



**Texas Health and Human Services Commission
Proposal for Clinical Initiatives for Medicaid Quality Improvement**

The following information is required for any submission under S.B. 1542, 83rd Legislature, Regular Session, 2013. A submission that does not have all required fields (Items 1-4) completed will not be considered.

1. Check one of the following (required). This submission is from:

- Member of the State Legislature
- Executive Commissioner
- Commissioner of the Department of Aging and Disability Services
- Commissioner of the Department of State Health Services
- Commissioner of the Department of Family and Protective Services
- Commissioner of the Department of Assistive and Rehabilitative Services
- Medical Care Advisory Committee*
- Physician Payment Advisory Committee*
- Electronic Health Information Exchange System Advisory Committee*

*If the submission is from an advisory committee, the submitter must be a state staff person who supports that advisory committee. List the meeting date at which this was approved for submission [mm/dd/yyyy].

2. Submitter of Proposal

- Mr.
- Mrs.
- Ms.
- Honorable
- Dr.

First Name **: _____ Middle Name: _____ Last Name **: _____

Mailing Address **: _____

City **: _____ State: TX Zip **: _____

Work Phone **: _____ Work Email **: _____ @ _____ .state.tx.us

** Required

3. Title of Clinical Initiative (required)

Please provide the title of the proposed clinical initiative (no more than one to two short sentences). This title will be used for tracking purposes. [Limit 250 characters]



Texas Health and Human Services Commission
Proposal for Clinical Initiatives for Medicaid Quality Improvement

4. Description of Clinical Proposal (required)

Please provide a brief description of the proposed clinical initiative and the problem or issue it addresses. If there is a target population (e.g. newborns, children with asthma, etc.), please include that information here. Please also describe how it improves the quality of care and cost-effectiveness of the Medicaid program. [Limit 2,000 characters]

5. Additional Details (If applicable)

Please provide additional information related to this clinical initiative you deem important to consider in the text box provided. Feel free to include web links to articles, studies, or other online materials that would be helpful in separate documents and submit them as attachments. [Limit 2,000 characters]



**Texas Health and Human Services Commission
Proposal for Clinical Initiatives for Medicaid Quality Improvement**

6. Expected Outcome(s) (If applicable)

Please describe the expected outcome(s) of the initiative and how the expected outcome(s) will be measured and the data required for that measurement. Include anticipated annual costs and savings. Feel free to include the rationale for the anticipated return on investment. Include any supporting evidence in separate documents and submit as attachments if needed. [Limit 2,000 characters]

7. Implementation Considerations and Timeframes (If applicable)

Please describe potential stakeholders, system considerations, barriers, time-frames, whether this is envisioned as a pilot project, and any other items that might assist HHSC in reviewing how to make this proposal operational. Include any supporting evidence in separate documents and submit as attachments if needed. [Limit 2,000 characters]



**Texas Health and Human Services Commission
Proposal for Clinical Initiatives for Medicaid Quality Improvement**

8. Existing Application/Implementation of a Similar Initiative (If applicable)

If you are aware of implementation of a similar initiative under other state Medicaid or state-operated health care programs, Medicare program, academic medical centers, and private and nonprofit think tanks and research groups, please summarize the information here. Include any supporting evidence in separate documents and submit as attachments if needed. [Limit 2,000 characters]

9. Existing Legislation (If applicable)

Please note any current state or federal regulations that may pertain to this proposal. Please include whether potential funding streams exist for this proposal, such as grants or federal funds not already drawn down. Include any supporting evidence in separate documents and submit as attachments if needed. [Limit 2,000 characters]

10. Please submit supporting documents with this proposal.

For questions, please contact SB1542_Clinical_Initiatives@hhsc.state.tx.us