Center
- Texas Panhandle Centers
- Texoma
- Tri-County
- Tropical Texas
- West Texas Centers



## H.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  |

# H.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.5. Behavioral Health System: New Initiatives - Texas Statewide Behavioral Health Strategic Plan

- The Statewide Behavioral Health Coordinating Council developed a new five-year behavioral health strategic plan for fiscal years 2022 - 2026. This plan includes a statewide, strategic approach to prevent and reduce justice involvement for those with behavioral health needs.
- The strategic plan includes strategies to address the needs of individuals who use substances as well as strategies targeting diversion and community integration of individuals involved in the juvenile and criminal justice systems.
- The SBHCC developed the first Texas Statewide Behavioral Health Strategic Plan for fiscal years 2017-2021. With the creation of the strategic plan, state agencies that receive general revenue funding for behavioral health services work together to fulfill their legislative charge to:
  - Coordinate programs and services to eliminate redundancy;
  - Utilize best practices in contracting standards;
  - Perpetuate identified, successful models for mental health and substance use disorder treatment
  - Ensure optimal service delivery
  - Identify and collect comparable data on results and effectiveness.
- The Council created a sub-plan related to substance use services, as well as a sub-plan related to diversion and forensic services.

# I. Appendices

# I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate                              | Source  |
|---------------------|---|---|
| <b>Commercial</b>   | 4.2% of the commercially insured population over age 18                       | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a> |
| <b>Medicaid</b>     | 11.6% of persons enrolled in traditional Medicaid                             | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a> |
| <b>Medicare</b>     | 22.7% of persons in the Medicare population, not dually eligible for Medicaid | Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness</a>  |

# I.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 | 21% of persons in the Medicare population dually eligible for partial Medicaid benefits                        | ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from <a href="https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf">https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf</a>  |
|                                    | 16% of persons in the Medicare population dually eligible for full Medicaid benefits                           |   |
| Other Public                       | 4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system | U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from <a href="https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx">https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx</a>   |
| No Health Care Insurance           | 6.2% of uninsured persons over age 18  | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a> |

## I.2. Glossary Of Terms

| Word  | Abbreviation | Definition   |
|---|--------------|--|
| <b>Alternative Benefit Plan</b>                     | 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.   |
| <b>Accountable Care Organizations</b>               | 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). |
| <b>Administrative Services Organization</b>         | 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.   |
| <b>Capitation</b>                                   |              | 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.   |
| <b>Carve-out</b>                                    |              | 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.  |
| <b>Certified Community Behavioral Health Clinic</b> | 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.   |

# I.2. Glossary Of Terms

| Word                                  | Abbreviation | Definition   |
|---------------------------------------|--------------|--|
| <b>Community Mental Health Center</b> | CMHC         | An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) 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. |
| <b>Dual Eligible</b>                  |              | 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).  |
| <b>Federal Poverty Level</b>          | 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 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.  |
| <b>Fee-For-Service</b>                | 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.   |
| <b>Health Home</b>                    |              | 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.  |

# I.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.  |

## I.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.   |

# I.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. |

# I.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.  |

# I.3. Sources

## A. Executive Summary

1. Information compiled from sources provided throughout the profile.

## B.1. Population Demographics

1. United States Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved March 2024 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2022). 2022 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved March 2024 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2022). 2022 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved March 2024 from <https://data.census.gov/cedsci/table?q=S1901>
4. United States Census Bureau. (2022). 2022 Population Distribution by Race/Ethnicity. Retrieved March 2024 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 March 2024 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 March 2024 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. (2023, March) US Regional Data, MSAs. Retrieved March 2024 from <https://fred.stlouisfed.org>

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

1. OPEN MINDS. (2024). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved December 2023. <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 2024). 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. (2024). 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 March 2024 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](http://www.markfarrah.com)

# I.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 March 2024 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](http://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 March 2024 <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. (2024, January). DSHS Organizational Chart. Retrieved March 2024 from <https://www.dshs.texas.gov/orgchart/default.shtm>

## C.1. Medicaid Governance: Key Leadership

1. Texas Department of Health and Human Services. (2024, January). DSHS Organizational Chart. Retrieved March 2024 from <https://www.dshs.texas.gov/orgchart/default.shtm>

## C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>

## C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2023, November 28). Federal Medical Assistance Percentages FY 2024. Retrieved March 2024 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. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 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 March 2024 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

# I.3. Sources

## C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/publication/macstats-archive/>
5. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2017, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2024 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2024 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. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2024 from <https://www.macpac.gov/macstats/>
4. Centers for Medicare and Medicaid Services. (2024, January). Medicaid Enrollment Data Collected Through MBES 2024 Q1. Retrieved March 2024 from <https://www.medicare.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 March 2024 from <https://www.medicare.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 March 2024 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 March 2024 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>

# I.3. Sources

## D.1. Medicaid Financing & Service Delivery System

1. Texas Department of Health and Human Services. (2023, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved March 2024 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 March 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231>

## D.2. Medicaid Fee-For-Service Program: Overview

1. Texas Department of Health and Human Services. (2023, November). Medicaid and Chip MCO Enrollment by SDA. Retrieved March 2024 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 March 2024 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 March 2024 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 March 2024 from [http://www.tmhp.com/Manuals\\_HTML1/TMPPM/Current/index.html#t=TMPPM%2F1\\_00a\\_Preliminary\\_Information%2F1\\_00a\\_Preliminary\\_Information.htm](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 March 2024 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. (2022). Texas Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf>
3. Texas Department of Health and Human Services. (2019, November). Home and Community-based Services Adult Mental Health. Retrieved March 2024 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>

# I.3. Sources

## 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 March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx>

## D.2. Medicaid FFS Program: Pharmacy Benefits

1. Texas Department of Health and Human Services. (2022). Texas Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf>
2. Texas Vendor Drug. (2021, January 28). Texas Preferred Drug List. Retrieved March 2024 from <https://www.txvendordrug.com/formulary/preferred-drugs>
3. Texas Department of Health and Human Services. (2021, January 1). Medicaid Eligibility. Retrieved March 2024 from <https://hhs.texas.gov/laws-regulations/handbooks/twh/part-a-determining-eligibility/section-800-medicaid-eligibility>
4. Texas Department of Health and Human Services. (2020, December). Texas Medicaid Provider Procedures Manual. Retrieved March 2024 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 March 2024 from <https://www.hhs.texas.gov/reports/2022/12/annual-report-quality-measures-value-based-payments-fiscal-year-2022>
2. Texas Department of Health and Human Services. (2022). Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf>
3. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved March 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231>
4. Texas Health and Human Services Commission. (2019, February 6). Medicaid Overview. Retrieved March 2024 from <https://www.hhs.texas.gov/services/health/medicaid-chip>
5. Texas Department of Health and Human Services. (2020, September 1). Uniform Managed Care Terms and Conditions. Retrieved March 2024 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 March 2024 from [https://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/default.asp](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 March 2024 from <http://hcp-lan.org/workproducts/2019-APM-Progress-Press-Release.pdf>

# I.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 March 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231>

## 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 March 2024 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 March 2024 from <https://www.hhs.texas.gov/services/health/medicaid-chip>

## 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 March 2024 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 March 2024 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 March 2024 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 March 2024 from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231>

## 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 March 2024 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 March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/mco-enrollment-by-sda-prelim-nov-2022.xlsx>

# I.3. Sources

## D.3. Medicaid Managed Care Program: STAR Kids Program

1. Texas Department of Health and Human Services. (2022). Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.pdf>
2. Texas Health and Human Services Commission. STAR Kids. Retrieved March 2024 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 March 2024 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 March 2024 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. (2023, December). Texas Provider Manual. Retrieved March 2024 from [https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/texas/providers/pdf/tx\\_provider\\_manual.pdf](https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/texas/providers/pdf/tx_provider_manual.pdf)
2. Wellpoint (2024). Wellpoint Provider Manual. Retrieved March 2024 from <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides>
3. BCBS. (2019, February). Texas Provider Manual. Retrieved March 11, 2020 from <https://www.bcbstx.com/provider/standards/standards-requirements/manuals>
4. Children’s Medical Center Health Plan. (2020, January). Texas provider manual. Retrieved March 2024 from <https://www.childrensmedicalcenterhealthplan.com/home/providers/manuals>
5. Community First Health Plan. (2024). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Retrieved March 2024 <https://medicaid.communityfirsthealthplans.com/resources/provider-manuals/>
6. Community Health Choice. (2023). Provider Manual. Retrieved March 2024 from <https://provider.communityhealthchoice.org/resources/forms-and-guides/>
7. Cook Children’s Health Plan. (2023). Provider Manual. Retrieved March 2024 from <https://www.cookchp.org/providers/provider-manual-and-forms/>

# I.3. Sources

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

1. Driscoll Health Plan. (2022). Provider Manual. Retrieved March 2024 from [https://driscollhealthplan.com/wp-content/uploads/New-DHP-Provider-Manual-Sept\\_Final-New.pdf](https://driscollhealthplan.com/wp-content/uploads/New-DHP-Provider-Manual-Sept_Final-New.pdf)
2. El Paso Health. (2023). Provider Manual. Retrieved March 2024 from <https://www.elpasohealth.com/pdf/providermanual.pdf>
3. FirstCare. (2023). Provider Manual. Retrieved March 2024 from <https://www.firstcare.com/FirstCare/media/First-Care/PDFs/Medicaid-CHIP/STAR-CHIP-Provider-Manual.pdf>
4. Molina Healthcare (2024). Provider Manual. Retrieved March 2024 from <https://www.molinahealthcare.com/providers/tx/medicaid/manual/provmanual.aspx>
5. Parkland Community Health Plan, Inc. (2022). Provider Manual. Retrieved March 2024 from <https://providers.parklandhealthplan.com/join/manual/>
6. Superior Health Plan. (2023). Provider Manual. Retrieved March 2024 from <https://www.superiorhealthplan.com/providers/training-manuals.html>
7. Texas Children’s Health Plan. (2023). Provider Manual. Retrieved March 2024 from <https://www.texaschildrenshealthplan.org/providers>
8. UnitedHealthcare. (2023, July). Provider Manual. Retrieved March 2024 from <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TX-UHCCP-Care-Provider-Manual.pdf>

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

1. Texas Department of Health and Human Services. (2022). Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-14th-edition.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 March 2024 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>

# I.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 March 2024 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 March 2024 from <https://apps.hhs.texas.gov/documents/medicaid-chip-state-plan-attachments.pdf>

## D.3. Medicaid Managed Care Program: SMI Population

1. OPEN MINDS. (2023). Serious Mental Illness Prevalence Estimates.
2. Texas Health and Human Services Commission. (2021, January 15). Texas Healthcare Transformation and Quality Improvement Program. Retrieved March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

## D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Texas Health and Human Services Commission. (2024, January). Medicaid Pharmacy Prior Authorization & Preferred Drug List. Retrieved March 2024 from <https://www.txvendordrug.com/sites/default/files/docs/2024-0125-preferred-drug-list.pdf>
2. Texas Health and Human Services Commission. (2018, December). Evaluation of Pharmacy Service Delivery Models. Retrieved March 2024 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 March 2024 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 March 2024 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 March 2024 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.

# I.3. Sources

## D.5. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2024 from [https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](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 March 2024 from [https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html)

## D.6. Medicaid Program: New Initiatives – Medicaid Diabetes Care

1. Texas Health And Human Services Commission. (2023, November 16). HHSC Joins Initiative to Improve Medicaid Diabetes Care. Retrieved February 2024 from <https://www.hhs.texas.gov/news/2023/11/hhsc-joins-initiative-improve-medicaid-diabetes-care>

## E.1 Medicare Financing & Service Delivery System

1. OPEN MINDS. (2023, March). Health Plans Database.
2. OPEN MINDS. (2023). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2023, August) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

## E.2. Medicare System Overview

1. OPEN MINDS. (2023, March). Health Plans Database.
2. OPEN MINDS. (2023). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2023, August) Medicare Monthly Enrollment. Retrieved December 2023 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

# I.3. Sources

## E.2. Medicare System Overview

1. Healthinsurance.org (2023, December) Medicare in Texas. Retrieved December 2023 from <https://www.healthinsurance.org/medicare/texas>

## E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.

## E.4. Medicare System: New Initiatives

1. Centers for Medicare & Medicaid Services. (2023, June 8). CMS Announces Multi-State Initiative to Strengthen Primary Care. Retrieved from <https://www.cms.gov/newsroom/press-releases/cms-announces-multi-state-initiative-strengthen-primary-care>

## F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2024, February). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2024 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. (2024, February). Special Needs Plan (SNP) Data. Retrieved March 2024 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. (2023, August). Medicaid and CHIP Financial Statistical Reports. Retrieved March 2024 from <https://hhs.texas.gov/services/health/medicaid-and-chip/provider-information/medicaid-and-chip-financial-statistical-reports>

## F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2024, February). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2024 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. (2024, February). Special Needs Plan (SNP) Data. Retrieved March 2024 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Special-Needs-Plan-SNP-Data.html>

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2022, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2024 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 March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

# I.3. Sources

## F.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 March 2024 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 March 2024 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 March 2024 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas>

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration (cont.)

1. Texas Health and Human Services Commission. (2018, March 30). Dual Eligible Demonstration Three-Way Contract. Retrieved March 2024 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 March 2024 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 March 2024 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Texas>

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives - Integrated Care Project Demonstration Map & Enrollment (cont.)

1. Texas Health and Human Services. Medicaid and CHIP MCO Enrollment by SDA, Preliminary (2023, November). Retrieved March 2024 from <https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics>

## G.1. LTSS Financing & Service Delivery

1. Texas Department of Health and Human Services. (2020). Medicaid and CHIP Reference Guide. Retrieved March 2024 from <https://www.hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/reference-guide>
2. Texas Department of Health and Human Services. (2020, May 31). Medicaid and Chip Financial Statistical Reports. Retrieved March 2024 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 March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

# I.3. Sources

## G.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 March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

## G.2. LTSS Financing & Service Delivery System: Overview

1. Texas Department of Health and Human Services. Star Plus. Retrieved March 2024 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 March 2024 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 March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

## G.3. LTSS Health Plan Characteristics

1. Wellpoint (2024). Wellpoint Provider Manual. Retrieved March 2024 from <https://www.provider.wellpoint.com/texas-provider/resources/manuals-and-guides>
2. Molina Healthcare (2023). Provider Manual. Retrieved March 2024 from <https://www.molinahealthcare.com/providers/tx/medicaid/manual/provmanual.aspx>
3. Superior Health Plan. (2024). Provider Manual. Retrieved March 2024 from <https://www.superiorhealthplan.com/providers/training-manuals.html>
4. UnitedHealthcare. (2024). Provider Manual. Retrieved March 2024 from <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/TX-UHCCP-Care-Provider-Manual.pdf>

## G.4. Medicaid LTSS Program: Health Benefits

1. Texas Department of Health and Human Services. Star Plus. Retrieved March 2024 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 March 2024 from <https://www.hhs.texas.gov/regulations/policies-rules/waivers/medicaid-1115-waiver>

# I.3. Sources

## G.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 March 2024 from <https://www.hhs.texas.gov/business/contracting-hhs>
2. Texas Department of Health and Human Services. (2020, February). DSRIP Waiver Renewal. Retrieved March 2024 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 March 2024 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 March 2024 from <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/implementation-acute-care-ltss-redesign-sept-2020.pdf>

## H.1. Public Behavioral Health System Governance: Organization Chart

1. Texas Department of Health and Human Services. Mental Health and Substance Abuse. Retrieved March 2024 from <https://hhs.texas.gov/services/mental-health-substance-use>
2. Texas Department of Health and Human Services. (2024, January). Organizational Chart. Retrieved March 2024 from <https://hhs.texas.gov/sites/default/files/documents/about-hhs/leadership/hhs-org-chart.pdf>

## H.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 March 2024 from <https://dirpub.dir.texas.gov/agy529c.html>

## H.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 March 2024 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 March 2024 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 March 2024 from <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf>

# I.3. Sources

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

1. Texas Health and Human Services Commission. (2) Legislative Appropriations Request for Fiscal Years 2022-2023. Retrieved March 2024 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 March 2024 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 March 2024 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. (2018, August 31). Legislative Appropriations Request for Fiscal Years 2020-2021. Retrieved March 2024 from <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/lar/hhsc-legislative-appropriations-request-2020-2021.pdf>
5. Texas Health and Human Services Commission. (2017, December 1). FY 2018 Operating Budget. Retrieved March 2024 from <https://hhs.texas.gov/sites/default/files/documents/about-hhs/budget-planning/2018-operating-budget.pdf>
6. Texas Department of State Health Services. FY 2016 Operating Budget. Retrieved March 2024 from <http://www.dshs.texas.gov/budget/fy16/fy16operatingbudget.aspx?terms=operating%20budget>

## H.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 March 2024 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. Texas Department of Health and Human Services. (n.d.). Changes to Texas State Hospitals. Retrieved March 2024 from <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/changes-texas-state-hospitals>
3. American Hospital Directory. (2022). Austin State Hospital. Retrieved March 2024 from [https://www.ahd.com/free\\_profile.php?hcfa\\_id=f0bad47f61b53b96fa04a46eb024f75e&ek=970d755a683cf60769f1ba3fc00431d9](https://www.ahd.com/free_profile.php?hcfa_id=f0bad47f61b53b96fa04a46eb024f75e&ek=970d755a683cf60769f1ba3fc00431d9)
4. American Hospital Directory. (2022). Big Spring State Hospital. Retrieved March 2024 from [https://www.ahd.com/free\\_profile/454000/Big\\_Spring\\_State\\_Hospital/Big\\_Spring/Texas/](https://www.ahd.com/free_profile/454000/Big_Spring_State_Hospital/Big_Spring/Texas/)
5. American Hospital Directory. (2022). El Paso Psychiatric Center. Retrieved March 2024 from [https://www.ahd.com/free\\_profile/454100/El\\_Paso\\_Psychiatric\\_Center/El\\_Paso/Texas/](https://www.ahd.com/free_profile/454100/El_Paso_Psychiatric_Center/El_Paso/Texas/)
6. American Hospital Directory. (2022). North Texas State Hospital. Retrieved March 2024 from [https://www.ahd.com/free\\_profile.php?hcfa\\_id=bbdf6cf2205deca89abd813a6d78587c&ek=2687c73dcec4a2bdd27dc117e868d1ae](https://www.ahd.com/free_profile.php?hcfa_id=bbdf6cf2205deca89abd813a6d78587c&ek=2687c73dcec4a2bdd27dc117e868d1ae)
7. American Hospital Directory. (2022). Rio Grande State Center. Retrieved March 2024 from [https://www.ahd.com/free\\_profile/454088/Rio\\_Grande\\_State\\_Center/Harlingen/Texas](https://www.ahd.com/free_profile/454088/Rio_Grande_State_Center/Harlingen/Texas)
8. American Hospital Directory. (2022). Rusk State Hospital. Retrieved March 2024 from [https://www.ahd.com/free\\_profile/454009/Rusk\\_State\\_Hospital/Rusk/Texas](https://www.ahd.com/free_profile/454009/Rusk_State_Hospital/Rusk/Texas)
9. American Hospital Directory. (2022). [https://www.ahd.com/free\\_profile/454011/San\\_Antonio\\_State\\_Hospital/San\\_Antonio/Texas/](https://www.ahd.com/free_profile/454011/San_Antonio_State_Hospital/San_Antonio/Texas/)
10. American Hospital Directory. (2022). Terrell State Hospital. Retrieved March 2024 from [https://www.ahd.com/free\\_profile/454006/Terrell\\_State\\_Hospital/Terrell/Texas/](https://www.ahd.com/free_profile/454006/Terrell_State_Hospital/Terrell/Texas/)

## H.3 State Psychiatric Institutions

1. Texas Department of Health and Human Services. (2018, January 8). Changes To The State Hospital System. Retrieved March 2024 from <https://hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/changes-state-hospital-system>

# I.3. Sources

## H.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 March 2024 from <https://www.dshs.texas.gov/sites/default/files/legislative/86th/DSHS-Presentation-to-House-PH-2-20-19-final.pdf>

## H.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 March 2024 from <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>

## H.4. State Behavioral Health Safety-Net Delivery System: OSAR Charts

1. Texas Health and Human Services Commission. Outreach, Screening, Assessment and Referral Centers. Retrieved March 2024 from <https://hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral-centers>

## H.5. Behavioral Health System: New Initiatives - Texas Statewide Behavioral Health Strategic Plan

1. Texas Health and Human Services Commission. (2022, September) Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2022-2026. Retrieved February 2024 from <https://www.hhs.texas.gov/sites/default/files/documents/hb1-statewide-behavioral-health-idd-plan.pdf>