

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

MAY 21 2014

Kay Ghahremani
State Medicaid Director
Texas Health and Human Services Commission
P.O. Box 13247
Austin, TX 78711

Dear Ms. Ghahremani:

This letter provides the Centers for Medicare & Medicaid Services (CMS) approval of three-year project additions to the Regional Healthcare Partnership (RHP) 10 plan that were submitted to CMS on May 16, 2014 as part of the state's Delivery System Reform Incentive Payment (DSRIP) Pool, authorized under the state's 1115 demonstration, entitled Texas Healthcare Transformation and Quality Improvement Program (Project Number 11-W-00278/6).

In accordance with the expectations set forth in the demonstration's Program Funding and Mechanics (PFM) Protocol, the state reviewed all projects and identified potential issues for further review by CMS. CMS' 45-day review process focused on ensuring that the state followed its process correctly. These review findings do not alter the responsibility of the state or the RHP to comply with all federal program integrity and funding requirements of the Medicaid program, the demonstration's special terms and conditions (STCs), or the accompanying protocols, the PFM protocol (attachment J of the STCs) and the RHP Planning Protocol (attachment I of the STCs).

All 24 of RHP 5's three-year DSRIP projects submitted by the state have been initially approved. The list of approved projects is enclosed. These providers may now begin receiving DSRIP payments for demonstration years (DY) 3 for the DSRIP project approved in this letter, provided they show documented achievement of the milestones described in their plan, in accordance with the requirements set forth in the DSRIP PFM Protocol.

Three-year DSRIP projects that were submitted by providers by December 31, 2013 but not approved by the state are not approved at this time. As described in paragraph 18 of the PFM protocol, these providers will have a one-time opportunity to revise their projects for a secondary review by the state and its independent assessor. In addition, all three-year projects are subject to review by the state's independent assessor during the DSRIP mid-point assessment, as described in paragraph 19 of the PFM protocol.

Your CMS point of contact is Dr. Paul Boben. He is available to answer any questions concerning your section 1115 demonstration. Dr. Boben's contact information is as follows:

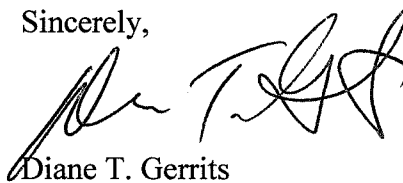
Centers for Medicare & Medicaid Services
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Telephone: (410) 786-6629
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E-mail: paul.boben@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Dr. Boben and to Mr. Bill Brooks, Associate Regional Administrator in our Dallas Regional Office. Mr. Brooks' address is:

Bill Brooks
Centers for Medicare & Medicaid Services
1301 Young St. Suite 714
Dallas, TX 75202
Telephone: (214) 767-4461
E-mail: Bill.Brooks@cms.hhs.gov

If you have questions regarding this approval, please feel free to contact me or either of the contacts listed above.

Sincerely,



Diane T. Gerrits
Director
Division of State Demonstrations and Waivers

Enclosures

cc: Bill Brooks, Associate Regional Administrator, Region VI

**Attachment –
CMS Review of Revisions for Regional Healthcare Partnership (RHP) 10**

Overview

As described in the accompanying letter, CMS conducted its 45-day review of three-year DSRIP projects accordance with paragraph 15.a of the Texas 1115 demonstration Program Funding and Mechanics (PFM) protocol. The results of CMS’s review are described below for the three-year DSRIP project additions to the RHP 10 plan submitted May 16, 2014.

Table 1 - Initially approved projects

The following 24 three-year category 1 and 2 projects, submitted by the state May 16, 2014, are initially approved and may begin claiming DSRIP funding for documenting achievement of the specified milestones in accordance with the requirements set forth in the PFM protocol. For demonstration year (DY) 3 CMS is initially approving a total of \$47,480,057. Approval for DY 4 and 5 is contingent on the mid-point assessment, as described in paragraph 18 of the PFM protocol.

Unique Project ID	Project Option	Provider Name	Project Title (Provided by the state)	Initially approved DY 3 project value (total computable)
109574702.1.100	1.12.2	Texas Health Huguley Hospital	Expand the number of community based settings where behavioral health services may be delivered in underserved areas. Enhance service availability (i.e., hours, locations, transportation, mobile clinics) of appropriate levels of behavioral health care.	\$1,379,523
109574702.2.100	2.7.1	Texas Health Huguley Hospital	Implement Evidence-based Disease Prevention Programs (Mobile Prevention, Early Detection and Transitions Project for Rural Cancer Screenings)	\$689,557
112677302.2.100	2.10.1	Texas Health Harris Methodist Hospital Fort Worth	Use of Palliative Care Programs	\$490,200
112677302.1.100	1.9.2	Texas Health Harris Methodist Hospital Fort Worth	Apply evidence-based care management model to patients identified as having high-risk health care needs	\$490,200

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Unique Project ID	Project Option	Provider Name	Project Title (Provided by the state)	Initially approved DY 3 project value (total computable)
112677302.2.101	2.11.1	Texas Health Harris Methodist Hospital Fort Worth	Implement interventions that put in place the teams, technology and processes to avoid medication errors.	\$1,256,465
120726804.2.100	2.10.1	Texas Health Harris Methodist Southwest Hospital	Implement a Palliative Care Program to address patients with end-of-life decisions and care needs	\$1,415,057
127304703.2.100	2.9.1	Texas Health Harris Methodist Hospital Azle	THAZ ED Patient Navigation	\$1,087,002
130606006.1.100	1.7.1	Wise Regional Health System	WRHS Telemedicine	\$677,092
130606006.2.100	2.2.1	Wise Regional Health System	WRHS Chronic Care Program	\$2,194,031
130606006.2.101	2.7.5	Wise Regional Health System	WRHS Childhood Obesity Prevention Program	\$1,286,437
130614405.1.100	1.12.2	Texas Health Arlington Memorial	Behavioral Health	\$3,369,493
138980111.2.100	2.11.2	University of North Texas Health Science Center	A clinical pharmacist-led medication therapy management (MTM) service for Medicaid eligible patients with chronic conditions.	\$2,855,224
206106101.1.100	1.1.1	Wise Clinical Care Associates	Community Health Clinic	\$3,407,040
316296801.2.100	2.9.1	Texas Health Harris Methodist Alliance	Emergency Department Care Management	\$1,211,436
135036506.2.100	2.11.1	Baylor All Saints Medical Center at Fort Worth	Medication Management	\$410,017
126675104.1.100	1.12.2	JPS Health Network	Expand the number of community-based settings where behavioral health services may be delivered in underserved areas	\$2,477,784

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Unique Project ID	Project Option	Provider Name	Project Title (Provided by the state)	Initially approved DY 3 project value (total computable)
126675104.2.100	2.6.1	JPS Health Network	Engage in population-based campaigns or programs to promote healthy lifestyles using evidence-based methodologies including social media and text messaging in an identified population.	\$3,529,851
126675104.2.101	2.6.1	JPS Health Network	Preconception / Interconception Care	\$2,584,903
126675104.2.102	2.12.1	JPS Health Network	Care Transition for Long Term Care	\$6,408,000
126675104.2.104	2.13.1	JPS Health Network	Homeless Behavioral Health	\$1,565,449
081599501.2.100	2.13.1	MHMR of Tarrant County	Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting-Children's Trauma Care (CTC).	\$2,702,436
130724106.1.100	1.13.1	Pecan Valley Centers for Behavioral and Developmental Healthcare	Crisis Respite Program	\$246,193
022817305.2.100	2.6.2	Tarrant County Public Health	Establish self-management programs and wellness using evidence-based designs: Matter of Balance	\$1,208,406
126686802.2.100	2.7.1	UT Southwestern Moncrief Cancer Institute	The Use of Measurement Based Care to Enhance Identification and Treatment of Medicaid Patients with Major Depressive Disorder in Primary Care Practices	\$4,538,262
Total				\$47,480,057