



GOVERNOR GREG ABBOTT

June 28, 2017

Mr. Brian Neale
Director
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850

Dear Mr. Neale:

The State of Texas submits the attached application to request a waiver for the Healthy Texas Women (HTW) program under Section 1115 of the Social Security Act. As part of the application request, the Texas Health and Human Services Commission (HHSC) has implemented public notice activities in compliance with federal transparency requirements and public and tribal consultation requirements.

Through the HTW Section 1115 Demonstration Waiver (HTW demonstration), HHSC seeks to enhance women's health care services. The HTW demonstration will provide family planning services as well as other women's health services that contribute to preconception care, better birth outcomes and improved maternal health in Texas. The proposed effective date for the waiver is September 1, 2018, for a five-year period ending August 31, 2023.

Thank you for the opportunity to submit this waiver application request. If you have any questions, please contact Jami Snyder, Associate Commissioner for Medicaid and CHIP Services, at (512) 707-6096 or via email at Jami.Snyder@hhsc.state.tx.us. We look forward to working with you and your staff on the HTW demonstration waiver.

Sincerely,

Greg Abbott
Governor

GA:abk

Attachment

Healthy Texas Women
Section 1115 Demonstration Waiver
Application

Texas Health and Human Services Commission

Submitted June 30, 2017

Section I - Program Description

This section should contain information describing the goals and objectives of the Demonstration, as well as the hypotheses that the Demonstration will test. In accordance with 42 CFR 431.412(a)(i), (v) and (vii), the information identified in this section must be included in a state's application in order to be determined complete. Specifically, this section should:

- 1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).*
- 2) Include the rationale for the Demonstration.*
- 3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.*
- 4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State. If the Demonstration will not operate statewide, please indicate the geographic areas/regions of the State where the Demonstration will operate.*
- 5) Include the proposed timeframe for the Demonstration.*
- 6) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.*

Background

In 2014, the Texas Sunset Advisory Commission reviewed the State's health agencies and recommended consolidating Texas women's health care programs to improve service and efficiency for clients and providers. In response, the Texas Legislature directed the Texas Health and Human Services Commission (HHSC) to consolidate state women's health services, and on July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program.

HHSC is requesting a new Section 1115 demonstration waiver for the HTW program. Through the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration), HHSC seeks to enhance women's health care services by increasing access to and participation in the HTW program. The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

Summary of Proposed Program

The HTW demonstration will provide women's health and family planning services at no cost to eligible, low-income Texas women. HTW demonstration services will be made available statewide.

The goals and objectives of the HTW demonstration are to:

- Increase access to women's health and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and well-being of women and their families
- Increase access to preventive health care, including screening and treatment for hypertension, diabetes, and high cholesterol, to positively impact maternal health and reduce maternal mortality
- Increase access to women's breast and cervical cancer services to promote early cancer detection
- Implement the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services and to avoid the direct or indirect use of state funds to promote or support elective abortions¹
- Reduce the overall cost of publicly funded health care (including federally funded health care) by providing low-income Texans access to safe, effective services that are consistent with these goals

The HTW demonstration will be for women who meet all of the following qualifications pursuant to Title 1 of the Texas Administrative Code (TAC) Chapter 382:

- Age 15 through 44
 - A minor² age 15 through 17 must have a parent or legal guardian apply, renew, and report changes to her case on her behalf

¹ Texas Human Resources Code §32.024(c-1) directs HHSC to ensure no money spent for the purpose of HTW is used to perform or promote elective abortions or to contract with entities that perform or promote elective abortions or affiliate with entities that perform or promote elective abortions.

² "Minor" as defined in 1 TAC §382.5(18).

- U.S. citizen or qualified immigrant
- Reside in Texas
- Not pregnant
- Does not currently receive benefits through a Medicaid program that provides full benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B, and does not have any other creditable health coverage³
- Net family income at or below 200 percent of the federal poverty level (FPL)

To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women⁴ coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare Part A or B, or CHIP, and they do not have other creditable health coverage.

The HTW demonstration will provide family planning services as well as other women's health services that contribute to preconception care and better birth outcomes. The HTW demonstration will provide the following covered services⁵ to eligible women:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection (STI) services
- Breast and cervical cancer screening and diagnostic services
- Clinical breast examinations
- Screening and treatment for hypertension, diabetes, and high cholesterol
- Human Immunodeficiency Virus (HIV) screenings

³ Applicants may not have creditable health coverage that covers the services HTW provides, except when an applicant affirms, in a manner satisfactory to HHSC, her belief that a party may retaliate against her or cause physical or emotional harm if she assists HHSC (by providing information or by any other means) in pursuing claims against that third party (1 TAC §382.7(a)(1)(7) and (c)).

⁴ Refers to the Medicaid eligibility group identified under Section 1902(a)(10)(A)(i)(III) of the Social Security Act.

⁵ "Covered service" is defined as a medical procedure for which the HTW demonstration will reimburse an enrolled health care provider (1 TAC §382.5(8)).

- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilizations
- Other contraceptive methods
- Screening and treatment for postpartum depression
- Immunizations

The HTW demonstration will use a fee-for-service delivery model. Any Medicaid provider will be able to provide HTW demonstration covered services to HTW demonstration clients on a fee-for-service basis if they meet all HTW demonstration provider eligibility requirements. Claims for covered services provided to HTW demonstration clients will be processed by the Texas claims administrator, Texas Medicaid & Healthcare Partnership (TMHP). To be enrolled as an HTW demonstration provider, all providers must be enrolled in Medicaid and be compliant with Texas Human Resources Code §32.024(c-1).

The HTW demonstration will not affect or modify other components of the State's current Medicaid program outside of eligibility, benefits, cost sharing or delivery systems.

The HTW demonstration will further the goals of Title XIX of the Social Security Act (Medicaid) by increasing and strengthening coverage for low-income women in Texas, through the provision of a unique benefit package to women who would not otherwise be eligible for family planning and preventive services under Medicaid. Additionally, the HTW demonstration is designed to improve health outcomes for the Medicaid population by providing preconception and interconception care to women who would be eligible for Medicaid coverage if they were pregnant, with the goal of improving birth outcomes and supporting women in achieving optimal birth spacing.

Program Standards

The delivery of HTW demonstration services will be in accordance with the following program standards.

Consent and Confidentiality

HHSC will require an HTW demonstration provider to maintain all health care information as confidential to the extent required by law, to verbally assure each client that her records are confidential, and to explain the meaning of confidentiality. Services will be provided with consent from a minor's parent, managing conservator, or guardian as authorized by Texas Family Code,

Chapter 32, or by federal law or regulations. Clients, or a parent or legal guardian if the client is 15 through 17 years of age, may elect to have HTW demonstration correspondence sent to a confidential mailing address.

Fair Hearings and Appeals

HHSC may deny, suspend, or terminate services to an applicant or client if HHSC determines the applicant or client is ineligible to participate in the HTW demonstration. Before HHSC denies, suspends, or terminates services, the applicant or client will be notified and provided an opportunity for a fair hearing in accordance with Medicaid fair hearing standards. An applicant or client may appeal HHSC's decision to deny, suspend, or terminate services in accordance with Medicaid standards.

Availability of Contraceptive Methods

All clients will be allowed freedom of choice in the selection of contraceptive methods as medically appropriate. All HTW demonstration covered methods of contraception will be made available to the client either directly or by referral.

Demonstration Rationale

Increasing access to women's health and family planning services is a priority in Texas. Texas has the fourth highest birth rate in the United States, with more than 400,000 births in 2015.⁶ Of these, 210,215 births were Medicaid-paid births, accounting for 52.2 percent of all state births in state fiscal year 2015.⁷ Texas Pregnancy Risk Assessment Monitoring System (PRAMS) data show 34.7 percent of women report their pregnancy was unintended, 53.5 percent report their pregnancy was intended, and 11.8 percent were unsure.⁸ As of 2014, Texas was tied with New Mexico for the fourth highest teen birth rate in the United States.⁹ The HTW demonstration

⁶ Kormondy, M. and Archer, N. (2016). *Healthy Texas Babies Data Book*. Austin, TX: Division for Family and Community Health Services, Texas Department of State Health Services, 2016. Retrieved from <https://www.dshs.texas.gov/healthytexasbabies/data.aspx>

⁷ Department of State Health Services, Bureau of Vital Statistics and Texas Medicaid & Healthcare Partnership Claims and Health and Human Services Commission Delivery Supplemental Payment System. (2016). *Medicaid Paid Births*. Prepared by Texas Health and Human Services Commission.

⁸ Texas Department of State Health Services. (2017). *Pregnancy Risk Assessment Monitoring System (PRAMS) 2014 Data Book Summary*. Retrieved from <https://www.dshs.texas.gov/mch/PRAMS.aspx>

⁹ Kormondy, M. and Archer, N. (2016). *Healthy Texas Babies Data Book*. Austin, TX: Division for Family and Community Health Services, Texas Department of State Health

seeks to increase access to family planning services to avert unintended pregnancies.

In addition to providing core family planning services, the HTW demonstration will offer preconception care and other related preventive services that positively impact the health and wellbeing of the enrolled women and contribute to better birth outcomes. Preventive services will include screening and treatment for hypertension, diabetes, and high cholesterol. Women with these chronic conditions are at increased risk for a variety of complications for both themselves and their babies. The rates of mothers in Texas with either hypertension or diabetes are rising, and the rates of preterm births and infants with a low birth weight are higher in Texas than nationally.¹⁰ Additionally, research shows some of the most common causes of maternal deaths are cardiac events and hypertension/eclampsia.¹¹

The HTW demonstration also will include breast and cervical cancer screening and diagnostic services to ensure women in Texas are receiving the care they need to detect cancer early. In state fiscal year 2013, 6,676 cervical cancer cases had a treatment cost to Medicaid of approximately \$15,719,639.¹² The Centers for Disease Control and Prevention (CDC) estimates Texas has a female breast cancer incidence rate of 108.4 per 100,000¹³ females and a cervical cancer incidence rate of 8.7 per 100,000 females based on 2013 data.¹⁴ The Texas Cancer Registry estimates that from 2009 to 2013, Texas had a cancer mortality rate of 161.2 per 100,000 individuals.¹⁵ Early detection of breast and cervical cancer is associated with

Services, 2016. Retrieved from <https://www.dshs.texas.gov/healthytexasbabies/data.aspx>

¹⁰ Ibid.

¹¹ Texas Department of State Health Services. (2016). *Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report*. Retrieved from https://www.dshs.texas.gov/mch/maternal_mortality_and_morbidity.shtm

¹² Texas Health and Human Services Commission and Texas Department of State Health Services. (2016). *Human Papillomavirus (HPV) Strategic Plan*. Retrieved from <https://hhs.texas.gov/sites/hhs/files//human-papillomavirus-strategic-plan-accessible.pdf>

¹³ Centers for Disease Control and Prevention. (2013). *Female Breast Cancer Incidence Rates by State*. Retrieved from <https://www.cdc.gov/cancer/breast/statistics/state.htm>

¹⁴ Centers for Disease Control and Prevention. (2013). *Cervical Cancer Incidence Rates*. Retrieved from <https://www.cdc.gov/cancer/cervical/statistics/state.htm>

¹⁵ Texas Cancer Registry. (2017). *Age-Adjusted Invasive Cancer Incidence Rates in Texas*. Retrieved from <http://www.cancer-rates.info/tx/>

improved health outcomes and reduced mortality.^{16,17} Further, cervical cancer screenings can identify abnormal cells, allowing for treatment before cancer develops.

The HTW demonstration will provide screenings and limited pharmaceutical treatment for postpartum depression. Based on 2014 data from Texas PRAMS, an estimated 13.5 percent of women who recently gave birth reported symptoms of postpartum depression.¹⁸

To prevent gaps in coverage and improve interconception health, eligible women whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled into the HTW demonstration. This continuity of care is especially important when considering postpartum depression may have an onset up to one year after a woman's pregnancy ends. Coverage under Medicaid for Pregnant Women ends the last day of the month in which the 60-day postpartum period ends. Automatic enrollment into the HTW demonstration allows women to continue to receive postpartum depression screening and treatment.

Demonstration Evaluation

In the 120 days following the date of waiver approval, HHSC Center for Analytics and Decision Support will submit an evaluation plan for CMS review and approval. Program performance evaluation parameters include provider activities, client service utilization, and estimated program savings and expenditures. Program success will be measured as the degree to which the HTW demonstration maintains or improves upon the performance of predecessor programs. HHSC hypothesizes the HTW demonstration will:

- Maintain or improve the access to and use of family planning services by women in the target population

¹⁶ American Cancer Society. (2017). *American Cancer Society Recommendations for the Early Detection of Breast Cancer*. Retrieved from <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

¹⁷ American Cancer Society. (2017). *The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer*. Retrieved from <https://www.cancer.org/cancer/cervical-cancer/prevention-and-early-detection/cervical-cancer-screening-guidelines.html>

¹⁸ Texas Department of State Health Services. (2017). *Pregnancy Risk Assessment Monitoring System (PRAMS) 2014 Data Book Summary*. Retrieved from <https://www.dshs.texas.gov/mch/PRAMS.aspx>

- Maintain or improve the access to and use of other women's health services (e.g., screening and treatment for hypertension, diabetes, and high cholesterol and screening and diagnostic services for breast and cervical cancer) to women in the target population
- Maintain or reduce the number of unintended pregnancies among women enrolled in Medicaid
- Maintain or decrease the number of Medicaid and CHIP paid deliveries which will reduce annual expenditures for prenatal, delivery, and newborn and infant care
- Maintain or reduce the cost for the Medicaid for Breast and Cervical Cancer program

The proposed demonstration evaluation design will formulate the final evaluation plan and will meet the prevailing standards of scientific evaluation and academic rigor, as appropriate and feasible for each aspect of the evaluation, including standards for the evaluation design, conduct, interpretation, and reporting of findings. When developing the evaluation design, Texas will consider ways to structure the design that will facilitate the collection, dissemination, and comparison of valid quantitative data to support the research hypotheses. For each research hypothesis, Texas will identify a preferred quantitative and/or qualitative research methodology and provide a rationale for the selected methodology. To the extent applicable, the following items will be specified for each design option considered:

- Identification of independent evaluator
- Quantitative or qualitative outcome measures
- Identification of study design and population
- Proposed baseline and/or control comparisons
- Proposed process and improvement outcome measures and specifications
- Data sources, collection frequency, and proposed analyses
- Robust sampling designs (e.g., controlled before-and-after studies, interrupted time series design, and comparison group analyses)
- Timelines for deliverables

Section II – Demonstration Eligibility

This section should include information on the populations that will participate in the Demonstration, including income level. In accordance with 42 CFR 431.412(a)(ii), the information identified in this section must be included in a state's application in order to be determined complete. Specifically, this section should:

- 1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.*

Demonstration Populations

Eligibility Group	Social Security Act and CFR Citations	Income Level
Healthy Texas Women demonstration group	Not applicable	At or below 200% of the FPL

- 2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan;*

To participate in the HTW demonstration, women must meet all of the following criteria:

- Age 15 through 44
 - A minor age 15 through 17 must have a parent or legal guardian apply, renew, and report changes to her case on her behalf
- U.S. citizen or qualified immigrant
- Reside in Texas
- Not pregnant
- Does not currently receive benefits through a Medicaid program providing full benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B, and does not have any other creditable health coverage
 - An applicant with creditable health coverage may be eligible to receive covered benefits if she affirms her belief a party may retaliate against her or cause physical or emotional harm if she assists HHSC in pursuing claims under that coverage
- Net family income at or below 200 percent of the FPL

Single Streamlined Application

The HTW demonstration will not use the single streamlined application used for Medicaid, CHIP, and other health insurance affordability programs as required by 42 CFR §435.907(b). HTW demonstration application procedures are detailed in Section V: Implementation of Demonstration.

Auto-Enrollment

To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, CHIP, or Medicare, and they do not have other creditable health coverage. In the last benefit month for a woman receiving Medicaid for Pregnant Women benefits, HHSC will test if the woman is eligible for any other Medicaid program providing full benefits, if she is eligible for CHIP, if she has Medicare, and if she has any other creditable health coverage. If the woman is determined not eligible for full Medicaid benefits, Medicare, or CHIP, and she does not have any other creditable health coverage, she will be certified for the HTW demonstration. Income verification and other HTW non-financial rules (except Medicaid, CHIP, Medicare, or other creditable health coverage and age) will not be applied for individuals auto-enrolled into the HTW demonstration. All eligibility criteria will be addressed at renewal.

HTW demonstration coverage will begin the first day following the termination of a woman's Medicaid for Pregnant Women coverage. A woman auto-enrolled into the HTW demonstration may choose not to participate in the HTW demonstration. Additional details on how a client will be notified of HTW demonstration auto-enrollment are included in Section V: Implementation of Demonstration.

Transfer of Eligibility

A woman who is receiving services through the current HTW program will be automatically enrolled in the HTW demonstration and will be eligible to receive covered services for the remainder of her certification period. There will be no disruption in eligibility or services.

Financial Eligibility

The income calculation for the HTW demonstration will not follow Modified Adjusted Gross Income (MAGI) methodologies as described in 42 CFR §435.603. Differences between MAGI methodologies and the HTW demonstration income methodology include:

Household Composition

HTW demonstration eligibility determinations will not be based on the individual's intended tax filing status. Household composition for the HTW demonstration will include the applicant, applicant's children under age 19, applicant's spouse if she is 18 or older, and the applicant's parents if she is younger than 18.

Countable Income Types

HTW demonstration income calculations will be based on the income rules in place prior to the implementation of MAGI methodologies and will not be based on the Internal Revenue Service (IRS) tax filing methodology. Countable income types include wages, self-employment, and child support. Income is any type of payment that is of gain or benefit to a household. Earned income is related to employment. Unearned income is income received without performing work-related activities, and it includes benefits from other programs.

Allowable Deductions

HTW demonstration earned income deductions will be based on exceptions allowed prior to the implementation of MAGI methodologies. Allowable income deductions include work-related expense deductions and a dependent care deduction.

For additional information regarding HTW demonstration financial eligibility requirements, see Attachment A: Financial Eligibility.

Adjunctive Income Eligibility

A woman may be determined adjunctively eligible for the HTW demonstration through her eligibility for certain programs or a member of her household's eligibility for certain programs when she is included in the budget group. A budget group is defined as the members of a household whose income is considered in the financial eligibility determination.

An HTW demonstration applicant or client will be considered adjunctively eligible at an initial or renewal application, and therefore automatically financially eligible, if:

- She is a member of a certified Supplemental Nutrition Assistance Program (SNAP) household
- She is receiving Temporary Assistance for Needy Families (TANF) cash or is in the budget group of someone receiving TANF cash

- She is in the budget group of a child under 18 or a parent and other caretaker relative who is receiving Medicaid
- A member in her budget group receives benefits under the Women, Infants, and Children (WIC) supplemental nutrition program

Citizenship and Alien Status Verification (Reasonable Opportunity)

The HTW demonstration will not use the process described in 42 CFR §435.956(a)(5) to provide a period of reasonable opportunity for citizenship and alien status verification.¹⁹

For the HTW demonstration, HHSC will attempt to verify citizenship and alien status through available electronic data sources. If electronic data is not available, HHSC will request citizenship and alien status verification from the individual. The individual will have at least 30 days to provide verification at application and at least 10 days to provide verification at renewal. If the individual does not provide the required verification, new applications will be denied 45 days after the date of submission, and renewal applications will be denied the last day of the certification period. An individual who is denied for failure to provide verification of citizenship or alien status will be able to reapply for the HTW demonstration at any time.

Renewal

The HTW demonstration will not use the renewal process described in 42 CFR §435.916.²⁰

HHSC will redetermine a woman's eligibility for the HTW demonstration every 12 months. HHSC will send the client, or her parent or legal guardian if she is 15 through 17 years of age, a renewal packet with a renewal application that must be completed and returned along with any required

¹⁹ 42 CFR §435.956(a)(5) requires state agencies to provide Medicaid and CHIP applicants or recipients who declare themselves to be U.S. citizens or declare to have an eligible alien status, but for whom verification of citizenship or alien status is unavailable a period of reasonable opportunity (90 days) to provide verification of citizenship or alien status. During a period of reasonable opportunity, the agency must provide Medicaid or CHIP benefits if the individual is otherwise eligible.

²⁰ 42 CFR §435.916 requires state agencies to make a redetermination of eligibility without requiring information from the individual if the agency is able to do so based on information in the individual's account and information available through electronic data sources. If the agency is not able to redetermine eligibility based on available information, the agency is also required to provide the individual with the pre-populated renewal form containing information needed to complete the renewal process.

verification. An individual may submit the renewal application over the phone, by fax, by mail, online, or in person at a local benefits office of HHSC.

Women who are determined adjunctively eligible at renewal will not need to submit a renewal application. HHSC will send the client a separate form for her to attest that she is not pregnant and does not have any other creditable health coverage. HHSC will not evaluate income at the time of renewal for women determined adjunctively eligible.

Eligibility Processes

The following eligibility processes are consistent with the Medicaid State Plan:

- Application channels
- Application and renewal processing timeframes
- Citizenship and alien status (with the exception of reasonable opportunity)
- Identity and Social Security Number requirements
- Residency

3) Specify any enrollment limits that apply for expansion populations under the Demonstration.

Enrollment limits will not apply to the HTW demonstration population.

4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs (i.e., Medicaid State plan, or populations covered using other waiver authority, such as 1915(c)). If applicable, please specify the size of the populations currently served in those programs.

HHSC projects the following number of individuals would be eligible for the HTW demonstration:

Calendar Year	Projected Number
2017	676,000
2018	691,000
2019	707,000
2020	724,000
2021	740,000
2022	757,000

Calendar Year	Projected Number
2023	774,000

The projections are based on the following data sources:

- U.S. Census Bureau, 2015 American Community Survey for Texas Public Use Microdata Sample
- Texas Demographic Center, Office of the State Demographer at the University of Texas at San Antonio
- Texas Department of State Health Services Center for Health Statistics

5) *To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable. In addition, indicate whether the Demonstration will utilize spousal impoverishment rules under section 1924, or will utilize regular post-eligibility rules under 42 CFR 435.726 (SSI State and section 1634) or under 42 CFR 435.735 (209b State).*

Not applicable.

6) *Describe any changes in eligibility procedures the state will use for populations under the Demonstration, including any eligibility simplifications that require 1115 authority (such as continuous eligibility or express lane eligibility for adults or express lane eligibility for children after 2013).*

HTW demonstration participants will receive 12 months of continuous eligibility.

7) *If applicable, describe any eligibility changes that the state is seeking to undertake for the purposes of transitioning Medicaid or CHIP eligibility standards to the methodologies or standards applicable in 2014 (such as financial methodologies for determining eligibility based on modified adjusted gross income), or in light of other changes in 2014.*

Not applicable.

Section III – Demonstration Benefits and Cost Sharing Requirements

This section should include information on the benefits provided under the Demonstration as well as any cost sharing requirements. In accordance with 42 CFR 431.412(a)(ii), the information identified in this section must be included in a state's application in order to be determined complete. Specifically, this section should:

- 1) *Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan.*

☒ Yes

☐ No

- 2) *Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan.*

The HTW demonstration will not impose cost-sharing requirements.

- 3) *If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration.*

Benefit Package Chart

Eligibility Group	Benefit Package
Healthy Texas Women demonstration population	Demonstration-only benefit package

- 4) *If electing benchmark-equivalent coverage for a population, please indicate which standard is being used.*

Not applicable.

- 5) *In addition to the Benefit Specifications and Qualifications form: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/Interim1115-Benefit-Specifications-and-Provider-Qualifications.pdf>, please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.*

Please refer to Attachment B for the Benefit Specifications and Qualifications form.

Benefit Chart

Benefit	Description of Amount, Duration and Scope	Reference
Outpatient Hospital Services	Limited to contraceptive services, pregnancy testing, STI services (including HIV/AIDS), breast and cervical cancer screening and diagnosis, and other family planning services.	Mandatory 1905(a)(2)
Rural Health Clinic Services (RHC)	RHCs are reimbursed for HTW demonstration services in accordance with the Medicaid State Plan.	Mandatory 1905(a)(2)
Federally Qualified Health Centers (FQHC) Services	FQHCs are reimbursed for HTW demonstration services in accordance with the Medicaid State Plan.	Mandatory 1905(a)(2)
Laboratory and X-Ray Services	Limited to family planning services, mammography, STI/HIV, hyperlipidemia, diabetes, and hypertension.	Mandatory 1905(a)(3)
Family Planning Services	Excludes diagnosis related to elective termination of pregnancy or emergency contraception. Other family planning services are provided by HTW demonstration providers in accordance with the Medicaid State Plan.	Mandatory 1905(a)(4)
Physicians' Services	Limited to HTW demonstration services as described on this chart.	Mandatory 1905(a)(5)
Clinic Services	Limited to HTW demonstration services as described on this chart.	Optional 1905(a)(9)

Benefit	Description of Amount, Duration and Scope	Reference
Prescribed Drugs	Limited to contraceptives and medications for the treatment and management of hyperlipidemia, diabetes, hypertension, postpartum depression, and sexually transmitted diseases. There is no preferred drug list for the HTW demonstration.	Optional 1905(a)(12)
Diagnostic Services	Limited to STI services (including HIV/AIDS), screening for obesity, smoking, STI/HIV, lipid disorders, colorectal cancer, cervical cancer, and breast cancer.	Optional 1905(a)(13)
Screening Services	Limited to STI services (including HIV/AIDS), screening for obesity, smoking, STI/HIV, lipid disorders, colorectal cancer, cervical cancer, and breast cancer.	Optional 1905(a)(13)
Preventive Services	Limited to well-woman preventive care visits, contraception, STI/HIV screening, immunizations, mammograms, cervical cancer screening, screening for hyperlipidemia, diabetes, and hypertension, basic infertility services, counseling intervention related to smoking, nutrition, and mental health.	Optional 1905(a)(13)
Nurse-midwife services	Limited to gynecologic and preconception care, family planning services, and care during the postpartum period.	Mandatory 1905(a)(17)

Benefits Not Provided

Benefit	Description of Amount, Duration and Scope	Reference
Inpatient Hospital Services	Not covered in the HTW demonstration	Mandatory 1905(a)(1)
Nursing Facility Services for Age 21 & Older	Not covered in the HTW demonstration	Mandatory 1905(a)(4)
EPSDT	Not covered in the HTW demonstration	Mandatory 1905(a)(4)
Tobacco Cessation for Pregnant Women	Not covered in the HTW demonstration	Mandatory 1905(a)(4)
Medical or Surgical Services by a Dentist	Not covered in the HTW demonstration	Mandatory 1905(a)(5)
Medical Care and any type of remedial care recognized under State Law - Podiatrists' Services	Not covered in the HTW demonstration	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Optometrists' Services	Not covered in the HTW demonstration	Optional 1906(a)(6)
Medical Care and any type of remedial care recognized under State Law - Chiropractors' Services	Not covered in the HTW demonstration	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Other Practitioners' Services	Not covered in the HTW demonstration	Optional 1905(a)(6)

Benefit	Description of Amount, Duration and Scope	Reference
Home Health Services - Intermittent or part-time nursing services provided by a home health agency	Not covered in the HTW demonstration	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Home health aide services provided by a home health agency	Not covered in the HTW demonstration	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Medical supplies, equipment and appliances	Not covered in the HTW demonstration	Mandatory for certain individuals- 1905(a)(7)
Home Health Services - Physical therapy, occupational therapy, speech pathology, audiology provided by a home health agency	Not covered in the HTW demonstration	Optional- 1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private duty nursing services	Not covered in the HTW demonstration	Optional 1905(a)(8)
Dental Services	Not covered in the HTW demonstration	Optional 1905(a)(10)
Physical Therapy	Not covered in the HTW demonstration	Optional 1905(a)(11)
Occupational Therapy	Not covered in the HTW demonstration	Optional 1905(a)(11)
Services for individuals with speech, hearing and language disorders	Not covered in the HTW demonstration	Optional 1905(a)(11)
Dentures	Not covered in the HTW demonstration	Optional 1905(a)(12)
Prosthetic Devices	Not covered in the HTW demonstration	Optional 1905(a)(12)

Benefit	Description of Amount, Duration and Scope	Reference
Eyeglasses	Not covered in the HTW demonstration	Optional 1905(a)(12)
Rehabilitative Services	Not covered in the HTW demonstration	Optional 1905(a)(13)
Services for Individuals over 65 in Institutions for Mental Disease (IMDs) - Inpatient hospital services	Not covered in the HTW demonstration	Optional 1905(a)(14)
Services for Individuals over 65 in IMDs -Nursing facility services	Not covered in the HTW demonstration	Optional 1905(a)(14)
Intermediate Care Facility services for individuals in a public institution for individuals with intellectual disabilities or persons with related conditions	Not covered in the HTW demonstration	Optional 1905(a)(15)
Inpatient psychiatric services for under 22	Not covered in the HTW demonstration	Optional 1905(a)(16)
Hospice Care	Not covered in the HTW demonstration	Optional 1905(a)(18)
Case management services 1915(g)	Not covered in the HTW demonstration	Optional 1905(a)(19), 1915(g)
Special Tuberculosis (TB) related services	Not covered in the HTW demonstration	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services under 1902(e)(9)(A) through (C)	Not covered in the HTW demonstration	Optional 1905(a)(20)

Benefit	Description of Amount, Duration and Scope	Reference
Certified pediatric or family nurse practitioners' services	Not covered in the HTW demonstration	Mandatory 1905(a)(21)
Home and Community Care for Functionally Disabled Elderly Individuals	Not covered in the HTW demonstration	Optional 1905(a)(22)
Personal Care Services in the beneficiary's home	Not covered in the HTW demonstration	Optional 1905(a)(24), 42CFR 440.170
Primary care case management services	Not covered in the HTW demonstration	Optional 1905(a)(25)
Programs of All-Inclusive Care for the Elderly (PACE) Services	Not covered in the HTW demonstration	Optional 1905(a)(26)
Special Sickle-Cell Anemia-Related Services	Not covered in the HTW demonstration	Optional 1905(a)(27)
Licensed or Otherwise State-Approved Free-Standing Birthing Centers	Not covered in the HTW demonstration	Optional 1905(a)(28)
Transportation	Not covered in the HTW demonstration	Optional benefit – 1905(a)(29) – 42CFR 440.170, Required as an administrative function – 42CFR 431.53
Services provided in religious non-medical health care facilities	Not covered in the HTW demonstration	Optional 1905(a)(29), 42CFR 440.170(b)
Nursing facility services for patients under 21	Not covered in the HTW demonstration	Optional 1905(a)(29), 42CFR 440.170(d)

Benefit	Description of Amount, Duration and Scope	Reference
Emergency Hospital services	Not covered in the HTW demonstration	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded Services for Pregnant Women - Additional Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends	Not covered in the HTW demonstration	Optional 1902(e)(5)
Expanded Services for Pregnant Women - Additional Services for any other medical conditions that may complicate pregnancy	Not covered in the HTW demonstration	Optional 1902(e)(5)
Emergency services for certain legalized aliens and undocumented aliens	Not covered in the HTW demonstration	Mandatory 1903(v)(2)(A)
Home and Community-Based Services for Elderly or Disabled Individuals	Not covered in the HTW demonstration	Optional 1915(i)
Self-Directed Personal Assistance Services	Not covered in the HTW demonstration	Optional 1915(j)
Community First Choice	Not covered in the HTW demonstration	Optional 1915(k)

6) *Indicate whether Long Term Services and Supports will be provided.*

☐ Yes

☒ No

7) *Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.*

☐ Yes

☒ No

8) If different from the State plan, provide the premium amounts by eligibility group and income level.

Not applicable.

9) Include a table if the Demonstration will require copayments, coinsurance and/or deductibles that differ from the Medicaid State plan.

Not applicable.

10) Indicate if there are any exemptions from the proposed cost sharing.

Not applicable.

Section IV – Delivery System and Payment Rates for Services

This section should include information on the means by which benefits will be provided to Demonstration participants. In accordance with 42 CFR 431.412(a)(ii), a description of the proposed healthcare delivery system must be included in a state's application in order to be determined complete. Specifically, this section should:

- 1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan (if no, please skip questions 2-7 and the applicable payment rate questions).*

☐ Yes

☒ No

HTW demonstration providers will be reimbursed for covered services provided to HTW demonstration clients on a fee-for-service basis. The HTW demonstration fee-for-service delivery system will be modeled after the Texas Medicaid fee-for-service delivery system and will use Medicaid reimbursement codes and rates. Any Medicaid provider will be able to provide HTW demonstration covered services to HTW demonstration clients on a fee-for-service basis if they meet all HTW demonstration provider eligibility requirements (provider eligibility requirements are described further in Section V: Implementation of Demonstration).

HHSC requests Federal Financial Participation (FFP) at an enhanced 90 percent for HTW demonstration family planning services and at the Federal Medical Assistance Percentage (FMAP) for all other HTW demonstration covered services.

- 2) Describe the delivery system reforms that will occur as a result of the Demonstration, and if applicable, how they will support the broader goals for improving quality and value in the health care system. Specifically, include information on the proposed Demonstration's expected impact on quality, access, cost of care and potential to improve the health status of the populations covered by the Demonstration. Also include information on which populations and geographic areas will be affected by the reforms.*

Not applicable.

3) *Indicate the delivery system that will be used in the Demonstration by checking one or more of the following boxes.*

- ☐ Managed care
 - ☐ Managed Care Organization (MCO),
 - ☐ Prepaid Inpatient Health Plans (PIHP)
 - ☐ Prepaid Ambulatory Health Plans (PAHP)
- ☒ Fee-for-service (including Integrated Care Models)
- ☐ Primary Care Case Management (PCCM)
- ☐ Health Homes
- ☐ Other (please describe):

4) *If multiple delivery systems will be used, please include a table that depicts the delivery system that will be utilized in the Demonstration for each eligibility group that participates in the Demonstration (an example is provided). Please also include the appropriate authority if the Demonstration will use a delivery system (or is currently seeking one) that is currently authorized under the State plan, section 1915(a) option, section 1915(b) or section 1932 option.*

Not applicable.

5) *If the Demonstration will utilize a managed care delivery system.*

The HTW demonstration will not utilize a managed care delivery system.

6) *Indicate whether any services will not be included under the proposed delivery system and the rationale for the exclusion.*

All HTW demonstration services will be provided under the proposed delivery system.

7) *If the Demonstration will provide personal care and/or long term services and supports, please indicate whether self-direction opportunities are available under the Demonstration. If yes,*

please describe the opportunities that will be available, and also provide additional information with respect to the person-centered services in the Demonstration and any financial management services that will be provided under the Demonstration.

☐ Yes

☒ No

The HTW demonstration will not provide personal care services or long-term services and supports.

8) If fee-for-service payment will be made for any services, specify any deviation from State plan provider payment rates. If the services are not otherwise covered under the State plan, please specify the rate methodology.

All HTW demonstration covered services delivered to HTW demonstration clients will be reimbursed on a fee-for-service basis using the established Medicaid rates. FQHCs and RHCs will be reimbursed in accordance with the Medicaid state plan.

9) If payment is being made through managed care entities on a capitated basis, specify the methodology for setting capitation rates, and any deviations from the payment and contracting requirements under 42 CFR Part 438.

Not applicable.

10) If quality-based supplemental payments are being made to any providers or class of providers, please describe the methodologies, including the quality markers that will be measured and the data that will be collected.

Not applicable.

Section V – Implementation of Demonstration

This section should include the anticipated implementation date, as well as the approach that the State will use to implement the Demonstration. Specifically, this section should:

- 1) Describe the implementation schedule. If implementation is a phase-in approach, please specify the phases, including starting and completion dates by major component/milestone.*
- 2) Describe how potential Demonstration participants will be notified/enrolled into the Demonstration.*
- 3) If applicable, describe how the state will contract with managed care organizations to provide Demonstration benefits, including whether the state needs to conduct a procurement action.*

Implementation Schedule

The proposed effective date for the HTW demonstration is September 1, 2018, for a five-year period ending August 31, 2023. HHSC will not use a phased approach for implementing the HTW demonstration. HHSC anticipates a four month period for operational changes once CMS approval is received prior to the HTW demonstration effective date. Operational changes will include TMHP system technology modifications to update the funding mechanism, as well as updates to HTW administrative rules and policy.

HHSC anticipates a cost for operational changes prior to program implementation. HHSC requests FFP at the 50 percent rate for administrative expenditures resulting from the implementation of these changes, or at an increased FFP if available.

Client Application Process

A beneficiary within the current HTW program will not experience a gap in coverage as the program transitions to Medicaid and will be able to receive the same benefits previously provided under the HTW program.

A female, or parent or legal guardian acting on her behalf if she is 15 through 17 years of age, will be able to apply for HTW demonstration services by completing an application form and providing documentation as required by HHSC to verify citizenship and alien status, identity, and income. An applicant may obtain an application in any of the following ways:

- Online at HealthyTexasWomen.org or YourTexasBenefits.com
- In person at an HHSC local benefits office, an HTW provider's office, or any other location that makes HTW applications available

- By calling 2-1-1

HHSC accepts and processes every application received through all of the following means:

- In person at an HHSC local benefits office
- By fax
- By mail
- Electronically through HealthyTexasWomen.org or YourTexasBenefits.com

HHSC will process all HTW demonstration applications within 45 days of receipt. Program coverage will begin on the first day of the month in which HHSC receives a valid application. A client is deemed eligible to receive covered services for 12 continuous months. Providers and community-based organizations will be able to help women fill out and fax their applications to HHSC for processing.

To provide continuity of care in the postpartum period, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage. If a woman is qualified for auto-enrollment she will be enrolled into the HTW demonstration on the first day of the month following her Medicaid for Pregnant Women coverage termination. At the time of auto-enrollment, a notification form will be sent to the woman to let her know she is able to receive HTW demonstration services. The woman can choose not to participate in the HTW demonstration by returning the form by mail, by fax, or by calling 2-1-1. The woman will be able to request on the form that all of her HTW demonstration correspondence be sent to a confidential mailing address. Once auto-enrolled into the HTW demonstration, the woman will be eligible to receive covered services for 12 continuous months.

Client Renewal Process

A client, or a parent or legal guardian acting on her behalf if she is 15 through 17 years of age, may renew HTW demonstration eligibility by completing a renewal application and providing any documentation as required by HHSC. An HTW demonstration client will be sent a renewal packet during month 10 of her 12-month HTW demonstration certification period. A client will be able to return the renewal application in person at a local HHSC benefits office, by fax, by calling 2-1-1, online, or through the mail.

HTW Outreach Efforts

Beginning in 2016, HHSC launched a statewide HTW outreach campaign targeting providers, clients and external stakeholders. The goals of the campaign include informing and educating eligible women in Texas about the HTW program, educating women on why it is important to see their health care provider, expanding access to women's health and family planning services, and increasing HTW program enrollment.

HHSC will continue and expand upon current outreach efforts already in place to educate women about the HTW demonstration and to help increase client and provider enrollment. Client outreach will include:

- Promotion of the newly redesigned women's health program website, HealthyTexasWomen.org, which enables clients to apply for program services online and locate a provider
- Television and radio public service announcements aimed at directing viewers to the program website
- Distribution of outreach materials to statewide community-based organizations, HHSC regional offices, and service providers
- Strategic advertising to targeted demographic using digital platforms and social media

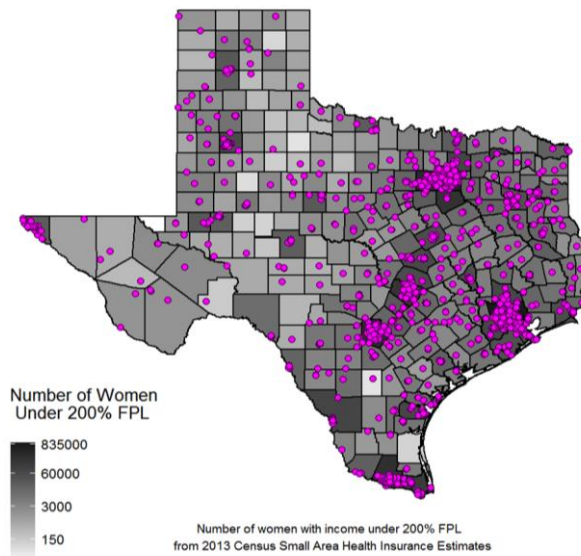
HHSC requests FFP at the 50 percent rate for administrative expenditures for HTW demonstration outreach efforts.

HTW Provider Eligibility

All HTW demonstration providers must be enrolled with TMHP as a Medicaid provider and be compliant with Texas Human Resources Code §32.024(c-1).

Figure 1 below shows the distribution of HTW fee-for-service providers across the state as of January 1, 2017.

Figure 1. HTW Fee-for-Service Provider Locations



As evidenced by Figure 1, the current HTW program has a large provider base to address the health and family planning needs of women across the state. While Texas has expanded its women's health provider base by 250 percent in the past five years, HHSC recognizes improvements can continue to be made to ensure women across the state are able to readily access high quality care. Through the HTW demonstration, HHSC anticipates further expansion of its provider network and increased access to services for women statewide, especially in rural and underserved regions of the state.

Section VI – Demonstration Financing and Budget Neutrality

This section should include a narrative of how the Demonstration will be financed as well as the expenditure data that accompanies this application. The State must include 5 years of historical data, as well as projections on member month enrollment. In accordance with 42 CFR 431.412(a)(iii) and (iv), historical and projected expenditures as well as projected enrollment for the proposed demonstration project must be included in a state's application in order to be determined complete. The additional information requested will be needed before the application can be acted upon.

Please refer to Attachment C for the Demonstration Financing Form and Attachment D for the Budget Neutrality Spreadsheet.

Justification for With-Waiver Trend Rates, Per Member Per Month Costs and Member Months

The HTW demonstration trend rates are based on historical long-term trends experienced under predecessor women's health programs. The average annual trend rate for state fiscal years 2008 through 2016 for per member per month costs is 5.5 percent. The per member per month costs are based on actual fee-for-service claim expenditures for July 2016 through February 2017²¹ and divided by corresponding actual monthly caseloads. Increase in utilization is assumed as program ramp-up continues through August 2017; long-term trends described above are applied thereafter.

For caseloads, the average annual trend from state fiscal years 2009 through 2016 is 2.8 percent. State fiscal year 2008 was excluded as an extreme outlier due to initial program ramp-up. Caseload estimates are based on actual program enrollment growth for July 2016 through March 2017²². Statistical software is used for baseline projections, and long-term trends are applied for future program growth.

²¹ July 2016 is the first month for which HTW program data are available, as the program launched on July 1, 2016. February 2017 is the latest month for which claims data are available.

²² March 2017 is the latest month for which preliminary enrollment data are available.

The chart below lists all of the new populations in the HTW demonstration and explains their relationship to the eligibility groups listed in Section II.

Population Name	Brief Description	Cross-Walk to Section II
Healthy Texas Women demonstration group	Women enrolled in the HTW demonstration	Not otherwise eligible for Medicaid.

Explanation of Estimates, Methodology, and Data

This waiver application is unique in that the state is currently fully funding the HTW program. Though HHSC does not intend to end the program if this application is not approved, HHSC assumes CMS' intent is to evaluate the impact of the current HTW program, regardless of the method of finance. As such, the Without Waiver (WOW) tab of the budget neutrality worksheet (Attachment D) illustrates the anticipated impact if the HTW program were discontinued.

HHSC has determined that 42 CFR §431.412(a)(iii) is not applicable to this demonstration application. Thus, historical expenditures are not provided and a bridge period is not applicable.

HHSC's budget neutrality methodology assumes reductions in Medicaid-paid births, prenatal care, and newborn services due to increased access to family planning services. Additionally, the methodology assumes a reduction in Medicaid for Breast and Cervical Cancer enrollment due to increased access to screening for cervical cancer, as well as access to cervical dysplasia treatment, which can prevent the development of cervical cancer.

This budget neutrality analysis covers two categories directly and indirectly impacted by the demonstration: waiver eligibility group served and non-waiver eligibility group impacted. Five eligibility groups are considered and structured as:

- Waiver eligibility group served – Healthy Texas Women (HTW)
- Non-waiver eligibility group impacted – Medicaid for Pregnant Women, Medicaid Children Age 1 and Under, Medicaid for Breast and Cervical Cancer, and CHIP Perinatal

In addition to the five-year (FFY 2019 – FFY 2023) projections of expenditures, member months and cost per member per month, five-year total, and annual change are provided for each individual eligibility group.

The WOW tab shows the anticipated impact if the HTW program were discontinued. The direct impact is in the HTW eligibility group; cost/caseload is removed/zeroed out. Furthermore, without increased access to family planning to postpone or prevent pregnancy, cervical cancer screening, and cervical dysplasia treatment provided in HTW, HHSC's budget neutrality methodology assumes increases in Medicaid-paid births (reduced averted births), Medicaid for Pregnant Women caseloads, CHIP Perinatal caseloads, newborn caseloads, and cervical cancer treatment services under the Medicaid for Breast and Cervical Cancer program.

Pregnancy/birth related impacts are based on the estimated HTW population (unserved in WOW tab), a 2.5 percent fertility rate within 12 months, and another 4.5 percent from 12 to 18 months, based on Texas birth statistics for uninsured populations. Some attrition is also assumed due to other external factors (possible creditable health coverage, choice of family planning use, intended births, etc.). This would result in additional women and newborns being served under Medicaid for Pregnant Women and the Children Age 1 and Under eligibility groups. Due to the higher income limit (200 percent FPL) of the HTW demonstration, there is a small impact to the CHIP Perinatal program, which covers prenatal care for unborn children in households with incomes above the Medicaid for Pregnant Women eligibility threshold. Additionally, the analysis assumes a small increase in Medicaid for Breast and Cervical Cancer enrollment without the benefits of cervical cancer screening and cervical dysplasia treatment under the HTW program. This estimate is based on clients identified with moderate to severe cervical dysplasia under the predecessor women's health program in state fiscal year 2015. Based on cervical dysplasia statistics from the University of Maryland Medical Center, severe cervical dysplasia has a resulting cancer diagnosis in 30 percent to 50 percent of cases if left untreated. HHSC has assumed the lesser bound, such that 30 percent of these severe cases would result in cervical cancer treatment under Medicaid for Breast and Cervical Cancer due to lack of identification (without HTW).

The With Waiver (WW) tab in Attachment D shows the same eligibility groups under the Medicaid structure and HTW program as they exist today. Costs and caseloads on this tab are shown in the traditional format, and

projections are based on current historical enrollment through March 2017 and expenditure data through December 2016, except HTW which is through February 2017. No additional adjustments are made. The WOW tab uses this same underlying cost and caseload projection for each eligibility group but with adjustments on top for the impacts described above.

The Budget Neutrality Summary tab in Attachment D calculates the difference between WOW and WW and demonstrates budget neutrality for the HTW demonstration. Budget neutrality is not realized until the second year of the demonstration because of the methodology used for the WOW tab. As stated above, the WOW tab illustrates the anticipated impact if the HTW program were discontinued. In this scenario, most pregnancies not averted in the first year of the WOW tab do not show up as additional births until the second year.

Section VII – List of Proposed Waivers and Expenditure Authorities

This section should include a preliminary list of waivers and expenditures authorities related to title XIX and XXI authority that the State believes it will need to operate its Demonstration. In accordance with 42 CFR 431.412(a)(vi), this section must be included in a state's application in order to be determined complete. Specifically, this section should:

- 1) Provide a list of proposed waivers and expenditure authorities.*
- 2) Describe why the state is requesting the waiver or expenditure authority, and how it will be used.*

Expenditure Authority

Under the authority of Section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Texas, which are not otherwise included as expenditures under Section 1903 of the Act shall, for the period of this demonstration, be regarded as expenditures under the State's Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under Section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities. The expenditure authorities shall enable Texas to operate the Healthy Texas Women Section 1115 Demonstration Waiver.

Waiver Authorities

All Medicaid requirements apply, except the following:

1. Amount, Duration, and Scope of Services – Section 1902(a)(10)(B) of the Act

Rationale for Authority: The State will offer the HTW demonstration population a benefit package consisting only of approved HTW demonstration covered services.

2. Early and Periodic Screening, Diagnostic, and Treatment – Section 1902(a)(43)(A) of the Act (EPSDT)

Rationale for Authority: The State will not furnish or arrange for EPSDT services to the HTW demonstration population.

3. Comparability – Section 1902(a)(17) and Section 1902(e)(14) of the Act

Rationale for Authority: The State will not utilize MAGI methodologies for determining financial eligibility for the HTW demonstration.

4. Retroactive Coverage – Section 1902(a)(34) of the Act

Rationale for Authority: Individuals enrolled in the HTW demonstration will not be retroactively eligible.

5. Freedom of Choice – Section 1902(a)(23) of the Act

Rationale for Authority: To ensure qualified providers participate in the HTW demonstration in accordance with State law, HHSC includes this waiver authority to the extent CMS believes such a waiver is necessary.

Section VIII – Public Notice

Public Notice Process

Texas used a variety of methods to ensure members of the public and interested stakeholders had ample opportunity to review the application and provide comments in advance of the submission to CMS. HHSC informed the public through written and verbal communications with state tribal organizations, electronic notices in the State's administrative record and on the HHSC website, physical postings of the detailed public notice in Medicaid eligibility offices across the state, a statewide webinar conducted by HHSC staff, and through two public hearings. The public comment period ran from May 12, 2017, through June 12, 2017.

Tribal Consultation

In accordance with 42 CFR § 431.408(b), Texas conducted consultation activities with tribes and sought advice from Indian health programs and urban Indian health organizations prior to submission of the application. As outlined in the State's formal tribal consultation process, Texas provided notice of the application to tribal organizations at least 60 days in advance of the application submission. Staff provided written notification to the State's four tribal organizations (Alabama-Coushatta Tribe, Kickapoo Traditional Tribe, Urban Inter-Tribal Center of Texas and Yselta Del Sur Pueblo) on April 28, 2017, and asked the tribal representatives to submit comments or questions to HHSC by June 12, 2017, to allow time for consideration of comments.

The notification included detailed information about the public hearings as well as information on where the tribal representatives could find online postings of the abbreviated and detailed public notices and a copy of the complete application.

In addition to the April 28, 2017, written notification, staff informed the tribal representatives of the application and gave an overview during a call held on May 16, 2017. Representatives from two of the Texas tribal organizations participated on the call. Staff received two clarification questions from the tribal organizations during the conference call and no additional questions or comments during the public comment period. The tribal notification letters can be found in Attachment E.

Public Notice Postings

As noted above, Texas established a 30-day comment period from May 12, 2017, through June 12, 2017, during which members of the public and interested stakeholders could submit comments via phone, fax, email, regular mail or through oral or written testimony at public hearings. In compliance with 42 CFR § 431.408(a)(2)(ii), HHSC posted the abbreviated public notice of intent (PNI) in the *Texas Register* on May 12, 2017. The *Texas Register* is published weekly and is the journal of state agency rulemaking for Texas. In addition to activities related to rules, the *Texas Register* publishes various public notices including attorney general opinions, gubernatorial appointments, state agency requests for proposals and other documents, and it is used regularly by stakeholders. HHSC publishes all Medicaid waiver submissions in the *Texas Register* in addition to many other notices. The publication is available online and in hard copy at the Texas State Library and Archives Commission, the State Law Library, the Legislative Reference Library located in the State Capitol building, and the University of North Texas libraries. All of these sites are located in Austin, except for the University of North Texas, which is located in Denton. Printed copies of the *Texas Register* are also available through paid subscription; subscribers include cities, counties, and public libraries throughout the state. The abbreviated PNI provided a summary description of the HTW demonstration, the public meeting schedule with locations and times, and an active link to the Healthy Texas Women 1115 Waiver web page that had links to the detailed public notice document and draft application. The abbreviated PNI also included contact information to request copies of the waiver application from HHSC via fax, email, mail, or telephone.

On May 10, 2017, HHSC's Medical and Social Services Division directed their network of 250 local eligibility offices to physically post the detailed PNI from May 12, 2017, through June 12, 2017. Local eligibility offices are accessible to the public and are predominantly used by persons seeking or receiving Medicaid and other public health and human services benefits.

In accordance with 42 CFR § 431.408(a)(1), HHSC posted a detailed public notice of the application on the agency website on May 12, 2017, which comprehensively described the application and provided physical and electronic addresses where the public could submit written comments, obtain additional information, or access and review the application in full. The detailed notice also included the public meeting schedule. In accordance with 42 CFR § 431.408(a)(2), HHSC posted the complete draft waiver application on the agency website on May 12, 2017, and the application continues to be

available on the website since that date.

Further, in accordance with 42 CFR 431.408(a)(2)(iii), HHSC utilized additional electronic mailing lists to notify interested parties of the application. HHSC notified stakeholders of the application and the opportunity to provide comment and attend public hearings through an electronic notice generated through the HHSC Gov Delivery system. The system allows members of the public to sign up for email notifications from HHSC on a variety of topics.

On May 12, 2017, HHSC generated a notice for public comment on the application through the Medicaid Transformation Waiver Gov Delivery list and the Office of Women's Health and Education Services Listserv. The notice invited the public to comment on the application and included information on the public comment period, as well as a link to learn more about the waiver application including how to attend a public forum or submit comments. A total of 39,356 individuals received this notice.

Public Meetings

In accordance with 42 CFR § 431.408(a)(3), Texas conducted two public meetings on different dates and in different locations in advance of the application submission to CMS.

Public meetings included a presentation on the application at the May 15, 2017, Women's Health Advisory Committee meeting in Austin. The committee meeting was also available by webcast. Members of the committee and public provided comments and questions at the meeting. Staff also notified the committee members and public attendees about the webinar on May 31, 2017, and the public meeting in Lubbock, Texas on June 9, 2017.

The second meeting was held in Lubbock, Texas on June 9, 2017. HHSC staff presented a brief overview of the waiver application and a description of the application process. Registered attendees provided oral testimony following the staff presentation, and some individuals submitted only written comments to HHSC staff. Public testimony concluded before the time of the posted hearing so HHSC staff remained at the hearing in order to accommodate any individuals who arrived within the posted timeframe.

In addition to the two public meetings, HHSC hosted a webinar on May 31, 2017, and provided a brief overview of the waiver application, a description of the application process, and an opportunity for attendees to submit

comments or questions.

A summary of comments received during the public comment period, public meetings and the webinar, with a report of issues raised by the public and how HHSC considered those comments, is provided below.

Summary of Comments Received

HHSC received broad participation at the public meetings and webinar. Additionally, HHSC received multiple comments during the public comment period that were documented, reviewed and carefully considered by HHSC staff. Based on public comment, HHSC chose to make a correction to the benefits chart in the HTW application to clarify contraceptive methods available as a pharmacy benefit. HHSC did not make other changes to the HTW waiver application and instead is electing to allow for sufficient time after the HTW demonstration begins to determine whether substantial programmatic changes to the HTW program are appropriate or needed. HHSC may consider program updates in the future through a waiver amendment. The following is a summary of the comments received, as well as HHSC's responses. Comments focused on program benefits, provider qualifications, program eligibility criteria, and funding mechanisms. Other comments were outside the scope of the HTW waiver application or were seeking clarification.

Comments in Support

Public Comment

During the May 15, 2017, public meeting, an individual representing the Texas Medical Association, American Congress of Obstetricians and Gynecologists-Texas, Texas Association of Obstetricians and Gynecologists, Texas Academy of Family Physicians, and Texas Pediatric Society expressed support for the HTW waiver application. Several of these organizations also submitted separate comments with recommendations for the HTW waiver application.

State Response

HHSC appreciates the support. HHSC is committed to continuing to collaborate with women's health and family planning providers in the state to ensure the HTW program continues and expands upon efforts to improve service and efficiency for HTW clients and providers.

Public Comment

Several commenters expressed support for including the same benefits package in the HTW waiver application as is currently available in the HTW program. Commenters expressed support for continued coverage of screening and treatment services for hypertension, diabetes, and postpartum depression. One commenter expressed support for covered contraception services and supplies, including long-acting reversible contraception.

State Response

HHSC appreciates the support for the HTW benefits package. HHSC is committed to continuing to provide women's health and family planning services that contribute to maternal health and better birth outcomes to women in the HTW program.

Public Comment

One commenter expressed support for HTW family planning provider types, including physician assistants, nurse practitioners, clinical nurse specialists, physician groups, FQHCs, ambulatory surgical centers, maternity service clinics, and rural health clinics. The commenter stated access to family planning services through these provider types ensures women get the care they need.

State Response

HHSC appreciates the support for the HTW family planning provider types. HHSC is committed to increasing access to family planning services through the HTW demonstration.

Public Comment

Commenters expressed support for the automatic enrollment into the HTW demonstration for women whose Medicaid for Pregnant Women coverage period is ending. Commenters noted the process improves continuity of care by preventing gaps in coverage, helping to improve health outcomes.

State Response

HHSC appreciates the support for the automatic enrollment from Medicaid for Pregnant Women into the HTW demonstration for eligible women. HHSC

agrees continuity of care is important and is committed to preventing or minimizing gaps in coverage between Medicaid for Pregnant Women and the HTW demonstration.

Public Comment

A commenter shared his wife's positive experience on the HTW program and the smooth transition to the Medicaid for Pregnant Women program once she became pregnant. The commenter expressed gratitude for the State providing needed benefits to their family.

State Response

HHSC appreciates hearing Texans' experiences with the HTW program. HHSC is committed to continuing to provide the comprehensive women's health and family planning benefits package available in the HTW program, and will continue current efforts to ensure the transition from the HTW program to the Medicaid for Pregnant Women program is as easy and seamless as possible for clients and their families.

Public Comment

Commenters expressed support for HTW provider qualifications, including requiring HTW providers not perform or promote elective abortion.

State Response

HHSC appreciates hearing Texans' support of the provider qualifications outlined in Texas Human Resources Code §32.024(c-1) and in the HTW demonstration.

Public Comment

Several commenters stated access to preventive health care and family planning services results in healthier pregnancies and better birth outcomes. Commenters expressed support for access to women's health and family planning services through state women's health programs.

State Response

HHSC appreciates support for the HTW demonstration benefits package. HHSC is committed to continuing to provide women's health and family planning services that contribute to maternal health and better birth outcomes to women in the HTW program.

Comments on Services Provided

Public Comment

Commenters expressed support for evidence-based sex education and access to reliable family planning information in family planning programs. Another commenter expressed support for educating families and minors on how to prevent unintended pregnancies.

State Response

HTW program policy recommends all family planning visits include appropriate family planning counseling and services, preconception care as appropriate, and healthy lifestyle interventions and counseling as indicated. All clients should receive accurate patient-centered education and counseling in their preferred language, presented in a way they are able to understand. The intent of patient education is to help the client to learn about the range of available services and how to access them, to make informed decisions about family planning, to reduce personal health risk, and to understand the importance of recommended tests, health promotion, and disease prevention strategies. HTW program policy also recommends minors ages 15 through 17 be provided family planning counseling and medical services as soon as possible. Minors should be assured their privacy and confidentiality will be protected within the parameters of applicable law, including the Health Insurance Portability and Accountability Act (HIPAA) and Texas Family Code, Chapter 32.

Public Comment

Several commenters expressed support for increased mental health services for Texans.

State Response

HHSC seeks to increase access to mental health services for Texans through the HTW program and other state programs. The HTW program provides screenings and pharmaceutical treatment for postpartum depression. HTW clients who require additional services are referred to their local behavioral health care providers. Additionally, www.MentalHealthtx.org has many resources available for Texans seeking mental health services.

Public Comment

One commenter suggested allowing social workers and other provider types to provide postpartum depression treatment services.

State Response

The HTW program provides screenings and pharmaceutical treatment for postpartum depression. Any HTW provider who has prescribing authority can write a prescription for covered pharmaceutical treatment options for the HTW client. Expanding prescribing authority to additional provider types is outside the scope of the HTW waiver application. If the commenter was recommending coverage of counseling services as treatment for postpartum depression, HHSC respectfully declines to add this benefit to the HTW demonstration at this time. HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, and therefore respectfully declines to change benefits in the HTW demonstration at this time. HHSC may consider benefit changes in the future through a waiver amendment.

Public Comment

Several commenters suggested adding additional benefits to the HTW demonstration, including smoking cessation, services for men, emergency contraception or services provided with a diagnosis related to emergency contraception. One commenter stated the HTW program does not cover all essential services based on the types of providers included in the program, and other commenters suggested the HTW benefits package is not comprehensive enough and does not offer enough pharmaceutical options on its drug formulary.

One commenter stated a belief that the provision of hormonal contraceptive methods in the HTW program is in violation of federal law due to the methods acting as abortifacients.

State Response

The HTW family planning service array is in part based upon requirements outlined in former Texas Human Resources Code §32.0248 (now expired). Although this section of the Code has expired, HHSC interprets the legislative directive to administer HTW and the HTW demonstration as successor programs to the Medicaid Women's Health Program to mean the contraceptive service array should remain similar. Human Resources Code

§32.0248 expressly authorized the provision of contraceptives, “except for the provision of emergency contraceptives,” and HHSC interprets this to include a prohibition against services provided with a diagnosis related to emergency contraception as well. All HTW demonstration covered methods of contraception will be made available to the client either directly or by referral.

In addition to family planning services, the HTW program provides related women’s health services that contribute to preconception care and better birth outcomes. The benefits package was recommended by the Texas Women’s Health Advisory Committee in November 2015. The HTW prescription medication benefit is a comprehensive benefit for family planning and primary care services included in the HTW program. The pharmaceutical benefits included on the HTW drug formulary were recommended by HHSC pharmacy staff, the Women’s Health Medical Director, and clinical nurses. HHSC accepts and reviews every recommendation received to include a new program benefit to determine if it is cost effective, offers an evidence-based advantage, does not carry additional risk, and is within the scope of the HTW program.

In the HTW waiver application, HHSC is seeking federal financial participation in the HTW program, but is not proposing any changes to program benefits at this time. HHSC may consider additional benefits in the future through a waiver amendment.

In the HTW demonstration, men are not eligible to receive program services. HHSC is maintaining current program policy for the HTW demonstration to ensure program stability and respectfully declines to change eligibility requirements at this time. However, men may be eligible for services in the HHSC Family Planning Program. Men can go to www.HealthyTexasWomen.org to learn more about the HHSC Family Planning Program.

Public Comment

A commenter opposed HHSC’s request to waive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement in the Social Security Act for the HTW demonstration.

State Response

Federal law mandates all state Medicaid programs include the EPSDT benefit. EPSDT provides comprehensive and preventive health care services for

children under age 21 who are enrolled in Medicaid. The HTW program provides a focused scope of services that does not include EPSDT services; therefore, HHSC seeks to waive the Medicaid requirement for EPSDT in the HTW demonstration. HHSC does not believe the HTW program should provide EPSDT services since the program is focused on women's health and family planning services.

Public Comment

Commenters recommended the HTW waiver application provide a comprehensive list of covered contraceptive services and clarify all contraceptive methods approved by the United States Food and Drug Administration must be made available to clients. A commenter also noted the benefits chart in the HTW waiver application only lists oral contraceptives as contraceptive methods available in the program as a pharmacy benefit.

State Response

HHSC respectfully declines to change the list of services outlined in the HTW waiver application, as HHSC believes the list included in the application provides adequate detail on covered contraceptive services available in the program. The HTW waiver application clarifies all clients will be allowed freedom of choice in the selection of contraceptive methods, and all HTW covered methods of contraception will be available either directly or by referral.

HHSC agrees the benefits chart does not accurately list contraceptive methods provided as a pharmacy benefit in the HTW demonstration. HHSC has updated the benefits chart in the HTW waiver application to accurately show covered contraceptive methods available as a pharmacy benefit are not limited to oral contraceptives.

Comments on Provider Network and Client Access

Public Comment

Several comments received during the public comment period appeared to support Planned Parenthood clinics and oppose the Healthy Texas Women (HTW) program as a whole. Commenters expressed a belief that the HTW program does not allow women to choose their own health care provider and that the state is withholding funds from Planned Parenthood clinics. Several commenters shared personal stories of their experiences receiving services at Planned Parenthood clinics.

Several commenters stated a belief that waiving Section 1902(a)(23) of the Social Security Act is a violation of federal law.

Opposition to the HTW program and the HTW waiver application included comments on how the program is believed to be taking health care services away from women in need, how the program is believed to not be successful in enrolling and serving more women, and how the program is believed to not have successfully met its goals of reducing unintended pregnancies and improving health care access and maternal health for Texas women.

State Response

HHSC acknowledges the comments in support of Planned Parenthood clinics. As a state agency, HHSC is required to comply with state law regarding women's health provider qualifications. Consequently, provider eligibility requirements for the HTW demonstration must remain compliant with Texas Human Resources Code §32.024(c-1). Because HHSC must ensure qualified providers participate in the HTW demonstration in accordance with state law, HHSC seeks in the HTW waiver application to waive Section 1902(a)(23) of the Social Security Act as allowed under Section 1115 of the Social Security Act.

HHSC also acknowledges the comments in opposition to the HTW program and the HTW waiver application. HHSC agrees with the importance of providing women's health and family planning services to Texas women, and is committed to increasing access to the HTW program, and to enrolling and serving an increased number of eligible women. Current outreach efforts have already shown success, with an 82 percent increase in program enrollment since HTW's launch in July 2016. As with any new program, HHSC anticipates program participation will grow over time. HHSC will continue program outreach efforts both now and under the HTW demonstration to educate providers and eligible women about the program.

With no proposed changes to the HTW provider qualifications, funding levels, or benefits package, HHSC disagrees with any comments suggesting the HTW demonstration is taking away services from eligible Texas women. As stated in the waiver application, a goal of the HTW demonstration is to increase access to women's health, family planning, and preventive services for women in Texas.

Public Comment

One commenter mentioned HTW provider capacity needs to remain a focus

and HHSC should focus on the number of women served and not just the number of women enrolled. Several commenters requested the State use a more effective way to measure provider capacity than what is used today. HHSC also received requests to verify adequate provider capacity prior to implementation of the HTW demonstration and to continue monitoring the HTW provider base to ensure network adequacy. Other commenters suggested there were not enough HTW program providers practicing in the state, health care access has been an issue for their family, and the HTW program does not provide the health care access eligible women need in their opinion. Some commenters stated there is sometimes a long wait time for HTW program appointments.

State Response

HHSC agrees maintaining an adequate provider network is critical for the HTW program. However, HHSC respectfully disagrees the HTW program does not have enough providers to serve HTW clients. Over the past five years, the Texas women's health provider base has increased by 250 percent. To support continuation of this trend, HHSC launched a statewide HTW outreach campaign targeting providers, clients, and external stakeholders in 2016. Provider outreach efforts have focused on increasing the number of qualified providers accepting and actively serving HTW clients and retaining the current active provider base. Provider outreach efforts have also focused on identifying geographical areas where HTW provider-to-client ratios are lowest and employing targeted outreach in these areas. Provider outreach strategies vary according to the target audience and include both community-based and person-to-person outreach. Strategies include direct mail, phone calls, emails, professional newsletter notifications, website updates, printed materials, and recruitment at provider conventions.

HHSC will continue to monitor the HTW provider network to ensure adequacy, and will continue and expand upon current outreach efforts to help increase qualified provider enrollment in the HTW demonstration. Additionally, HHSC agrees the program should maintain a focus on women served and will explore better ways to measure and build provider capacity outside of the HTW waiver application.

Public Comment

Some commenters expressed a belief that a change in HTW program financing to include federal financial participation under the HTW demonstration will not increase access to quality health care services and is

not aligned with the primary goal of an 1115 waiver.

State Response

HHSC respectfully disagrees. As with any new program, HHSC anticipates program participation will grow over time. HHSC will continue program outreach efforts both now and under the HTW demonstration to educate providers and eligible women about the program. Further, HHSC believes the goals of the HTW program align with the goals of an 1115 waiver. Goals of the HTW demonstration, as stated in the application, include increased access to women's health, family planning, and preventive health care services.

Public Comment

Several comments focused on services provided to minors. Commenters expressed concern for minors in the HTW program who may also be eligible for other state programs that provide more comprehensive services. Additionally, several commenters believe the HTW demonstration creates a barrier for 15 through 17 year olds since program policy requires minors 15-17 years of age to have a parent or legal guardian apply for or renew HTW services on their behalf, and expressed general concerns for minor access to the program. One commenter expressed concern over the eligibility requirements for minors in the HTW program differing from other Medicaid programs. Another commenter suggested that an adult acting in the best interest of the minor should be allowed to apply for services on behalf of the minor.

State Response

The HTW program application and renewal forms include language informing women the application is not used to determine whether they are eligible for Medicaid services but they can apply for Medicaid at any time. HHSC is able to consider opportunities outside of the HTW waiver application to inform clients they may also be eligible for other state programs in addition to the HTW program.

Girls ages 15-17 were included as eligible for the HTW program, if they meet all other eligibility requirements, to expand access to women's health and family planning services for this population. Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change eligibility requirements for girls ages 15-17 at this time. HHSC is committed to minors in the HTW

program having full access to program services with parental consent, and is working through various outreach efforts to educate eligible women in Texas about the program, including eligible minors.

Additionally, the HTW demonstration will be a distinct program from other Medicaid programs, with distinct eligibility criteria to meet the 1115 waiver demonstration goals. Individuals interested in applying for the HTW demonstration can go to www.HealthyTexasWomen.org to see if they may be eligible.

Individuals who are not eligible for the HTW program may be eligible for services in the HHSC Family Planning Program. Individuals can go to www.HealthyTexasWomen.org to learn more about the program.

Public Comment

Several comments focused on expanding eligibility criteria for the HTW demonstration to certain populations. For example, one commenter opposed only allowing U.S. citizens and qualified immigrants to be eligible for the HTW demonstration and another commenter opposed not allowing women 45 years of age and older to be eligible for the HTW demonstration. One commenter recommended allowing undocumented women to be eligible for HTW. Other commenters requested dual enrollment in the HTW program and Children's Health Insurance Program (CHIP) and in Medicare Part A or B.

State Response

Although the HTW demonstration has distinct eligibility criteria, HTW citizenship and immigration status requirements are the same as Texas Medicaid eligibility requirements.

HTW eligibility policy requires a woman to not already be receiving other creditable health care coverage, such as private insurance, Medicaid, CHIP, or Medicare due to the duplication of services provided. The HTW program, CHIP, and Medicare provide many of the same services, with CHIP and Medicare offering more comprehensive benefit packages. Because of the potential for duplication of services, HHSC respectfully declines to change HTW eligibility policy to allow for dual enrollment in the HTW program and CHIP or Medicare Part A or B at this time.

Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change eligibility requirements at this time. Individuals who are not eligible

for the HTW program may be eligible for services in the HHSC Family Planning Program or the HHSC Breast and Cervical Cancer Services program. Individuals can go to www.HealthyTexasWomen.org to learn more about these two programs.

Public Comment

Commenters recommended the HTW program implement Medicaid presumptive eligibility policies.

State Response

At this time, HHSC does not have the authority to implement Medicaid presumptive eligibility for the HTW demonstration without legislative direction.

Public Comment

Several comments focused on financial eligibility criteria in the HTW demonstration and aligning eligibility with Texas Medicaid for Pregnant Women. One commenter recommended an applicant be considered adjunctively eligible, and therefore automatically financially eligible, if the applicant is in CHIP or in a CHIP budget group from someone receiving CHIP. Other commenters expressed support for using the Modified Adjusted Gross Income (MAGI) methodology to determine financial eligibility to eliminate confusion for program beneficiaries.

State Response

An HTW applicant or client is considered adjunctively eligible at an initial or renewal application, and therefore automatically financially eligible, if they are receiving benefits through a program, or are a member of a household that receives benefits through a program, that has similar eligibility requirements to HTW. CHIP and HTW eligibility requirements are not similar because the income limits for a CHIP household is higher than an HTW household.

Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change financial eligibility methodologies at this time. HHSC does not believe using a different financial eligibility methodology from other Medicaid programs will create confusion for women, as financial determinations are made automatically through the HHSC eligibility system, TIERS, and are

seamless to applicants. Additionally, income verification and other HTW non-financial rules (except Medicaid, CHIP, Medicare, and other creditable health coverage and age) will not be applied for women automatically enrolled into the HTW demonstration after their Medicaid for Pregnant Women coverage period has ended.

Public Comment

A commenter recommended the HTW program assist applicants or clients with enrolling in CHIP, Medicaid, or private coverage through the federal Health Insurance Marketplace.

State Response

HHSC partners with community organizations to offer application assistance for state programs, including HTW, Medicaid, and CHIP.

The HTW program does not provide coverage for assistance with applications for the federal Health Insurance Marketplace or other state programs due to limited program resources and concerns about ensuring client privacy. Furthermore, enrollment in the federal Health Insurance Marketplace and other state programs require action on the applicant's part which the HTW program is not constructed to handle. The HTW application requires an applicant to confirm they understand their HTW application is not used to determine if they qualify for Medicaid, but they can apply for Medicaid at any time.

Public Comment

A commenter suggested HHSC screen HTW applicants for eligibility for Medicaid and CHIP before enrolling them in HTW. The commenter suggested HTW applicants who are eligible for Medicaid or CHIP be referred to the appropriate program rather than enrolled in the HTW program.

State Response

The HTW application requires an applicant to confirm they understand their HTW application is not used to determine if they qualify for Medicaid, but they can apply for Medicaid at any time. Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change the application processing policy at this time.

Public Comment

A commenter expressed concern with the difference between projections for women eligible for the HTW demonstration and projections for women enrolled in the HTW demonstration included in the HTW waiver application. The commenter requested HHSC increase outreach efforts and application assistance.

State Response

HHSC continues efforts to increase access to the HTW program, and to enroll and serve more eligible women. As with any new program, program participation will grow over time. HHSC will continue program outreach efforts both now and under the HTW demonstration to educate providers and eligible women about the program. HHSC anticipates continued enrollment growth throughout the HTW demonstration.

Public Comment

A commenter expressed concern that information is not bilingual.

State Response

HHSC interprets this commenter's concerns to be centered on program information. All HTW program forms and outreach materials, including the program website, are available in both English and Spanish. The HTW program will comply with federal Medicaid rules regarding language accessibility and availability.

Comments on Other Topics

Public Comment

One commenter suggested FQHCs are running out of program funds. One commenter requested clarification regarding payment rates and methodology for FQHCs.

State Response

FQHCs in the HTW demonstration will be reimbursed consistent with the Medicaid State Plan. Reimbursement for services payable to an FQHC is based on an all-inclusive rate per visit. HHSC is not proposing any changes to reimbursement for HTW services provided by FQHCs.

Public Comment

One commenter believes HTW reimbursement rates are low.

State Response

The HTW demonstration will use Medicaid reimbursement rates for covered services. HHSC seeks public comment on reimbursement rates before determining payment rates are appropriate, and rate methodology is approved by CMS in the Medicaid State Plan.

Public Comment

One commenter expressed opposition to the State spending money on program outreach instead of client services.

State Response

HHSC has determined it appropriate to spend a small percentage of appropriated program funds to inform and educate eligible women in Texas about the HTW program to increase the number of clients served through the program and increase provider participation. HHSC notes several other commenters expressed concern about HTW program enrollment rates. HTW outreach efforts are intended to increase access to HTW program services.

Public Comment

HHSC received comments recommending the HTW program adhere to national standards for quality family planning services.

State Response

HTW providers are encouraged to provide family planning services according to the standards set forth by the Centers for Disease Control and Prevention (CDC). However, HHSC does not believe it is necessary to include this in the HTW waiver application.

Public Comment

One commenter stated they did not feel like HHSC wanted to hear from the public during a public hearing on the HTW waiver application. Another commenter expressed wanting to see a more citizen-inclusive decision making process for the HTW waiver application.

State Response

HHSC has made every effort to ensure the public received notice of the HTW waiver application and had sufficient opportunities to provide comment on the HTW waiver application, in accordance with federal regulations. HHSC published a public notice of its intent to submit a waiver application in the *Texas Register* on Friday, May 12, 2017. The public was invited to submit comments on the HTW waiver application for a period of 30 days, beginning Friday, May 12, 2017. Public comment could be submitted electronically, by fax, by phone, or by mail. The public comment period ended on Monday, June 12, 2017. Additionally, HHSC hosted a series of meetings to provide information about the HTW waiver application as well as to allow an opportunity for the public to provide comments.

May 15, 2017, Austin, Texas. This meeting was webcast.

May 31, 2017, Webinar.

June 9, 2017, Lubbock, Texas.

Public comment on the HTW waiver application was included as an agenda item on the public notice for both public hearings. The hearings were open to the public, and HHSC took public comment from all individuals who registered to provide public testimony.

Public Comment

Commenters suggested including cost-sharing requirements or other financing mechanisms to fund health care services.

State Response

The HTW demonstration does not have any cost-sharing requirements in accordance with coverage under the Medicaid State Plan for individuals who meet financial eligibility requirements. Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change cost-sharing requirements at this time. Updates to financing mechanisms to fund non-HTW services are outside the scope of the HTW waiver application.

Public Comment

Commenters expressed concern with the timeframes allowed in the HTW

demonstration to verify citizenship and alien status, believing the timeframes allowed are too short. Commenters instead supported the HTW demonstration using the process defined in 42 CFR §435.956(a)(5) to provide a period of reasonable opportunity for citizenship and alien status verification. One commenter noted in the HTW program, citizenship is verified only once, unless HHSC received conflicting information related to citizenship, and a client is not required to re-verify citizenship. However, the commenter notes the HTW waiver application indicates that individuals have 10 days to provide citizenship verification at renewal. Another commenter suggested citizenship verification should only be required at the initial application and not for renewal applications.

State Response

HHSC is not seeking to waive 42 CFR §435.406 relating to citizenship and non-citizen eligibility. HHSC will continue to verify citizenship and alien status only once at application and at renewal if the documentation supporting alien status is expired. An individual who is eligible for HTW based on an eligible alien status that has expired would be subject to the renewal timelines to provide verification of an eligible alien status.

To verify citizenship or alien status, HHSC first checks electronic data to see if citizenship or alien status can be verified electronically without reaching out to the individual for verification. The timeframes included in the HTW demonstration application represent the minimum timeframes women have to return the required citizenship or alien status verification if the status cannot be verified electronically by HHSC. These timeframes are consistent with Medicaid application and renewal timeframes for verification of all other eligibility criteria, such as income.

Because HHSC is maintaining current program policy for the HTW demonstration to ensure program stability, HHSC respectfully declines to change citizenship or alien status verification processes at this time or add a period of reasonable opportunity.

Public Comment

Several commenters shared their belief the phrase “promote abortion” is too broad of a term, believing the definition could impact services provided to non-HTW clients.

State Response

HHSC interprets this comment to be regarding language used in Texas Human Resources Code §32.024(c-1). As a state agency, HHSC is required to comply with state law regarding women's health provider qualifications and does not have any authority to change language in state statute. HHSC has sought to interpret and implement Texas Human Resources Code §32.024(c-1) in line with legislative intent.

Public Comment

HHSC received a recommendation to share with HTW stakeholders how the HTW demonstration waiver will impact services in Texas, including the impact to how services are currently delivered in the HTW program.

State Response

HHSC will notify stakeholders if the HTW waiver application is approved by sending information out to individuals who are subscribed to Medicaid provider newsletters and by posting information on its website. However, HHSC would like to clarify current HTW clients will not experience a gap in coverage and will be able to receive the same benefits previously provided under the HTW program. In addition, current HTW providers will be able to continue providing services to HTW clients in the HTW demonstration. Through the HTW waiver application, HHSC is seeking federal participation in the HTW program, but is not proposing any changes to the current program delivery systems.

Comments Seeking Clarification

Public Comment

One commenter expressed concern the HTW program coverage period only lasts for one year.

State Response

While the HTW program coverage period only lasts for one year, HHSC will redetermine a woman's eligibility for the HTW program every 12 months. An HTW client will be sent a renewal packet during month 10 of her 12-month certification period, if she is not adjunctively eligible. The client will then be able to return the renewal application in person at a local HHSC benefits office, by fax, by calling 2-1-1, online, or through the mail. There is no limit

for how long a woman can stay on the HTW program if she remains eligible.

Public Comment

One commenter asked if the HTW demonstration changes the types of providers who are eligible to provide HTW covered services.

State Response

Provider qualifications for the current HTW program will remain the same in the HTW demonstration. All current qualified HTW program providers will be able to provide services to HTW clients in the HTW demonstration.

Public Comment

Several commenters shared stories of not qualifying for the HTW program, and one commenter expressed their belief sterilized women are not eligible for the HTW program.

State Response

If a sterilized woman meets all other eligibility requirements as outlined in the HTW waiver application, she is eligible for the HTW demonstration. Individuals who are not eligible for the HTW program may be eligible for services in the HHSC Family Planning Program or the HHSC Breast and Cervical Cancer Services program. Individuals can go to www.HealthyTexasWomen.org to learn more about these two programs.

Public Comment

One commenter asked if the HTW demonstration will give providers the option to offer long-acting reversible contraception (LARC) through the pharmacy benefit and through the medical benefit.

State Response

HTW demonstration providers will continue to have the option to offer LARC through the pharmacy method or as a medical benefit through the “buy and bill” method.

Public Comment

One commenter expressed concern that enrollment increases under the HTW demonstration may not be feasible. The commenter requested the

assumptions made in the enrollment forecast included in the HTW waiver application.

State Response

Estimates are based on actual program enrollment growth for July 2016 through March 2017, the last month for which data are available. Statistical modeling is used for baseline projections (April 2017 through August 2017), and long-term trends (approximately 2.8 percent increase, based on experience in previous women's health programs) are applied in the subsequent years.

Public Comment

One commenter expressed concern with the current Medicaid application and enrollment process being onerous and stated the HTW application process is simpler and more streamlined. The commenter expressed confusion regarding whether the HTW application process will change.

State Response

HHSC is not proposing any changes to the HTW application process in the HTW waiver application.

Public Comment

One commenter asked HHSC to clarify procedures for automatically enrolling eligible women into HTW when their Medicaid for Pregnant Women coverage period ends. The commenter asked HHSC to confirm if women are assessed for eligibility for other Medicaid benefits before being automatically enrolled in HTW and if women are appropriately referred to the federal Health Insurance Marketplace.

State Response

Before a woman is automatically enrolled in the HTW program at the end of her Medicaid for Pregnant Women coverage period, HHSC will test if the woman is eligible for any other Medicaid program providing full benefits, if she is eligible for CHIP, if she has Medicare, and if she has any other creditable health coverage. If the woman is determined eligible for automatic enrollment in the HTW program, she will be referred to the federal Health Insurance Marketplace in addition to being certified for the HTW program.

Comments Outside the Scope of the HTW Waiver Application

Public Comment

One commenter questioned why so many children receive Supplemental Security Income (SSI) benefits based on a diagnosis of attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD). Another commenter opposed state appropriations for the Medicaid for Pregnant Women program and another commenter supported Texas offering paid maternity and paternity leave. HHSC also received a comment that government programs do not provide good health care services and there is often too much paperwork involved.

State Response

Other federal and state programs, including SSI and the Medicaid for Pregnant Women program, are outside the scope of the HTW waiver application. Additionally, HHSC would like to clarify the HTW program offers women's health and family planning services during the preconception and interconception period. Pregnant women are not eligible for the HTW program, and paid maternity and paternity leave are not benefits in the program due to the focused nature of the benefits package.

Public Comment

Commenters suggested the amount of funding requested for the HTW demonstration waiver does not align with the state budget for the 2018-2019 biennium recently passed by the Texas Legislature. One commenter asked how HHSC is reconciling the difference. HHSC also received a request to not allow a reduction in overall funding to Texas women's health programs. One commenter stated the HTW waiver application does not address how HHSC would finance the HTW program if the waiver application is not approved. Another commenter asked HHSC to develop a contingency plan if CMS does not fully fund HTW at current levels.

State Response

The determination of State appropriations is outside the scope of the HTW waiver application. HHSC would like to note the demonstration financing form, Attachment C, in the HTW waiver application represents an estimate of total expenditures and the non-federal share for each type of Medicaid payment. The expenditure estimates in the demonstration financing form do not represent a formal dollar amount HHSC is requesting for the HTW

demonstration. HHSC notes in Section VI of the application that HHSC does not intend to end the program if the waiver application is not approved.

Public Comment

A commenter expressed support for state expansion of Medicaid.

State Response

At this time, the Texas Legislature has not directed HHSC to seek an amendment to the Medicaid State Plan to include a full Medicaid coverage expansion. Expanding coverage for traditional Medicaid is outside the scope of the HTW waiver application.

Public Comment

Several commenters expressed a desire to continue funding for the HHSC Family Planning Program.

State Response

The determination of State appropriations is outside the scope of the HTW waiver application. The HTW program and Family Planning Program are two distinct programs administered by HHSC.

Public Comment

HHSC received multiple comments in support and in opposition to abortion services, including state-funded abortion services.

State Response

The HTW demonstration will maintain compliance with Texas Human Resources Code §32.024(c-1) and Senate Bill No. 1, 85th Leg. R.S. (General Appropriations Act).

Public Comment

HHSC received several comments requesting innovative strategies for increasing access to LARCs. One commenter recommended the state apply for an 1115 demonstration waiver to help make LARCs more accessible and cost effective.

State Response

HHSC agrees in the importance of increasing access and utilization of LARC. However, HHSC believes innovative strategies for LARC can be accomplished outside of the HTW waiver application. HHSC is committed to increasing access to LARC and will continue exploring strategies to increase utilization and cost efficiencies.

Comments from the Women's Health Advisory Committee

The following comments were provided by members of the Texas Women's Health Advisory Committee on May 15, 2017, during the public hearing on the HTW waiver application and have not already been addressed above. The Women's Health Advisory Committee membership includes representatives of Parkland Hospital, the Texas Women's Healthcare Coalition, the American College of Obstetrics and Gynecology, Baylor College of Medicine, and HTW program providers. During the hearing, no committee member expressed opposition to the HTW waiver application.

Member Comment

A committee member asked why the state is not increasing general revenue funding for the HTW program in concurrence with gaining federal dollars for the HTW demonstration. The committee member also wanted clarity on how the HTW demonstration could increase access without increased funding.

State Response

The determination of State appropriations is outside the scope of the HTW waiver application. With any new program, HHSC anticipates HTW program participation will grow over time. The caseload numbers included in the HTW waiver application are where HHSC estimates client caseload numbers will be in future years.

Member Comment

A member asked if HHSC would have any issues with calculating unduplicated client caseload numbers across the multiple women's health programs at HHSC.

State Response

The women's health programs at HHSC, including the HTW program, were built to ensure there is not duplication across programs.

Other Questions

Committee members also asked several clarification questions related to the HTW program and the HTW waiver application and questions outside the scope of the HTW waiver application. These questions were answered at the committee hearing by Lesley French, Associate Commissioner for Health, Developmental and Independence Services; Jami Snyder, Associate Commissioner for Medicaid and CHIP Services; and Michael Ghasemi, Deputy Director for System Forecasting.

A full recording of the Women's Health Advisory Committee public hearing on the HTW waiver application can be found at <https://texashhsc.swagit.com/play/05152017-626>.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

Name and Title: Jami Snyder, Associate Commissioner, Medicaid and CHIP Services

Telephone Number: 512-707-6096

Email Address: Jami.Snyder@hhsc.state.tx.us

Attachments

Attachment A - Title 1 Texas Administrative Code §382.11. Healthy Texas Women financial eligibility requirements.

Attachment B - Benefit Specifications and Provider Qualifications.

The attachment provides a description of the amount, duration and scope of the services provided under the demonstration as well as the provider specifications and qualifications for the benefit or service.

Attachment C - Demonstration Financing Form. The attachment describes the financing for the demonstration.

Attachment D - Budget Neutrality Calculations.

Attachment E - Documentation of Tribal Consultation.

Attachment A

Title 1 Texas Administrative Code §382.11 Financial Eligibility Requirements

(a) Calculating countable income. Unless an applicant is adjunctively eligible as described in subsection (b) of this section, HHSC determines an applicant's financial eligibility by calculating the applicant's countable income. To determine countable income, HHSC adds the incomes listed in paragraph (1) of this subsection, less any deductions listed in paragraph (2) of this subsection, and exempting any amounts listed in paragraph (3) of this subsection.

(1) To determine income eligibility, HHSC counts the income of the following individuals if living together:

(A) the female age 18 through 44, inclusive, applying for HTW;

(i) the female's spouse; and

(ii) the female's children age 18 and younger; or

(B) the female age 15 through 17, inclusive, applying for HTW;

(i) the female's parent(s);

(ii) the female's siblings age 18 and younger; and

(iii) the female's children;

(2) In determining countable income, HHSC deducts the following items:

(A) work-related expense deductions of up to \$120 of earned income;

(B) a dependent care deduction of \$200 per month for each child under two years of age, and \$175 per month for each dependent two years of age or older, including an earned income deduction for the actual costs of unreimbursed payments if the person incurs an expense for the care of a child or incapacitated adult or transportation of a child to and from day care or school;

(C) payments to dependents living outside the home;

(D) alimony;

(E) child support payments; and

(F) up to \$75 per month in received regular child support payments, except HHSC counts all child support payments an applicant received if HHSC determines the applicant has violated an agreement to assign child support to the State.

(3) HHSC exempts from the determination of countable income the following types of income:

(A) any income that federal law excludes;

(B) the earnings of a child:

(i) who is 18 years of age and is a full-time student, including a home-schooled student, or a part-time student employed less than 30 hours a week; or

(ii) who is under 18 years of age and is:

(I) a full-time student, including a home-schooled student; or

(II) a part-time student employment less than 30 hours a week;

(C) up to \$300 per federal fiscal quarter in cash gifts and contributions that are from private, nonprofit organizations and are based on need;

(D) proceeds from claims on insurance policies to compensate for a loss or that are used to pay medical expenses;

(E) payments from federal volunteer programs for volunteer service, such as payments:

(i) for volunteer service in a senior citizen volunteer program, under the Domestic Volunteer Service Act (42 U.S.C. §§5000 et seq.);

(ii) for volunteer service to Volunteers in Service to America (VISTA), (42 U.S.C. §§4951 - 4960); and

(iii) for volunteer service under the National and Community Service Act (42 U.S.C. §§12511 - 12657);

(F) payments under the Workforce Innovation and Opportunity Act (29 U.S.C. §§3101, et seq.);

(G) the value of any benefits received under a government nutrition assistance program that is based on need, including benefits under the Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) (7 U.S.C. §§2011-2036), the Child Nutrition Act of 1966 (42 U.S.C. §§1771-1793), the National School Lunch Act (42 U.S.C. §§1751-1769), and the Older Americans Act of 1965 (42 U.S.C. §§3056, et seq.);

(H) foster care payments;

(I) payments made under a government housing assistance program based on need;

(J) energy assistance payments;

(K) job training payments that:

(i) are earmarked as reimbursement for training-related expenses; and

(ii) do not duplicate payment for an item that is covered by budgetary needs;

(L) a lump sum provided and used to pay burial, legal, or medical bills, or to replace damaged or lost possessions, except HHSC does not exclude amounts from lump sums used for another purpose;

(M) reimbursements for monies spent on items not covered by budgetary needs;

(N) amounts deducted from royalties for production expenses and severance taxes;

(O) all income of Supplemental Security Income recipients;

(P) third-party funds received and used for a third-party beneficiary who is not a household member;

(Q) vendor payments made from funds not legally obligated to the household;

(R) veterans benefits for special needs that are not items covered by budgetary needs;

(S) workers' compensation payments legally obligated to the recipient that are earmarked and used for medical expenses;

(T) the amount of any nonfarm self-employment income offsetting a tax deduction taken that year for a farm loss, for households with farms generating income of at least \$1,000 annually;

(U) up to \$2,000 of gifts annually from tax-exempt organizations provided to children with life-threatening conditions;

(V) independent living payments to youths who are leaving foster care, as provided by the Social Security Act, Title IV-E (42 U.S.C. §§670 et seq.);

(W) funds from payments of up to \$2,000 to Native Americans made under the federal Old Age Assistance Claims Settlement Act (25 U.S.C. §§2301-2307) or the federal Alaska Native Claims Settlement Act (43 U.S.C. §§1601-1629);

(X) funds from payments made to volunteers under Title I of the Domestic Volunteer Services Act of 1973 (42 U.S.C. §§4950, et seq.);

(Y) funds from adoption subsidy payments made under Title IV-A (42 U.S.C. §§601, et seq.) and Title IV-E (42 U.S.C. §§670, et seq.) of the Social Security Act;

(Z) funds from insurance policy dividends;

(AA) funds from veterans payments earmarked as a housebound allowance or as an aid and attendance allowance;

(BB) earned income tax credit payments;

(CC) federal, state, or local government payments provided to rebuild a home or replace personal possessions damaged in a disaster, including payments under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. §§5121 et seq.), if the recipient is subject to legal sanction if the payment is not used as intended;

(DD) funds from educational assistance payments (but only during the quarter, semester, or applicable period that the payment is intended to cover);

(EE) loans, if the circumstances satisfy HHSC that there exists an understanding that the money will be repaid, and the applicant or client reasonably explains to HHSC how the money will be repaid; and

(FF) crime victim's compensation payments.

(b) Adjunctive eligibility. An applicant or client is considered adjunctively eligible at an initial or renewal application, and therefore automatically financially eligible, if:

(1) a member in her budget group receives benefits under the Women, Infants, and Children (WIC) supplemental nutrition program;

(2) she is a member of a certified Supplemental Nutrition Assistance Program (SNAP) household;

(3) she is in a Children's Medicaid budget group for someone receiving Medicaid; or

(4) she is receiving Temporary Assistance for Needy Families (TANF) cash or is in a TANF budget group for someone receiving TANF cash.

Attachment B
Benefit Specifications and Provider Qualifications

Name of Benefit or Service:

Family Planning Services

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Family planning services are limited such that any HTW demonstration claim submitted which includes a diagnosis related to elective termination of pregnancy or emergency contraception will be denied.

Amount of Benefit/Service – Describe any limitations on the amount of service provided under the Demonstration:

Services for counseling for or the provision of emergency contraception are not a covered benefit.

Authorization Requirements-describe any prior, concurrent or post-authorization requirements, if any:

Not applicable.

Provider Category(s):

All HTW demonstration providers may provide HTW family planning services.

Description of allowable providers:

The Texas Medicaid State Plan allows family planning services to be provided by physicians, advanced practice registered nurses, nurse-midwives, and family planning clinics. The HTW demonstration will not impose the same limitations.

HTW demonstration family planning providers will include: physician assistant, nurse practitioner, clinical nurse specialist, physician, physician group, registered nurse, nurse midwife, federally qualified health centers, ambulatory surgical centers, maternity service clinics, family planning clinics, and rural health clinics.

Each HTW provider must be enrolled as a Texas Medicaid provider, comply with all applicable state licensure and certification requirements, and comply with Texas Human Resources Code §32.024(c-1).

Name of Benefit or Service:

All HTW demonstration services

Scope of Benefit/Service, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

Except as otherwise noted in this application all HTW demonstration services are provided in the same amount, duration, and scope as described in the Medicaid State Plan.

Duration of Benefit/Service-describe any limitations on the duration of the service under the demonstration:

Except as otherwise noted in this application all HTW demonstration services are provided in the same amount, duration, and scope as described in the Medicaid State Plan.

Authorization Requirements-describe any prior, concurrent or post-authorization requirements, if any:

Not applicable.

Provider Category(s):

All HTW demonstration providers

Description of allowable providers:

All HTW services must be provided by a qualified HTW demonstration provider who is a Medicaid provider and compliant with Texas Human Resources Code §32.024(c-1).

These providers may include physician assistant, nurse practitioner, clinical nurse specialist, physician, physician group, registered nurse, nurse midwife, federally qualified health centers, ambulatory surgical centers, maternity service clinics, family planning clinics, and rural health clinics.

Attachment C
Demonstration Financing Form

The State proposes to finance the non-federal share of expenditures under the Demonstration using the following (please check all that are applicable):

- ☒ State General Funds
- ☐ Voluntary intergovernmental transfers from governmental entities.
- ☐ Voluntary certified public expenditures from governmental entities.
- ☐ Provider taxes.
- ☐ Other

Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by States for services under the approved State Plan. To ensure that program dollars are used only to pay for Medicaid services, we are asking States to confirm to CMS that providers retain 100 per cent of the payments for services rendered or coverage provided.

Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, DRG, DSH, fee schedule, global payments, supplemental payments, enhanced payments, capitation payments, other), including the Federal and non-Federal share (NFS)?

☒ Yes ☐ No

If no, provide an explanation of the provider payment arrangement.

Do any providers (including managed care organizations [MCOs], prepaid inpatient health plans [PIHPs] and prepaid ambulatory health plans [PAHPs]) participate in such activities as intergovernmental transfers (IGTs) or certified public expenditure (CPE) payments, or is any portion of payments are returned to the State, local governmental entity, or other intermediary organizations?

☐ Yes ☒ No

If providers are required to return any portion of any payment, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount of percentage of payments that are returned, and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.). Please indicate the period that the following data is from.

Not applicable.

Section 1902(a) (2) provides that the lack of adequate funds from other sources will not result in the lowering of the amount, duration, scope, or quality of care and services available under the plan.

Please describe how the NFS of each type of Medicaid payment (normal per diem, DRG, fee schedule, global, supplemental, enhanced payments, capitation payments, other) is funded.

Legislative appropriations to the Texas Health and Human Services Commission.

Please describe whether the NFS comes from appropriations from the legislature to the Medicaid agency, through IGT agreements, CPEs, provider taxes, or any other mechanism used by the State to provide NFS. Note that, if the appropriation is not to the Medicaid agency, the source of the state share would necessarily be derived through either an IGT or CPE. In this case, please identify the agency to which the funds are appropriated.

Legislative appropriations to the Texas Health and Human Services Commission.

Please provide an estimate of total expenditures and NFS amounts for each type of Medicaid payment. Please indicate the period that the following data is from:

FFY 2019 October 1, 2018 - September 30, 2019		
Medicaid Payments	Expenditures	NFS
Family Planning (90/10)	\$32,444,898	\$3,244,490
Family Planning Pharmacy (90/10)	\$13,802,049	\$1,380,205
Non-family-planning Medical Regular FMAP	\$21,071,046	\$9,098,478
Non-family-planning Pharmacy Regular FMAP	\$1,178,461	\$508,859
Outreach (50/50)	\$2,500,000	\$1,250,000

FFY 2020 October 1, 2019 - September 30, 2020		
Medicaid Payments	Expenditures	NFS
Family Planning (90/10)	\$35,213,071	\$3,521,307
Family Planning Pharmacy (90/10)	\$14,893,443	\$1,489,344
Non-family-planning Medical Regular FMAP	\$22,868,811	\$9,874,753
Non-family-planning Pharmacy Regular FMAP	\$1,271,647	\$549,097
Outreach (50/50)	\$2,500,000	\$1,250,000

FFY 2021 October 1, 2020 - September 30, 2021		
Medicaid Payments	Expenditures	NFS
Family Planning (90/10)	\$38,217,421	\$3,821,742
Family Planning Pharmacy (90/10)	\$16,071,139	\$1,607,114
Non-family-planning Medical Regular FMAP	\$24,819,959	\$10,717,258
Non-family-planning Pharmacy Regular FMAP	\$1,372,203	\$592,517
Outreach (50/50)	\$2,500,000	\$1,250,000

FFY 2022 October 1, 2021 - September 30, 2022		
Medicaid Payments	Expenditures	NFS
Family Planning (90/10)	\$41,478,101	\$4,147,810
Family Planning Pharmacy (90/10)	\$17,341,961	\$1,734,196
Non-family-planning Medical Regular FMAP	\$26,937,578	\$11,631,646
Non-family-planning Pharmacy Regular FMAP	\$1,480,709	\$639,370
Outreach (50/50)	\$2,500,000	\$1,250,000

FFY 2023 October 1, 2022 - September 30, 2023		
Medicaid Payments	Expenditures	NFS
Family Planning (90/10)	\$45,016,979	\$4,501,698
Family Planning Pharmacy (90/10)	\$18,713,272	\$1,871,327
Non-family-planning Medical Regular FMAP	\$29,235,870	\$12,624,049
Non-family-planning Pharmacy Regular FMAP	\$1,597,796	\$689,928
Outreach (50/50)	\$2,500,000	\$1,250,000

If any of the NFS is being provided using IGTs or CPEs, please fully describe the matching arrangement, including when the state agency receives the transferred amounts from the local governmental entity transferring the funds.

Not applicable.

If CPEs are used, please describe the methodology used by the State to verify that the total expenditures being certified are eligible for Federal matching funds is in accordance with 42 CFR 433.51(b).

Not applicable.

For any payment funded by CPEs or IGTs, please provide the following, and indicate the period that the data is from:

Not applicable.

Section 1902(a) (30)(A) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a) (1) and 2105(a)(1) provide for Federal financial participation to States for expenditures for services under an approved State Plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type, and indicate the time period that that the data is from.

Not applicable.

Please provide a detailed description of the methodology used by the State to estimate the upper payment limit for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated).

Not applicable.

Does any governmental provider or contractor receive payments (normal per diem, DRG, fee schedule, global, supplemental, enhanced, and other) that, in the aggregate, exceed its reasonable costs of providing services?

☐ Yes ☒ No

If yes, provide an explanation.

In the case of MCOs, PIHPs, PAHPs, are there any actual or potential payments which supplement or otherwise exceed the amount certified as actuarially sound as required under 42 CFR 438.6(c)?

☐ Yes ☐ No ☒ Not Applicable

If so, how do these arrangements comply with the limits on payments in §438.6(c)(5) and §438.60 of the regulations?

Not applicable.

If payments exceed the cost of services (as defined above), does the State recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

☐ Yes ☒ No

This is not a cost-settlement program. The Texas HHSC Rate Analysis

Department reviews all rates once every 2 years and sets those based on factors explained and approved by CMS as part of the state plan amendment process.

Use of other Federal Funds

Are other federal funds, from CMS or another federal agency, being used for the Demonstration program?

☐ Yes ☒ No

If yes, provide a list below of grants the State is receiving from CMS or other federal agencies. CMS must ensure these funds are not being used as a source of the non-federal share, unless such use is permitted under federal law. In addition, this will help to identify potential areas of duplicative efforts and highlight that this demonstration is building off of an existing grant or program.

**Healthy Texas Women 1115 waiver
WITHOUT WAIVER (WOW) BUDGET PROJECTION: FFY19 - FFY 23**

WAIVER ELIGIBILITY GROUP SERVED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
Healthy Texas Women						
EXPENDITURES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
ELIGIBLE MEMBER MONTHS	-	-	-	-	-	-
PER MEMBER PER MONTH COSTS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		0.00%	0.00%	0.00%	0.00%	0.00%
ELIGIBLE MEMBER MONTHS		0.00%	0.00%	0.00%	0.00%	0.00%
PER MEMBER PER MONTH COSTS		0.00%	0.00%	0.00%	0.00%	0.00%

NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
Pregnant Women						
EXPENDITURES	\$ 1,393,276,760	\$ 1,537,583,417	\$ 1,615,193,812	\$ 1,684,376,103	\$ 1,757,255,586	\$ 7,987,685,677
ELIGIBLE MEMBER MONTHS	1,743,721	1,859,461	1,900,356	1,935,135	1,970,524	9,409,198
PER MEMBER PER MONTH COSTS	\$ 799.03	\$ 826.90	\$ 849.94	\$ 870.42	\$ 891.77	\$ 848.92

TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		10.36%	5.05%	4.28%	4.33%	5.97%
ELIGIBLE MEMBER MONTHS		6.64%	2.20%	1.83%	1.83%	3.10%
PER MEMBER PER MONTH COSTS		3.49%	2.79%	2.41%	2.45%	2.78%

NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
Children Age 1 and Under						
EXPENDITURES	\$ 2,377,760,873	\$ 2,544,565,441	\$ 2,730,180,414	\$ 2,847,563,779	\$ 2,969,946,979	\$ 13,470,017,486
ELIGIBLE MEMBER MONTHS	3,213,996	3,328,606	3,456,658	3,489,315	3,522,123	17,010,699
PER MEMBER PER MONTH COSTS	\$ 739.81	\$ 764.45	\$ 789.83	\$ 816.08	\$ 843.23	\$ 791.86

TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		7.02%	7.29%	4.30%	4.30%	5.72%
ELIGIBLE MEMBER MONTHS		3.57%	3.85%	0.94%	0.94%	2.32%
PER MEMBER PER MONTH COSTS		3.33%	3.32%	3.32%	3.33%	3.32%

NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
Medicaid Breast & Cervical Cancer						
EXPENDITURES	\$ 129,843,970	\$ 136,822,530	\$ 144,178,177	\$ 151,931,296	\$ 160,103,317	\$ 722,879,290
ELIGIBLE MEMBER MONTHS	58,716	58,970	59,225	59,482	59,739	296,132
PER MEMBER PER MONTH COSTS	\$ 2,211.40	\$ 2,320.21	\$ 2,434.40	\$ 2,554.25	\$ 2,680.03	\$ 2,441.07

TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		5.37%	5.38%	5.38%	5.38%	5.38%
ELIGIBLE MEMBER MONTHS		0.43%	0.43%	0.43%	0.43%	0.43%
PER MEMBER PER MONTH COSTS		4.92%	4.92%	4.92%	4.92%	4.92%

NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
CHIP Perinates						
EXPENDITURES	\$ 1,182,302	\$ 1,583,878	\$ 1,671,639	\$ 1,724,109	\$ 1,776,875	\$ 7,938,802
ELIGIBLE MEMBER MONTHS	4,146	5,441	5,625	5,682	5,735	26,629
PER MEMBER PER MONTH COSTS	\$ 285.17	\$ 291.10	\$ 297.20	\$ 303.44	\$ 309.81	\$ 298.13

TREND RATES	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		33.97%	5.54%	3.14%	3.06%	10.72%
ELIGIBLE MEMBER MONTHS		31.24%	3.37%	1.02%	0.94%	8.45%
PER MEMBER PER MONTH COSTS		2.08%	2.10%	2.10%	2.10%	2.09%

HTW WAIVER AND NON-WAIVER ELIGIBILITY GROUPS IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WOW
			DY 03 (FFY 21)	DY 04 (FFY 22)		
Included Population Total Expenditures						
Total Expenditures	\$ 3,902,063,904	\$ 4,220,555,266	\$ 4,491,224,042	\$ 4,685,595,286	\$ 4,889,082,756	\$ 22,188,521,255
Total Member Months	5,020,579	5,252,478	5,421,864	5,489,614	5,558,122	26,742,657
Total Per Member Per Month Costs	\$ 777.21	\$ 803.54	\$ 828.35	\$ 853.54	\$ 879.63	\$ 829.71
Total Per Member Per Month Trend Rates		3.39%	3.09%	3.04%	3.06%	3.14%

**Healthy Texas Women 1115 waiver
WITH WAIVER (WW) BUDGET PROJECTION: FFY19 - FFY 23**

WAIVER ELIGIBILITY GROUP SERVED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
Healthy Texas Women			DY 03 (FFY 21)	DY 04 (FFY 22)		
EXPENDITURES	\$ 68,496,454	\$ 74,246,972	\$ 80,480,722	\$ 87,238,348	\$ 94,563,917	\$ 405,026,414
ELIGIBLE MEMBER MONTHS	2,483,902	2,552,682	2,623,367	2,696,009	2,770,662	13,126,622
PER MEMBER PER MONTH COSTS	\$ 27.58	\$ 29.09	\$ 30.68	\$ 32.36	\$ 34.13	\$ 30.86
5-YEAR AVERAGE						
TREND RATES	ANNUAL CHANGE					
TOTAL EXPENDITURE		8.40%	8.40%	8.40%	8.40%	8.40%
ELIGIBLE MEMBER MONTHS		2.77%	2.77%	2.77%	2.77%	2.77%
PER MEMBER PER MONTH COSTS		5.47%	5.48%	5.48%	5.48%	5.48%
NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
Pregnant Women			DY 03 (FFY 21)	DY 04 (FFY 22)		
EXPENDITURES	\$ 1,378,534,763	\$ 1,436,796,207	\$ 1,498,215,561	\$ 1,562,536,549	\$ 1,630,053,013	\$ 7,506,136,093
ELIGIBLE MEMBER MONTHS	1,724,465	1,755,423	1,786,932	1,819,114	1,851,875	8,937,808
PER MEMBER PER MONTH COSTS	\$ 799.40	\$ 818.49	\$ 838.43	\$ 858.95	\$ 880.22	\$ 839.82
5-YEAR AVERAGE						
TREND RATES	ANNUAL CHANGE					
TOTAL EXPENDITURE		4.23%	4.27%	4.29%	4.32%	4.28%
ELIGIBLE MEMBER MONTHS		1.80%	1.79%	1.80%	1.80%	1.80%
PER MEMBER PER MONTH COSTS		2.39%	2.44%	2.45%	2.48%	2.44%
NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
Children Age 1 and Under			DY 03 (FFY 21)	DY 04 (FFY 22)		
EXPENDITURES	\$ 2,375,632,489	\$ 2,475,402,004	\$ 2,579,374,086	\$ 2,687,694,234	\$ 2,800,614,649	\$ 12,918,717,463
ELIGIBLE MEMBER MONTHS	3,211,138	3,238,333	3,265,760	3,293,419	3,321,313	16,329,963
PER MEMBER PER MONTH COSTS	\$ 739.81	\$ 764.41	\$ 789.82	\$ 816.08	\$ 843.23	\$ 791.11
5-YEAR AVERAGE						
TREND RATES	ANNUAL CHANGE					
TOTAL EXPENDITURE		4.20%	4.20%	4.20%	4.20%	4.20%
ELIGIBLE MEMBER MONTHS		0.85%	0.85%	0.85%	0.85%	0.85%
PER MEMBER PER MONTH COSTS		3.32%	3.33%	3.32%	3.33%	3.33%
NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
Medicaid Breast & Cervical Cancer			DY 03 (FFY 21)	DY 04 (FFY 22)		
EXPENDITURES	\$ 129,297,372	\$ 136,275,932	\$ 143,631,580	\$ 151,384,698	\$ 159,556,720	\$ 720,146,303
ELIGIBLE MEMBER MONTHS	58,526	58,780	59,036	59,292	59,550	295,183
PER MEMBER PER MONTH COSTS	\$ 2,209.23	\$ 2,318.40	\$ 2,432.97	\$ 2,553.21	\$ 2,679.39	\$ 2,439.66
5-YEAR AVERAGE						
TREND RATES	ANNUAL CHANGE					
TOTAL EXPENDITURE		5.40%	5.40%	5.40%	5.40%	5.40%
ELIGIBLE MEMBER MONTHS		0.43%	0.43%	0.43%	0.43%	0.43%
PER MEMBER PER MONTH COSTS		4.94%	4.94%	4.94%	4.94%	4.94%
NON-WAIVER ELIGIBILITY GROUP IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
CHIP Perinates			DY 03 (FFY 21)	DY 04 (FFY 22)		
EXPENDITURES	\$ 1,099,292	\$ 1,124,388	\$ 1,150,593	\$ 1,177,302	\$ 1,204,632	\$ 5,756,207
ELIGIBLE MEMBER MONTHS	3,856	3,863	3,871	3,880	3,888	19,358
PER MEMBER PER MONTH COSTS	\$ 285.10	\$ 291.09	\$ 297.20	\$ 303.44	\$ 309.81	\$ 297.35
5-YEAR AVERAGE						
TREND RATES	ANNUAL CHANGE					
TOTAL EXPENDITURE		2.28%	2.33%	2.32%	2.32%	2.31%
ELIGIBLE MEMBER MONTHS		0.18%	0.23%	0.22%	0.22%	0.21%
PER MEMBER PER MONTH COSTS		2.10%	2.10%	2.10%	2.10%	2.10%
HTW WAIVER AND NON-WAIVER ELIGIBILITY GROUPS IMPACTED:	DY 01 (FFY 19)	DY 02 (FFY 20)	DEMONSTRATION YEARS (DY)		DY 05 (FFY 23)	Total 5 yr WW
Included Population Total Expenditures			DY 03 (FFY 21)	DY 04 (FFY 22)		
Total Expenditures	\$ 3,953,060,371	\$ 4,123,845,503	\$ 4,302,852,542	\$ 4,490,031,131	\$ 4,685,992,931	\$ 21,555,782,479
Total Member Months	7,481,887	7,609,081	7,738,966	7,871,713	8,007,287	38,708,934
Total Per Member Per Month Costs	\$ 528.35	\$ 541.96	\$ 556.00	\$ 570.40	\$ 585.22	\$ 556.87
Total Per Member Per Month Trend Rates		2.58%	2.59%	2.59%	2.60%	2.59%

**Healthy Texas Women 1115 waiver
BUDGET NEUTRALITY SUMMARY: FFY19 - FFY 23**

WITHOUT WAIVER SUMMARY	DEMONSTRATION YEARS (DY)					Total 5 yrs
	DY 01 (FFY 19)	DY 02 (FFY 20)	DY 03 (FFY 21)	DY 04 (FFY 22)	DY 05 (FFY 23)	
Healthy Texas Women	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pregnant Women	\$ 1,393,276,760	\$ 1,537,583,417	\$ 1,615,193,812	\$ 1,684,376,103	\$ 1,757,255,586	\$ 7,987,685,677
Children Age 1 and Under	\$ 2,377,760,873	\$ 2,544,565,441	\$ 2,730,180,414	\$ 2,847,563,779	\$ 2,969,946,979	\$ 13,470,017,486
Medicaid Breast & Cervical Cancer	\$ 129,843,970	\$ 136,822,530	\$ 144,178,177	\$ 151,931,296	\$ 160,103,317	\$ 722,879,290
CHIP Perinates	\$ 1,182,302	\$ 1,583,878	\$ 1,671,639	\$ 1,724,109	\$ 1,776,875	\$ 7,938,802
Total WOW Expenditures	\$ 3,902,063,904	\$ 4,220,555,266	\$ 4,491,224,042	\$ 4,685,595,286	\$ 4,889,082,756	\$ 22,188,521,255
WITH WAIVER SUMMARY	DEMONSTRATION YEARS (DY)					Total 5 yrs
	DY 01 (FFY 19)	DY 02 (FFY 20)	DY 03 (FFY 21)	DY 04 (FFY 22)	DY 05 (FFY 23)	
Healthy Texas Women	\$ 68,496,454	\$ 74,246,972	\$ 80,480,722	\$ 87,238,348	\$ 94,563,917	\$ 405,026,414
Pregnant Women	\$ 1,378,534,763	\$ 1,436,796,207	\$ 1,498,215,561	\$ 1,562,536,549	\$ 1,630,053,013	\$ 7,506,136,093
Children Age 1 and Under	\$ 2,375,632,489	\$ 2,475,402,004	\$ 2,579,374,086	\$ 2,687,694,234	\$ 2,800,614,649	\$ 12,918,717,463
Medicaid Breast & Cervical Cancer	\$ 129,297,372	\$ 136,275,932	\$ 143,631,580	\$ 151,384,698	\$ 159,556,720	\$ 720,146,303
CHIP Perinates	\$ 1,099,292	\$ 1,124,388	\$ 1,150,593	\$ 1,177,302	\$ 1,204,632	\$ 5,756,207
Total WW Expenditures	\$ 3,953,060,371	\$ 4,123,845,503	\$ 4,302,852,542	\$ 4,490,031,131	\$ 4,685,992,931	\$ 21,555,782,479
Expenditures (Over)/Under Cap	\$ (50,996,466)	\$ 96,709,763	\$ 188,371,500	\$ 195,564,155	\$ 203,089,825	\$ 632,738,776



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Nick Gonzalez
Health Director
Kickapoo Traditional Tribe of Texas
HCR 1, Box 9700
Eagle Pass, Texas 78852

Dear Mr. Gonzalez:

The purpose of this letter is to notify members of the Kickapoo Traditional Tribe of Texas that the Texas Health and Human Services Commission (HHSC) is submitting an application to the Centers for Medicare & Medicaid Services (CMS) to request a new waiver under Section 1115 of the Social Security Act for a program to be called the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration). The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

In 2014, the Texas Sunset Advisory Commission reviewed the State's health agencies and recommended consolidating Texas women's health care programs to improve service and efficiency for clients and providers. In response, the Texas Legislature directed HHSC to consolidate state women's health services, and on July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program. The HTW program provides women's health and family planning services at no cost to eligible, low-income Texas women. HHSC is requesting a new Section 1115 demonstration waiver for the HTW program. Through the HTW demonstration, HHSC seeks to enhance women's health care services by increasing access to and participation in the HTW program. HTW demonstration services will be made available statewide to eligible women.

The HTW demonstration will provide family planning services as well as other women's health services that contribute to preconception care and better birth outcomes. The HTW demonstration will provide the following covered services to eligible women:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screening and diagnostic services
- Clinical breast examination
- Screening and treatment for hypertension, diabetes, and high cholesterol
- Human Immunodeficiency Virus (HIV) screenings
- Long-acting reversible contraceptives
- Oral contraceptive pills
- Permanent sterilizations

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Nick Gonzalez

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- Other contraceptive methods
- Screening and treatment for postpartum depression
- Immunizations

The goals and objectives of the HTW demonstration are to:

- Increase access to women's health and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and well-being of women and their families.
- Increase access to preventive health care, including screening and treatment for hypertension, diabetes, and high cholesterol, to positively impact maternal health and reduce maternal mortality.
- Increase access to women's breast and cervical cancer services to promote early cancer detection.
- Implement the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services and to avoid the direct or indirect use of state funds to promote or support elective abortions.
- Reduce the overall cost of publicly funded health care (including federally funded health care) by providing low-income Texans access to safe, effective services that are consistent with these goals.

The HTW demonstration is for women who meet all of the following qualifications, pursuant to Title 1 Texas Administrative Code (TAC), Chapter 382:

- Age 15 through 44
 - A minor, age 15 through 17, must have a parent or legal guardian apply, renew, and report changes to her case on her behalf
- U.S. citizens or qualified immigrants
- Reside in Texas
- Not pregnant
- Does not currently receive benefits through a Medicaid program that provides full benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B, and does not have any other creditable health coverage
- Net family income at or below 200 percent of the federal poverty level

To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage.

A beneficiary within the current HTW program will not experience a gap in coverage and will be able to receive the same benefits previously provided under the HTW program.

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The HTW demonstration will use a fee-for-service delivery model. Any Medicaid provider will be able to provide HTW demonstration covered services to HTW demonstration clients on a fee-for-service basis if they meet all HTW demonstration provider eligibility requirements. To be enrolled as an HTW demonstration provider, all providers must be enrolled in Medicaid and be compliant with Texas Human Resources Code §32.024(c-1).

HHSC estimates the following annual unduplicated enrollment and expenditures for the HTW demonstration:

Federal Fiscal Year (FFY)	Annual Unduplicated Enrollment	Annual Expenditures
2019	352,423	\$70,996,454
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Given waiver approval, HHSC Center for Analytics and Decision Support will submit an evaluation plan for CMS review and approval. Program success will be measured as the degree to which the HTW demonstration maintains or improves upon the performance of predecessor programs. Subject to CMS approval, program performance evaluation parameters include provider activities, client service utilization, and estimated program savings and expenditures. HHSC hypothesizes the HTW demonstration will:

- Maintain or improve the access to and use of family planning services by women in the target population
- Maintain or improve the access to and use of other women's health services (e.g., screening and treatment for hypertension, diabetes, and high cholesterol and screening and diagnostic services for breast and cervical cancer) to women in the target population
- Maintain or reduce the number of unintended pregnancies among women enrolled in Medicaid
- Maintain or decrease the number of Medicaid and CHIP paid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn and infant care
- Maintain or reduce the cost for the Medicaid for Breast and Cervical Cancer program

Under the authority of Section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Texas, which would not otherwise be included as expenditures under Section 1903 of the Act shall, for the period of this demonstration, be regarded as expenditures under the State Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities

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(including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities. The expenditure authorities shall enable Texas to operate its Healthy Texas Women Section 1115 Demonstration Waiver.

HHSC seeks to waive the following provisions of the Social Security Act for this demonstration:

- Amount, Duration, and Scope of Services – Section 1902(a)(10)(B)
- Comparability and MAGI Methodology Sections – Section 1902(a)(17) and Section 1902(e)(14)
- Early and Periodic Screening, Diagnostic, and Treatment – Section 1902(a)(43)(A) (EPSDT)
- Retroactive Coverage – Section 1902(a)(34)
- Freedom of Provider Choice – Section 1902(a)(23)

Public Hearing Dates/Times

The public is invited to submit comments on the Healthy Texas Women Section 1115 Demonstration Waiver for a period of 30 days, beginning Friday, May 12, 2017. The public comment period will end on Monday, June 12, 2017. HHSC will host a series of meetings to provide information about the waiver application as well as an opportunity for the public to provide comments. Locations, dates and times are as follows:

Location	Date	Time
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Feedback from Tribal Governments

The State is seeking advice from the tribal governments regarding the State's request for a new waiver which are likely to have a direct effect on Indians, Indian health programs, or Urban Indian Organizations. To allow sufficient time for consideration of the tribal government's comments or questions, HHSC requests your feedback by June 12, 2017.

If you have questions, need additional information, or wish to submit comments regarding this application, please submit to Beren Dutra by mail at Texas Health and Human Services Commission, PO Box 13247, Mail Code H-600, Austin, Texas 78711-3247; by phone at (512) 428-1932; by fax at (512) 730-7477; or by email at TX_Medicaid_Waivers@hhsc.state.tx.us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dana Williamson', with a long horizontal line extending to the right.

Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Carlos Hisa
Governor
Ysleta Del Sur Pueblo
P.O.Box 17579 - Ysleta Station
El Paso, Texas 79907

Dear Governor Hisa:

The purpose of this letter is to notify members of Ysleta Del Sur Pueblo that the Texas Health and Human Services Commission (HHSC) is submitting an application to the Centers for Medicare & Medicaid Services (CMS) to request a new waiver under Section 1115 of the Social Security Act for a program to be called the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration). The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

In 2014, the Texas Sunset Advisory Commission reviewed the State's health agencies and recommended consolidating Texas women's health care programs to improve service and efficiency for clients and providers. In response, the Texas Legislature directed HHSC to consolidate state women's health services, and on July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program. The HTW program provides women's health and family planning services at no cost to eligible, low-income Texas women. HHSC is requesting a new Section 1115 demonstration waiver for the HTW program. Through the HTW demonstration, HHSC seeks to enhance women's health care services by increasing access to and participation in the HTW program. HTW demonstration services will be made available statewide to eligible women.

The HTW demonstration will provide family planning services as well as other women's health services that contribute to preconception care and better birth outcomes. The HTW demonstration will provide the following covered services to eligible women:

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- Permanent sterilizations
- Other contraceptive methods
- Screening and treatment for postpartum depression
- Immunizations

The goals and objectives of the HTW demonstration are to:

- Increase access to women's health and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and well-being of women and their families.
- Increase access to preventive health care, including screening and treatment for hypertension, diabetes, and high cholesterol, to positively impact maternal health and reduce maternal mortality.
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To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage.

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Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities. The expenditure authorities shall enable Texas to operate its Healthy Texas Women Section 1115 Demonstration Waiver.

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Sincerely,

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Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Martin Lopez
Health and Human Services Director
Ysleta Del Sur Pueblo
9314 Juanchido Lane
El Paso, Texas 79907

Dear Mr. Lopez:

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Sincerely,

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Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Carlton Roach
Chief Financial Officer
Urban Inter-Tribal Center of Texas
1283 Record Crossing Rd.
Dallas, Texas 75235

Dear Mr. Roach:

The purpose of this letter is to notify members of the Urban Inter-Tribal Center of Texas that the Texas Health and Human Services Commission (HHSC) is submitting an application to the Centers for Medicare & Medicaid Services (CMS) to request a new waiver under Section 1115 of the Social Security Act for a program to be called the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration). The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

In 2014, the Texas Sunset Advisory Commission reviewed the State's health agencies and recommended consolidating Texas women's health care programs to improve service and efficiency for clients and providers. In response, the Texas Legislature directed HHSC to consolidate state women's health services, and on July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program. The HTW program provides women's health and family planning services at no cost to eligible, low-income Texas women. HHSC is requesting a new Section 1115 demonstration waiver for the HTW program. Through the HTW demonstration, HHSC seeks to enhance women's health care services by increasing access to and participation in the HTW program. HTW demonstration services will be made available statewide to eligible women.

The HTW demonstration will provide family planning services as well as other women's health services that contribute to preconception care and better birth outcomes. The HTW demonstration will provide the following covered services to eligible women:

- Pregnancy testing
- Pelvic examinations
- Sexually transmitted infection services
- Breast and cervical cancer screening and diagnostic services
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- Permanent sterilizations
- Other contraceptive methods
- Screening and treatment for postpartum depression
- Immunizations

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- Increase access to preventive health care, including screening and treatment for hypertension, diabetes, and high cholesterol, to positively impact maternal health and reduce maternal mortality.
- Increase access to women's breast and cervical cancer services to promote early cancer detection.
- Implement the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services and to avoid the direct or indirect use of state funds to promote or support elective abortions.
- Reduce the overall cost of publicly funded health care (including federally funded health care) by providing low-income Texans access to safe, effective services that are consistent with these goals.

The HTW demonstration is for women who meet all of the following qualifications, pursuant to Title 1 Texas Administrative Code (TAC), Chapter 382:

- Age 15 through 44
 - A minor, age 15 through 17, must have a parent or legal guardian apply, renew, and report changes to her case on her behalf
- U.S. citizens or qualified immigrants
- Reside in Texas
- Not pregnant
- Does not currently receive benefits through a Medicaid program that provides full benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B, and does not have any other creditable health coverage
- Net family income at or below 200 percent of the federal poverty level

To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage.

A beneficiary within the current HTW program will not experience a gap in coverage and will be able to receive the same benefits previously provided under the HTW program.

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The HTW demonstration will use a fee-for-service delivery model. Any Medicaid provider will be able to provide HTW demonstration covered services to HTW demonstration clients on a fee-for-service basis if they meet all HTW demonstration provider eligibility requirements. To be enrolled as an HTW demonstration provider, all providers must be enrolled in Medicaid and be compliant with Texas Human Resources Code §32.024(c-1).

HHSC estimates the following annual unduplicated enrollment and expenditures for the HTW demonstration:

Federal Fiscal Year (FFY)	Annual Unduplicated Enrollment	Annual Expenditures
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Given waiver approval, HHSC Center for Analytics and Decision Support will submit an evaluation plan for CMS review and approval. Program success will be measured as the degree to which the HTW demonstration maintains or improves upon the performance of predecessor programs. Subject to CMS approval, program performance evaluation parameters include provider activities, client service utilization, and estimated program savings and expenditures. HHSC hypothesizes the HTW demonstration will:

- Maintain or improve the access to and use of family planning services by women in the target population
- Maintain or improve the access to and use of other women's health services (e.g., screening and treatment for hypertension, diabetes, and high cholesterol and screening and diagnostic services for breast and cervical cancer) to women in the target population
- Maintain or reduce the number of unintended pregnancies among women enrolled in Medicaid
- Maintain or decrease the number of Medicaid and CHIP paid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn and infant care
- Maintain or reduce the cost for the Medicaid for Breast and Cervical Cancer program

Under the authority of Section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Texas, which would not otherwise be included as expenditures under Section 1903 of the Act shall, for the period of this demonstration, be regarded as expenditures under the State Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities

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Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Jo Ann Battise
Tribal Council Chairperson
Alabama-Coushatta Tribe of Texas
571 State Park Road, #56
Livingston, Texas 77351

Dear Ms. Battise:

The purpose of this letter is to notify members of the Alabama-Coushatta Tribe of Texas that the Texas Health and Human Services Commission (HHSC) is submitting an application to the Centers for Medicare & Medicaid Services (CMS) to request a new waiver under Section 1115 of the Social Security Act for a program to be called the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration). The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

In 2014, the Texas Sunset Advisory Commission reviewed the State's health agencies and recommended consolidating Texas women's health care programs to improve service and efficiency for clients and providers. In response, the Texas Legislature directed HHSC to consolidate state women's health services, and on July 1, 2016, HHSC launched the Healthy Texas Women (HTW) program. The HTW program provides women's health and family planning services at no cost to eligible, low-income Texas women. HHSC is requesting a new Section 1115 demonstration waiver for the HTW program. Through the HTW demonstration, HHSC seeks to enhance women's health care services by increasing access to and participation in the HTW program. HTW demonstration services will be made available statewide to eligible women.

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- Increase access to women's breast and cervical cancer services to promote early cancer detection.
- Implement the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services and to avoid the direct or indirect use of state funds to promote or support elective abortions.
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To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage.

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Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
Health and Human
Services

Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Jennie Hernandez
Tribal Administrator
Kickapoo Traditional Tribe of Texas
HCR 1, Box 9700
Eagle Pass, Texas 78852

Dear Ms. Hernandez:

The purpose of this letter is to notify members of the Kickapoo Traditional Tribe of Texas that the Texas Health and Human Services Commission (HHSC) is submitting an application to the Centers for Medicare & Medicaid Services (CMS) to request a new waiver under Section 1115 of the Social Security Act for a program to be called the Healthy Texas Women Section 1115 Demonstration Waiver (HTW demonstration). The proposed effective date is September 1, 2018, for a five-year period ending August 31, 2023.

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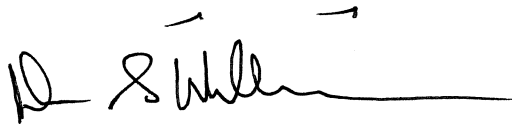
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Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC



TEXAS
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Attachment E

Texas Health and Human Services Commission

Charles Smith
Executive Commissioner

April 28, 2017

Angela Young
Administrative Director
Urban Inter-Tribal Center of Texas
209 E. Jefferson Blvd.
Dallas, Texas 75203

Dear Ms. Young:

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Angela Young
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- Does not currently receive benefits through a Medicaid program that provides full benefits, Children's Health Insurance Program (CHIP), or Medicare Part A or B, and does not have any other creditable health coverage
- Net family income at or below 200 percent of the federal poverty level

To provide continuity of care, women 18 through 44 years of age whose Medicaid for Pregnant Women coverage period is ending will be automatically enrolled in the HTW demonstration if they are not otherwise eligible for full Medicaid benefits, Medicare, or CHIP, and they do not have other creditable health coverage.

A beneficiary within the current HTW program will not experience a gap in coverage and will be able to receive the same benefits previously provided under the HTW program.

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The HTW demonstration will use a fee-for-service delivery model. Any Medicaid provider will be able to provide HTW demonstration covered services to HTW demonstration clients on a fee-for-service basis if they meet all HTW demonstration provider eligibility requirements. To be enrolled as an HTW demonstration provider, all providers must be enrolled in Medicaid and be compliant with Texas Human Resources Code §32.024(c-1).

HHSC estimates the following annual unduplicated enrollment and expenditures for the HTW demonstration:

Federal Fiscal Year (FFY)	Annual Unduplicated Enrollment	Annual Expenditures
2019	352,423	\$70,996,454
2020	362,182	\$76,746,972
2021	372,211	\$82,980,722
2022	382,517	\$89,738,349
2023	393,109	\$97,063,917

Given waiver approval, HHSC Center for Analytics and Decision Support will submit an evaluation plan for CMS review and approval. Program success will be measured as the degree to which the HTW demonstration maintains or improves upon the performance of predecessor programs. Subject to CMS approval, program performance evaluation parameters include provider activities, client service utilization, and estimated program savings and expenditures. HHSC hypothesizes the HTW demonstration will:

- Maintain or improve the access to and use of family planning services by women in the target population
- Maintain or improve the access to and use of other women's health services (e.g., screening and treatment for hypertension, diabetes, and high cholesterol and screening and diagnostic services for breast and cervical cancer) to women in the target population
- Maintain or reduce the number of unintended pregnancies among women enrolled in Medicaid
- Maintain or decrease the number of Medicaid and CHIP paid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn and infant care
- Maintain or reduce the cost for the Medicaid for Breast and Cervical Cancer program

Under the authority of Section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Texas, which would not otherwise be included as expenditures under Section 1903 of the Act shall, for the period of this demonstration, be regarded as expenditures under the State Title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities

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(including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities. The expenditure authorities shall enable Texas to operate its Healthy Texas Women Section 1115 Demonstration Waiver.

HHSC seeks to waive the following provisions of the Social Security Act for this demonstration:

- Amount, Duration, and Scope of Services – Section 1902(a)(10)(B)
- Comparability and MAGI Methodology Sections – Section 1902(a)(17) and Section 1902(e)(14)
- Early and Periodic Screening, Diagnostic, and Treatment – Section 1902(a)(43)(A) (EPSDT)
- Retroactive Coverage – Section 1902(a)(34)
- Freedom of Provider Choice – Section 1902(a)(23)

Public Hearing Dates/Times

The public is invited to submit comments on the Healthy Texas Women Section 1115 Demonstration Waiver for a period of 30 days, beginning Friday, May 12, 2017. The public comment period will end on Monday, June 12, 2017. HHSC will host a series of meetings to provide information about the waiver application as well as an opportunity for the public to provide comments. Locations, dates and times are as follows:

Location	Date	Time
Texas Health and Human Services Commission, Brown-Heatly Building Public Hearing Room 4900 North Lamar Boulevard Austin, TX 78751 (webcast available at this meeting)	May 15, 2017	1 p.m. to 4 p.m. CDT
Mahon Library 1306 9 th Street Lubbock, TX 79401	June 9, 2017	9:30 a.m. to 12 p.m. CDT

HHSC will also host a webinar on May 31, 2017, at 3 PM. To register for the online meeting go to:

<https://attendee.gotowebinar.com/register/4846365062393813505>

The complete application will be available online at <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/healthy-texas-women-1115-waiver> on May 12, 2017. The application includes a detailed description of the waiver program, including: eligibility, benefits, delivery system, payment rates, implementation, financing and budget neutrality, and proposed waiver and expenditure authorities.

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Feedback from Tribal Governments

The State is seeking advice from the tribal governments regarding the State's request for a new waiver which are likely to have a direct effect on Indians, Indian health programs, or Urban Indian Organizations. To allow sufficient time for consideration of the tribal government's comments or questions, HHSC requests your feedback by June 12, 2017.

If you have questions, need additional information, or wish to submit comments regarding this application, please submit to Beren Dutra by mail at Texas Health and Human Services Commission, PO Box 13247, Mail Code H-600, Austin, Texas 78711-3247; by phone at (512) 428-1932; by fax at (512) 730-7477; or by email at TX_Medicaid_Waivers@hhsc.state.tx.us.

Sincerely,

A solid black rectangular box used to redact the signature of Dana Williamson.

Dana Williamson
Director, Policy Development Support
Medicaid and CHIP Services Department, HHSC