

Health and Human Services Commission Agency Strategic Plan

Mission

Improving the health, safety, and well-being of Texans through good stewardship of public resources.

Goals and Action Plan

Many of the action items related to all the goals represent ongoing, mission-critical functions that will continue during the five-year period of the strategic plan and beyond.

Goal 1: Provide efficient and effective medical and behavioral health services.

Action Items

Action Item 1: Continue managed care expansions and further integrate Medicaid physical and behavioral health services through 8/31/2021, and support the integration of consolidated Medicaid functions at the Health and Human Services Commission (HHSC) through 3/1/2018.

Action Item 2: Oversee, coordinate, and negotiate the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, approved for a 15-month extension by the Centers for Medicare & Medicaid Services (CMS), through 10/2017.

Action Item 3: Provide long-term services and supports through Medicaid and Medicaid waivers in homes and community settings that will enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization through 8/31/2021.

Action Item 4: Enhance statewide coordination of women's health programs in Texas to improve the way health care services are delivered to low income women through better continuity of care and use of best clinical practices through 8/31/2021.

Action Item 5: Promote behavioral health by coordinating and contracting for statewide services for adults and youth, including crisis services, community mental health services, and substance abuse prevention, intervention, and treatment through 8/31/2021.

Action Item 6: Provide specialized health services through 8/31/2021, including services for children with disabilities and their families.

How Goal 1 and Its Action Items Support Statewide Objectives

Accountability

HHSC has found that one of the most effective and efficient ways to deliver medical services is by promoting the concept of a medical home to improve quality and reduce cost.

By utilizing managed care models, the Medicaid and Children’s Health Insurance Program (CHIP) Division has been able to deliver services more efficiently by paying a capped rate for each member enrolled, and managed care organizations (MCOs) have financial incentives to deliver health care more efficiently. HHSC regularly monitors MCOs to ensure they meet or exceed their contract deliverables.

When setting rates, HHSC researches more than 10,000 different prices for health care services, compares these prices to the private sector and other Medicaid programs, and identifies possible changes that will provide appropriate rates.

The expansion of managed care and other programs that support long-term services and supports have been pursued through different waivers, such as the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver (the 1115 Transformation Waiver) and 1915(c) waivers. These waivers—though different—have a common benefit of improving the quality of care that a client receives, while ensuring that costs are controlled.

In particular, the 1115 Transformation Waiver helps HHSC to leverage local and federal funds for healthcare transformation and quality improvement projects, and the 1915(c) waiver participants can receive Medicaid-funded services and supports in their own home and other community settings, at a cost that is less expensive than or equal to the costs of institutional care.

Efficiency

The Transformation of the Health and Human Services (HHS) System will allow for better connection of programs and services, allowing for easier navigation, streamlined service delivery, and improved accountability to taxpayers. Collaboration by different program areas or different state agencies should allow for a system of services and programs that are more efficient and reduce redundancies.

Clients will be able to better access the services they need in a timely fashion, while also ensuring that the services they are receiving are working in coordination, to provide high-quality outcomes with high efficiency levels.

HHSC has some program areas that work with state agencies beyond the HHS System to coordinate and plan for efficient delivery of services.

Effectiveness

Through ongoing review of internal quarterly business reports and annual performance measures, contractor feedback and performance, and other data sources, HHSC identifies gaps and barriers to optimal performance. Strategies to address problem areas are identified and implemented with clear timelines and metrics to achieve success.

Across all medical services programs, whether administered directly by HHSC or by contracted providers, effectiveness is best monitored through the use of data to ensure positive outcomes in service delivery, health, safety and welfare, and access and eligibility. Under the 1115 Transformation Waiver, performing providers are required to demonstrate achievement by reporting on project milestones and metrics to receive incentive payments. All providers are required to report the number of additional individuals or encounters they have provided during the waiver demonstration year. Providers must also annually report on their improvement in quality outcome measures related to each project. These quality improvements assess the effectiveness of the project interventions for improving outcomes. In addition, hospital providers report on population-focused improvements to track the community-wide impact of delivery system reform investments. In addition, Medicaid and CHIP MCOs are measured on various quality metrics, including those focused on preventive health care and potentially preventable events.

Excellence in Customer Service

Excellence in customer service is a core tenet of stakeholder and client relations at HHSC. HHSC employees are trained to fully explore client and provider challenges with program policies and procedures and to provide solutions or identify alternative sources of information to address the problems at hand. Working with the Ombudsman and other areas of the HHS System, the staff ensures that internal and external customers receive accurate and timely information about the programs.

Transparency

Transparency at HHSC is achieved through the significant amount of information that is available to the public and through the many public forums that allow stakeholders to participate and engage on various policy, funding, and program initiatives. Forums include various advisory committees and program-specific

stakeholder forums, such as the Medical Care Advisory Committee and the STAR Kids Managed Care Advisory Committee.

In providing long-term services and supports, the Department of Aging and Disability Services (DADS) participates in stakeholder meetings, provider organization conferences, and other public forums to provide subject matter expertise on an on-going basis. This cooperative approach increases connectivity among recipients, service providers, and the State. Since DADS will become part of HHSC during the planning period, the entity is designated DADS/HHSC in this document.

Other Considerations for Goal 1

Action Item 6: Children with Special Health Care Needs

The Children with Special Health Care Needs program serves individuals who meet certain medical and income eligibility criteria. The program pays for healthcare benefits and services not covered by other payers. The program serves children with extraordinary medical needs, disabilities, and chronic health conditions and people of any age with cystic fibrosis. The program contracts with community-based organizations in many parts of the state to provide case management, family support, community resources, and care coordination. The program also provides case management services through staff based in regional offices.

Goal 2: Provide efficient, effective social services.

Action Items

Action Item 1: Encourage self-sufficiency, safety, and long-term independence for families through 8/31/2021.

Action Item 2: Provide efficient and effective social services to blind children to improve the quality of their lives and to enable their full participation in society through 8/31/2021.

Action Item 3: Ensure prompt and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs through 8/31/2021.

Action Item 4: Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance through 8/31/2021.

How Goal 2 and Its Action Items Support Statewide Objectives

Accountability

HHSC focuses improvement initiatives for its eligibility determination system on reducing eligibility workload demands, ensuring efficient use of taxpayer resources, and improving client self-service options for accessing applications and managing their benefits. Agency initiatives leverage technology solutions and business process improvements to gain efficiencies that enable the agency to maintain performance standards, while accommodating the caseload growth expected over the next several years as the overall Texas population increases.

Disability Determination Services (DDS) reports annual outcomes based on Social Security Administration (SSA) workload allocations. All data, goals, and outcomes are managed by SSA, and annual outcomes are presented by SSA to DDS, which are then provided to the agency for inclusion in the agency's annual report. Reported outcomes include efficiency measures such as the cost per determination and the rate of timely and accurate medical determinations. DDS is entirely funded by SSA. There are no general revenue dollars in this program.

Efficiency

To promote efficient and effective social services delivery, HHSC maintains efforts to promote efficiency with internal program structures and to find long-term efficiencies for the client services. Most important to achieving this benchmark are the Sunset Commission and Senate Bill 200, 84th Legislature, Regular Session, 2015, recommendations for consolidation of HHS System program and operations, which provide a foundation for eliminating redundant and non-core functions. The new Medical and Social Services Division will pursue the Legislature's directive to establish a single point of entry and ensure continuity of care for Texans seeking and receiving HHSC benefits and services. For eligibility and enrollment functions, HHSC will evaluate the various criteria across the different programs to identify opportunities to improve.

Effectiveness

A variety of performance monitoring efforts enable the agency to quickly identify performance deficiencies and to establish improvement plans to address deficiencies: internal performance monitoring, performance measures determined and reported in the strategic planning and budgeting system, and federal/state monitoring and reporting requirements for eligibility determination functions. Ongoing training, case reading, and other quality initiatives help ensure eligibility determination activities are meeting or exceeding performance requirements.

Excellence in Customer Service

HHSC's eligibility business processes have been redesigned and will be fully implemented in all offices statewide in fiscal year 2017. The redesigned processes focus on ensuring that applicants receive prompt and accurate eligibility determinations. Client feedback is obtained through various channels including surveys, management evaluations, and stakeholder forums, such as the Texas CHIP Coalition. In addition, the HHS Enterprise Administrative Report and Tracking (HEART) is used by eligibility staff, call center vendor staff, and HHSC Office of the Ombudsman to document client complaints associated with eligibility services. The agency continues to offer multiple access channels, including local eligibility offices, call centers, and self-service tools that enable customers to conduct business with the agency at times and locations that are convenient to them.

Transparency

The How to Get Help section of the HHSC website provides information about HHSC assistance programs, how to access the application process, and basic information about eligibility criteria. YourTexasBenefits.com enables individuals to apply, renew, and manage their HHSC benefits and contains a listing of Frequently Asked Questions designed to assist with using the website. Banner messages are regularly updated on the website to provide awareness of site changes and announcements about HHSC benefits.

Stakeholder input is often sought to guide program initiatives, and progress toward those initiatives is shared with stakeholders. All publications and communications are edited for plain language and made available in an accessible format. Program information is made available on the program websites.

Other Considerations for Goal 2

HHSC has no other considerations to report for Goal 2.

Goal 3: Coordinate with diverse communities and organizations to strengthen and to support the provision of a spectrum of medical, health, and social services.

Action Items

Action Item 1: Partner or contract with communities to strengthen services through 8/31/2021.

Action Item 2: Coordinate with communities to provide long-term services and supports through 8/31/2021.

Action Item 3: Provide efficient and effective services to Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society through 8/31/2021.

How Goal 3 and Its Action Items Support Statewide Objectives

Accountability

HHSC's Community Access and Services (CAS) programs—including the Supplemental Nutrition Assistance Program Education, 2-1-1 Texas, Family Violence, Community Partner Program (CPP), Community Resource Coordination Group (CRCG), and Refugee Affairs—focus much of their accountability efforts on conducting fiscal and performance monitoring of contracted services to ensure compliance with state and federal regulations and policies. Compliance with all regulations ensures that taxpayer resources are being utilized for their intended purposes and that performance goals are being achieved.

The aging and disability resource center (ADRC) program is accountable for complying with applicable federal and state rules, regulations, guidance, policies, and reporting requirements. The state monitors local area agencies on aging (AAA) for compliance with state and federal laws on fiscal management, program integrity, and performance measures.

Efficiency

HHSC implements CAS programs and services with a variety of techniques to maximize results while minimizing waste to taxpayers. For example, the 2-1-1 Texas information and referral hotline utilizes a statewide call management platform that distributes calls evenly to call centers statewide, so existing resources can absorb excess call volume. Through the CPP, community partner sites decrease caseloads at eligibility offices by assisting clients with applications. The Twogether in Texas program partners with local organizations to provide marital, pre-marital, and relationship enhancement classes at no cost to the taxpayers. Local CRCGs work to identify services for individuals whose needs have not been met through existing channels. CAS has program and contracting policies in place to ensure the appropriate use of state and federal resources, including financial reconciliations, programmatic and fiscal monitoring, and detailed contractor requirements.

The ADRC Advisory Committee (ADRAC), comprised of key local and state-level stakeholders, helps set and refine the core-functions of the ADRC. The program provides information upon request to the HHS System related to reducing and eliminating redundancies and waste. Pursuant to Texas Health and Safety Code Section 533A.035(a), the state delegates to local intellectual and developmental disability authorities (LIDDAs) the authority and responsibility for planning, policy development, coordination. LIDDAs allocate general revenue funding based on

priority of need. General Revenue funding is used as the last resort to provide services to individuals with intellectual and developmental disability (IDD) who are not Medicaid-eligible or do not have provider resources available in their communities. The state monitors local AAAs for compliance with federal legislation to coordinate resources, reduce duplication, and strengthen collaboration.

The Autism Program and Early Childhood Intervention administer contracted services which assist children and youth with disabilities to increase independence and self-sufficiency and to attain higher educational and vocational goals. Other programs (Blindness Education, Screening, and Treatment (BEST); Comprehensive Rehabilitation Services; Deaf and Hard of Hearing Services; and Independent Living Services) provide services to increase independence and self-sufficiency of consumers and limit long-term reliance on services. Further, by integrating the Independently Living—Blind and Independent Living—General programs at the Department of Assistive and Rehabilitative Services, and by outsourcing those services to Centers for Independent Living, consumers will receive efficient services delivered by community-based organizations in a combined Independent Living Services program with streamlined management and oversight. Consideration of the Texas State Plan for Independent Living, and coordination with the network of Centers for Independent Living and the State Independent Living Council will help to achieve this goal.

Effectiveness

Each CAS program has a set of standards to ensure that services are delivered with the highest quality possible. Program staff monitors service providers for compliance and identifies opportunities for improvement if the standards are not being met. With 2-1-1 Texas, HHSC monitors contracted call centers to ensure target metrics and quality standards are met. HHSC uses Family Violence and the Texas Court Appointed Special Advocates (CASA)/Children’s Advocacy Centers of Texas program data to ensure that contractors are meeting performance outcomes. HHSC holds qualified hospitals participating in the Presumptive Eligibility (PE) program to rigorous performance standards. The PE staff works directly with hospitals that do not meet the standards and will disqualify them from participation if they continue to fail meeting the standards.

The ADRC program uses performance-based contracting with local governments and non-profits to cover all 254 counties in Texas. The state contracts with 39 LIDDAs statewide and conducts annual onsite reviews to ensure performance measures and contract requirements are met. LIDDAs coordinate with criminal justice entities, allocate and develop resources, and oversee IDD services in the most appropriate and available setting to meet individual needs in the local service area. Local AAAs are accountable to DADS/HHSC as the state agency on aging by submitting three-year area plans and periodic progress reports.

The Autism Program, BEST, Comprehensive Rehabilitation Services, Deaf and Hard of Hearing Services, Early Childhood Intervention, and Independent Living Services monitor efforts to meet outcomes through program data, customer satisfaction surveys, and performance measures. Additionally, Comprehensive Rehabilitation Services and Independent Living Services use case review and case management metrics. Contracting Oversight and Support Services, in coordination with program staff, also monitors the performance of contracted providers.

Excellence in Customer Service

HHSC regularly conducts monitoring reviews of CAS programs to ensure that service providers deliver excellent customer service. HHSC works with the Ombudsman’s office, contractors, members of the public, and service recipients to respond to questions and address any concerns. HHSC also provides technical assistance, conducts webinars and stakeholder meetings, maintains program web pages, meets regularly with service providers to disseminate information pertaining to service delivery, and participates on workgroups to improve business processes.

The performance-based contracts in place for ADRC services include specific measures related to excellence in customer service and requirements for ongoing quality assurance efforts. Members of the public may contact ADRCs through a statewide toll-free number maintained by the HHS System. The state ensures LIDDAs respond to individuals with IDD who request assistance with long-term services and supports through monitoring of their local and statewide services interest list. As the state agency on aging, DADS/HHSC conducts a statewide satisfaction survey of core services provided by AAAs once during the three-year state plan cycle. Local AAAs also evaluate customer service.

Early Childhood Intervention and Independent Living Services are mandated to report on customer service outcomes. Measures include customer satisfaction reports, timely service delivery, and customer outcomes. The Autism Program also employs a customer satisfaction survey and uses survey responses to make improvements to the program. Deaf and Hard of Hearing Services uses a web-based customer satisfaction survey and requires contractors to survey consumers served so that improvements can be made to these services.

Transparency

CAS programs ensure transparency and accessibility to the broadest possible audience by providing information online, answering public inquiries, monitoring contractors, providing literature to reach the broadest level of stakeholders, and conducting public forums and workshops.

The meetings of the ADRCAC are open to the public, and notices of meetings are posted on the agency website in multiple locations. The ADRC maintains a website, and printed materials are distributed locally to help Texans understand the purpose

of the program and access services. Individuals may use the public email address to send comments or questions about ADRC services. DADS/HHSC provides resources and information online and through open meetings for consumers and stakeholders. Online documents are available in English and Spanish and are accessible to users with visual and hearing impairments. Local AAAs provide people requesting services a “Rights and Responsibilities” to provide information on the Older Americans Act (OAA) and how to contact state personnel.

The Autism Program, BEST, Comprehensive Rehabilitation Services, Deaf and Hard of Hearing Services, Early Childhood Intervention, and Independent Living Services are either in statute, rule, or both. Accordingly, stakeholder participation is sought when developing new rules or revising existing rules. Stakeholder input is often sought to help guide program initiatives. Progress toward those initiatives is shared with stakeholders. All publications and communications are edited for plain language and made available in an accessible format. Program information is made available on the program websites.

Other Considerations for Goal 3

HHSC has no other considerations to report for Goal 3.

Goal 4: Provide efficient, effective services for individuals in 24-hour state facilities.

Action Items

Action Item 1: Improve the efficiency and effectiveness of State Supported Living Centers (SSLCs) through 8/31/2021.

Action Item 2: Ensure State Hospitals and other related state facilities are safe, effective, and recovery-oriented through 8/31/2021.

How Goal 4 and Its Action Items Support Statewide Objectives

Accountability

Accountability in the SSLC System and other state facilities involve efforts to be more accountable to the clients who utilize these facilities and to manage resources in a fiscally responsible manner. The SSLC system is transitioning to an electronic life record to improve operational efficiency, accountability, and productivity of staff by providing automated functionality for the numerous manual processes. The SSLC System is also researching and developing opportunities to expand the delivery of specialized SSLC services and supports to individuals living in the community.

Efficiency

Enhanced efficiency is anticipated as the SSLCs are transitioning from a primarily paper-based system to an electronic life record for clinical and program services. The SSLCs are standardizing data collection and quality assurance systems as a part of this transition.

Additionally, facilities planning will specifically address operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity needs across various regions of the state, and associated costs. Local mental health authorities jointly plan services in each hospital's service area with the State Mental Health Hospital. Services are based on local conditions and factors, including the number of admissions and type of services to be provided. A quality interaction of hospital-based and community-based services is promoted through coordination, collaboration, and communication.

Effectiveness

SSLCs have several ongoing initiatives to increase effectiveness, including strengthening individual support planning process, transitioning to an electronic life record, standardizing data collection and quality assurance systems, transitioning service monitoring system to a quality service review model, and improving compliance with Department of Justice settlement agreement.

To support effective service delivery in state hospitals, all state hospitals are accredited by the Joint Commission. This accreditation is a demonstration that the facilities meet rigorous standards regarding clinical care, patient rights, quality improvements, and infection controls, among many others.

Excellence in Customer Service

The significance of excellence in customer service is embodied through the SSLC Quality Improvement Program. The goal of the SSLC Quality Improvement Program is to ensure that all services and supports are of good quality, meet individuals' needs, and help individuals achieve positive outcomes, including protection from harm, stable community living, and increased integration, independence, and self-determination in all life domains (community living, employment, education, recreation, healthcare, and relationships).

Effective and efficient state facilities serve not only the individual, but also the families and communities. The individualized care provided helps patients return to a level of functioning so they can continue receiving services in their communities or can understand their criminal charges and participate in court proceedings. The Inpatient Customer Survey measures individuals' satisfaction on stays in the state psychiatric hospital, including ratings of staff, inpatient treatment, the facility, participation in their treatment, and their ability to function after leaving the hospital.

Transparency

Transparency in the operation of SSLCs is crucial in ensuring the effective, efficient, and accountable delivery of service to the residents of the SSLCs. HHSC/DADS and the SSLC operators have a policy of openness and responsiveness to inquiries from family members, guardians, stakeholders, legislators, general public and media, while also ensuring the patient privacy is closely maintained.

The state hospitals produce a quarterly report on State Mental Health Facilities performance indicators. The reports are posted online and cover information such as regulatory indicators, financial indicators, and access measures. These reports allow the public and stakeholders to track the facilities' performance on a recurring basis.

Other Considerations for Goal 4

HHSC has no other considerations to report for Goal 4.

Goal 5: Promote consumer health and safety through focused regulatory and licensing activities.

Action Items

Action Item 1: License, monitor, and inspect health care facilities through 8/31/2021.

Action Item 2: License, certify, permit, and monitor individuals in health care professions through 8/31/2021.

Action Item 3: Ensure effective communication for persons who are deaf or hard of hearing through the certification of interpreters at varying levels of skill through 8/31/2021.

Action Item 4: Decrease occurrences where children are placed at serious risk in licensed day care facilities, licensed residential facilities, and registered family homes through 8/31/2021.

How Goal 5 and Its Action Items Support Statewide Objectives

Accountability

Optimizing consumer protection activities will promote best practices and good stewardship of taxpayer funds. The regulatory environment fosters the health, safety, and opportunities of Texans while supporting accountability and innovation. Mitigating risk factors for clients has benefits that can be felt both in maintenance of

quality standards for clients as well as in fiscal accountability for taxpayers by ensuring that services are delivered in facilities and by license-holders that meet required standards and by addressing instances where compliance has not been satisfied.

To ensure that efforts to regulate these industries are efficient and not overly-burdensome, many programs report data publicly and conduct periodic reviews.

Efficiency

HHSC strives to have high levels of productivity with a small number of resources and uses technology to enhance efforts in licensing, monitoring, and inspecting health care facilities. The Board for Evaluation of Interpreters (BEI) tests more than 500 interpreter candidates and issues more than 1,500 certificates a year with 3 full-time employees. In order to make this possible, an online application and scheduling process ensures an efficient system to test, rate, and issue certificates to interpreters. To ensure maximum use of taxpayer funds, fees collected by the program are used for: developing, administering, and rating interpreter certification tests; issuing certificates; and addressing complaints filed against certified interpreters.

HHS System Transformation will allow for better connection of programs and services, allowing for easier navigation, streamlined service delivery, and improved accountability to taxpayers.

Effectiveness

Licensing, monitoring, and inspecting health care facilities ensures that services are held to required standards to maintain optimal safety, quality, and protection, including acute and long-term care services. This work involves the collection of data to evaluate the quality and quantity of services and to require improvement as needed. Program initiatives are in place to improve the ability to track and achieve enhanced consistency in enforcement actions.

HHSC's regulatory programs report a variety of metrics on effectiveness as determined with the LBB and the Office of the Governor, and the programs also post information online for the public. Some programs, such as child care licensing (CCL), have a business plan identifying projects to fulfill core functions and projects to continuously improve with identified time frames to meet the project. Through the HHS System Transformation, there will be performance metrics developed for all program areas to ensure that each program area is functioning effectively.

Excellence in Customer Service

Licensing, monitoring, and inspecting health care facilities have two customers associated with these action items: the licensee(s) and the general public. Effective

and efficient administration of licensing activities provide licensees with the opportunity to operate in an accountable fashion while at the same time promoting consumer health and safety for the general public.

Some programs, like BEI, offer opportunities for public comment in board meetings and through public surveys in response to programmatic changes. Other programs, like CCL, ensure excellent customer service by offering regulated operations the opportunity to complete a survey related to their inspection, and by focusing on community outreach and engagement related to identifying illegal operations and the importance of using regulated child care. Additionally, CCL holds forums related to the rule process for all providers and stakeholders to give comment on the current requirements.

Transparency

Transparency efforts are vital so members of the public have the ability to review information about providers and facilities from which they are seeking essential services. Depending upon certain confidentiality requirements, licensing, monitoring, permitting, certifying, and inspecting most entities or professionals are open processes, the outcomes of which may be publicly available. Rule development and revision processes actively involve stakeholders for broad-scope input and user-friendly products. Developing and maintaining licensing standards, within statutory authority, is done through a stakeholder-inclusive rule development process. Public comment and stakeholder feedback are crucial in ensuring that all programs are transparent and accessible.

Other Considerations for Goal 5

HHSC has no other considerations to report for Goal 5.

Goal 6: Ensure the integrity of health and human services programs through the Inspector General.

Action Item

Action Item 1: Identify, deter, and act on fraud, waste, and abuse through timely and quality audits, investigations, and inspections by 8/31/2017.

Action Item 2: Generate and disseminate excellent work products that demonstrate mission performance, inform stakeholders, and educate the citizens of Texas by 8/31/2018.

Action Item 3: Identify and implement best practices in all areas of the organization, including improving business operations and researching and

obtaining an effective data analytics tool and other technologies to improve productivity and effectiveness by 8/31/2018.

Action Item 4: Develop and maintain outstanding internal and external relationships to promote transparency and accountability by 8/31/2017.

The accomplishment dates for these action items represent the end dates for all of the components of the items. Some components have already been accomplished, and others will be accomplished by the end of fiscal years 2016, 2017, and 2018.

How Goal 6 and Its Action Items Support Statewide Objectives

Accountability

The Inspector General (IG) has a positive fiscal impact, with recoveries vastly outpacing agency costs. The office's oversight activities protect taxpayer funds and other assets of the State by detecting and deterring fraud, waste, and abuse and identifying recoveries and savings that benefit the State. Recoveries and collections are on the increase, rising sharply in recent months. The IG's new strategic plan, quarterly reports, and audit reports are posted on the IG website for all taxpayers to review. They contain detailed information on operations, results, and other accomplishments. The IG expends its appropriation through carefully developed strategies, reviews all systems for budget-effectiveness, and seeks stakeholder input to promote efficiencies.

Efficiency

The IG employs management strategies, such as the Theory of Constraints, to maximize the efficient use of its appropriation. The IG's core values are professionalism, productivity, and perseverance. Living by these values, the IG reorganized the office's operational structure, removing several functions and more than 70 positions and consolidating related functions rationally so that more can be done with less. The IG hugely reduced backlogs in investigations and audits with available resources and now complies with all statutory deadlines. These results and their companion efficiencies form the basis of the IG strategic plan for the next biennium.

Effectiveness

The IG discontinued practices and programs which were off-mission, inappropriate, or inefficient. The office instituted new operational policies and practices that promote efficiency and has just launched a Rapid Process Improvement initiative to gain further economies of scale and improve the productivity of mission-critical functions within available resources. These efforts will reach full fruition in the next two years and are expected to produce additional measurable improvements in performance by focusing on return on investment of core functions, business

processes, technology, and staff capacity-building as areas of continuous improvement.

Excellence in Customer Service

The IG has repaired an array of broken relationships with stakeholders, which has allowed a rapid increase in customer service effectiveness. All IG employees are professional and respond rapidly to public inquiries, complaints, and requests in a timely and complete manner. The redesigned website contains statutorily required information. Frequent meetings with stakeholders, listening tours, and better and more accessible information and training have become the norm. The strategic plan builds upon this ethic of excellence in customer service by investing in the development and retention of high-performing staff, with a strong emphasis on responsive customer service, communications, and stakeholder outreach.

Transparency

The IG strives to make its operations as transparent and as plainly stated as possible through quarterly reports that include information about activities conducted by each division and cost savings and dollars recovered. The website allows stakeholders easy access to the online reporting portal and provider information and training. The strategic plan continues and enhances these strategies so that all that the IG does is clear, transparent, and understandable by all Texans.

Other Considerations for Goal 6

For each action item above, the IG has developed a rigorous business planning process with much greater detail. However, that information—i.e. division-level details, audit plans and reports, performance metrics, milestones and progress reports on key initiatives—can be found on the IG's website and quarterly reports.

Since much reform and restructuring has been completed and a core leadership team has been put in place, the IG has prioritized:

- Continued excellence in execution within the audit, investigations, and inspections divisions;
- Implementing legislative changes and participating in the Transformation process;
- Improving the use of data analytics and performance metrics and dashboards;
- Establishing new Inspections and Data and Technology Divisions and a new Medical Services Office;
- Investing in the recruitment, development, and retention of high-performing staff;
- Launching an Integrity Initiative and improving the Integrity Line to connect with MCOs, providers, and the public in a new community policing model;
- Focusing on innovative managed care oversight strategies; and

- Strengthening outreach and partnerships with key stakeholders such as legislative leaders, the provider community, and federal and state partner agencies.

Goal 7: Improve the effectiveness and efficiency of system oversight and program support.

Action Items

Action Item 1: Improve services and accountability through organizational transformation and monitoring for efficiency and effectiveness of the consolidated functions as an ongoing process through 8/31/2021.

Action Item 2: Consolidate support services for better coordination and performance by 9/1/2016, with continuing focus on consolidation as determined feasible.

Action Item 3: Ensure efficient, consistent, and correct controls in procurement and contracting by 9/1/2017.

Action Item 4: Discover, understand, access, use, and share accurate data and information to improve decision-making and service delivery by 8/31/2021.

Action Item 5: Provide guidance and support to agencies to ensure equitable and appropriate delivery of programs and services to improve outcomes for all people through 8/31/2021.

Action Item 6: Improve behavioral health coordination and provide broad oversight and consultation among state agencies, local governments, and other entities to ensure a strategic statewide approach to providing services.

How Goal 7 and Its Action Items Support Statewide Objectives

Accountability

The organizational transformation of the HHS System as directed by the Legislature will create a system that is easier to navigate for people seeking information, benefits, and services; align with HHS' mission, business, and statutory responsibilities; break down operational silos to create greater program integration; create clear lines of accountability within the organization; and develop clearly defined and objective performance metrics for all organizational areas.

The consolidation of these services is occurring through the creation of a Chief Operating Officer position to which all support service areas, along with Transformation and Policy and Performance functions, are now reporting. This will

ensure that administrative services remain connected to service delivery, and it will ensure a culture of continuous improvement based on data-driven decisions.

HHSC's Procurement and Contracting Services (PCS) will be transparent by strengthening the division through consolidation of all contract and procurement staff from all HHS System agencies. Additionally, contracts will be assigned to trained, certified managers, per Texas Government Code Section 2262.053.

Other program areas will benefit through having functioning data governance and warehouse projects that will allow the HHS System to be accountable for performance, because accurate data will be available for assessment of success and informed decision-making.

Finally, in 2015, Article IX, Section 10.04 of the 2016–2017 General Appropriations Act (84-R) created the Statewide Behavioral Health Coordinating Council, comprised of 18 state agencies that receive state funding for behavioral health services, to ensure these funds are spent efficiently and effectively. Per requirements, the Council has created a five-year strategic plan and is now developing a coordinated expenditure proposal documenting support of the plan to ensure that behavioral health services across the state are not duplicative and work in coordination to ensure high-quality outcomes.

Efficiency

Through the HHS Transformation, the HHS System will become more efficient and better-coordinated. The consolidation of Medicaid and other direct service programs and access and eligibility services into a single division will streamline the delivery of services by reducing fragmentation and will break down operational silos. The transformed system will also improve coordination between direct services programs and state-operated facilities.

Consolidation of administrative support functions across the HHS system will enable more effective coordination and consistency in key service areas including: procurement and contracting, legal, facilities management, and budget and financial management.

Effectiveness

The Transformation Office will focus on continuous system improvement and innovation while the Policy and Performance Office will monitor ongoing operations, policy, and data management.

Developing and implementing a system-wide performance management system will include: gathering, measuring, and evaluating performance measures and accountability systems across the HHS system; coordinating development and ongoing refinement of all HHS system performance measures; establishing targeted,

high-level system metrics that measure overall HHS system performance; and coordinating effective reporting of HHS system performance metrics and performance measures for both internal and public audiences.

HHSC will use enhanced data analysis to further support effective system oversight and program support. The data governance and data warehouse projects will improve effectiveness of programs because accurate data will be available for decision-making. In addition, the Center for Elimination of Disproportionality and Disparities works with HHS agencies and programs to ensure that accurate and reliable demographic data are collected, shared, and used to inform program and service delivery.

Excellence in Customer Service

Customer service will also be a focus within the consolidated administrative services structure. Monthly meetings between each programmatic area and the various administrative areas will occur to assure that administrative areas are focused on the programs' needs. The Transformation and Policy and Performance offices will participate to ensure that necessary linkages and coordination are occurring.

One area in particular that is enhancing its efforts around customer service is PCS, which has increased its staff and expertise in the Customer Services Section. This unit not only helps internal customers with all contract questions, but will provide support to the vendor community as well.

Transparency

Transparency has been and will continue to be a key facet of the HHS Transformation efforts. The HHS System will continue to post public information and to seek stakeholder feedback as system changes occur. The new HHS Executive Council will be a place for stakeholder input and visibility into policy initiatives as well as transformation activities. A new rules promulgation process is being developed as an inclusive process for both internal and external stakeholders.

The Chief Operating Officer, responsible for all system administrative services, will be a member of the HHS Executive Council. The council will discuss and receive public comment on system improvements and transformation projects, program operations, legislative appropriations requests, and other items.

Other Considerations for Goal 7

HHSC has no other considerations to report for Goal 7.

Redundancies and Impediments

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
<p>22 Tex. Admin. Code §291.8, Return of Prescription Drugs, and Tex. Occ. Code §562.1085, Unused Drugs Returned by Certain Pharmacists.</p>	<p>The Texas State Board of Pharmacy requires in 22 Tex. Admin. Code §291.8(b)(3)(D) that certain professionals who return unused prescription drugs to a pharmacy send a report about those drugs to HHSC. HHSC receives the reports but cannot make use of the information, since most of it concerns individuals not covered by Medicaid. Screening the reports is impracticable due to limited staff.</p>	<p>Amend Tex. Admin. Code §291.8 and Tex. Occ. Code §562.1085 to remove the requirement that licensed health care workers or consultant pharmacists at assisted living facilities and penal institutions send a copy of their returned unused drug inventories to HHSC. Alternatively, amend the codes to require reports for Medicaid-eligible individuals only.</p>	<p>Current HHSC staff resources dedicated to sorting and reviewing the physical reports submitted by pharmacies could be available for more productive uses. Any legal risk associated with HHSC's receipt of personal health information in physical mailings related to this rule will be eliminated.</p>
<p>HHSC Rider 75 in the GAA. Expanded Primary Health Care Services for Women - Unexpended Balance Authority.</p>	<p>This program will cease to exist on August 31, 2016.</p>	<p>Eliminate</p>	<p>No cost savings</p>

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
<p>Tex. Health & Safety Code § 142.0105. License Renewal. (in Chapter 142, re Home and Community Support Services)</p>	<p>The statute requires that DADS send the renewal notice with an application and instructions. DADS/HHSC would like to refer applicants to existing resources online, saving staff time and money spent in sending packets. Other licensure programs typically send out renewal notices in letter or post card format.</p>	<p>Modify paragraph (c) by striking the last sentence: "Not later than the 120th day before the date a person's license is scheduled to expire, the department shall send written notice of the impending expiration to the person at the person's last known address according to the records of the department."</p>	<p>DADS/HHSC would save significant paper, printing, and mailing costs, in addition to reducing staff time to process paper applications.</p>

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
<p>Tex. Health & Safety Code § 260A.007. Investigation and Report of Department.</p>	<p>Subsection (k) requires that DADS send law enforcement a written report of every investigation triaged as a Priority One (P1) complaint, for which DADS must initiate the investigation within 24 hours of receipt, for Nursing Facilities (NFs) and Assisted Living Facilities (ALFs). Law enforcement may join DADS when notified that DADS will enter the facility to investigate. Law enforcement sees no value in receiving reports on non-substantiated allegations.</p>	<p>Repeal Subsection (k) of Tex. Health & Safety Code § 260A.007. DADS/HHSC will continue to follow Tex. Hum. Res. Code § 48.1522, providing written reports for all substantiated acts of abuse, neglect and exploitation to local law enforcement.</p>	<p>In calendar year 2015, DADS/HHSC investigated 1,715 P1s for NFs and ALFs and substantiated about 20%. Eliminating this requirement would decrease the task's workload by 80%, saving about \$9,500 in salary costs and/or allowing staff to focus on tasks affecting CMS performance standards.</p>

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<p>Tex. Health & Safety Code § 551.041. Medical and Dental Treatment.</p>	<p>Statute requires SSLCs to seek outside approval even when expertise lies in-house. Statute also requires consent for dental treatment to involve two physicians and one dentist, when discussions regarding dental procedures should be guided by individuals with knowledge of dentistry. Statute also does not reflect current healthcare practice to allow for the use of physician extenders (such as advanced practice nurses and physician assistants).</p>	<ol style="list-style-type: none"> 1. Remove the requirement that one of the physicians be engaged in private practice. 2. Change the consent for dental treatment to two dentists and one physician. One physician is adequate to review the overall health of the resident and clinical aspects of the procedure. 3. Change the consent for medical treatment to three primary care providers (to include physician extenders), one of whom would be a physician. 	<p>These changes would allow for more efficient protocols and faster response to residents' medical and dental needs. Since the SSLC primary care provider is more familiar with the resident's medical condition(s), it is more effective and efficient for this person to participate in treatment decision-making. Changing the requirement to two dentists would more effectively ensure appropriate dental procedures.</p>

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<p>Tex. Health & Safety Code § 555.002. Forensic State Supported Living Center.</p>	<p>As of May 4, 2016, one resident at Mexia SSLC and zero residents at San Angelo SSLC are classified as high risk alleged offenders, but because a high risk determination can be made at any time, each facility must maintain a separate home to be available at a moment's notice. This results in a practically empty home with full staffing at all times.</p>	<p>Amend Tex. Health & Safety Code § 555.002(a) by either deleting subparagraph (a)(2) in its entirety, or by amending the language in that subsection to allow the resident's interdisciplinary team discretion to determine what level of supervision is appropriate for the resident.</p>	<p>The annual cost associated with maintaining a home to house the one resident is \$290,064. Cost savings are estimated to be roughly \$267,864 per year. Staff and resources currently obligated to this under-utilized home could be reassigned.</p>

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<p>Tex. Health & Safety Code § 533A.032. Long-Range Planning.</p>	<p>The report required by paragraph (c) is generally seen by external stakeholders as being obsolete, evidenced by the lack of feedback received on the report and at public hearings. The report is redundant, since DADS is required to produce similar reports, such as the SSLC Center Long-Term Plan (Rider 39 Report) that was released in January 2015. The report addresses: overview of SSLCs, oversight, infrastructure and systems, stakeholder feedback, and recommendations.</p>	<p>Delete Subsection (c) of the existing statute.</p>	<p>This change would allow the agency to use resources toward other projects and improvements in the SSLC system. The report also requires two public meetings. Repealing it will save resources spent on organizing and conducting meetings with few attendees.</p>

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<p>Tex. Hum. Res. Code Subch. D. Options for Independent Living Program.</p>	<p>Requirements of the Options for Independent Living Program (OILP) conflict with federal requirements by requiring cost sharing for case management services. The AAAs deliver case management services per the OAA, Sec. 315(a)(2)(A), which prohibits states from implementing cost sharing for the services. State general revenue is used as match, subject to federal regulations. State general revenue has not been appropriated for OILP for several years; therefore, OILP services have not been provided and information for the report is not available.</p>	<p>The agency recommends requiring the OILP annual report only when the federal requirements permit cost sharing for case management services.</p>	<p>Each year, DADS prepares a letter to the Governor, Lieutenant Governor, and Speaker of the House stating the reasons for not providing the OILP services or an annual report on the services. This change will reduce staff time spent to meet a state requirement that is currently prohibited by federal regulations.</p>

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<p>Tex. Crim. Proc. Code Chapters 46B, Incompetency to Stand Trial, and 46C, Insanity Defense.</p>	<p>Courts occasionally commit to the state hospitals under 46B or 46C commitments patients who are too impaired neurologically or physically to attain competency or gain capacity. When these patients are committed to the state hospitals they are either not receiving active psychiatric treatment because there are no existing treatments to regain capacity from dementia, acquired or traumatic brain injuries, or severe or profound intellectual disabilities, or they are immediately transferred to a medical facility to treat the patient’s unstable emergency medical condition.</p>	<p>Amend Chapters 46B and 46C of the Tex. Crim. Proc. Code to preclude a forensic commitment to a state hospital if the patient has a primary diagnosis of a neurological condition from which the patient is not expected to recover (including dementia or brain injury) or an immediate medical condition whose acuity would prohibit transfer to a state hospital.</p>	<p>This change would decrease demand on state hospitals. If the demand is reduced, it allows patients to be served more effectively.</p>