

## Attachment E - STC Compliance

<b>STC</b>	<b>Subject</b>	<b>Compliance Status</b>
1	Non-discrimination statutes	Waiver operations are in compliance; no deliverable
2	Medicaid & CHIP law, regulations and policy	Waiver operations are in compliance; no deliverable
3	Changes in Medicaid & CHIP law, regulations and policy	Waiver operations are in compliance; no deliverable
4	Impact of changes in federal law, regulation and policy	No changes in federal law, regulation or policy have made it necessary for the State to modify budget neutrality and allotment neutrality agreements during the demonstration period or to seek state legislative changes.
5	State Plan Amendments	The State makes state plan amendments when appropriate.
6	Changes subject to amendment process	Waiver operations are in compliance; no deliverable
7	Amendment Process	Amendment submissions during the demonstration period have complied with these requirements.
8	Extension of Demonstration	The State is providing appropriate documentation through the extension application
8a)	Demonstration Summary and Objectives	
8b)	Special Terms and Conditions (STCs)	
8c)	Waiver and Expenditure Authorities	
8d)	Quality	
8e)	Compliance with the Budget Neutrality Cap:	
8f)	Interim Evaluation Report	
8g)	Demonstration of Public Notice 42 CFR §431.408	
9	Demonstration phase-out	Not applicable
10	CMS Right to Terminate or Suspend	Not applicable
11	Withdrawal of waiver authority	Not applicable
12	Adequacy of infrastructure	Waiver operations are in compliance; no deliverable
13	Public Notice, Tribal Consultation, and Consultation with Interested Parties	Waiver operations are in compliance; no deliverable
14	Post Award Forum	Since program inception, HHSC has provided the opportunity for public comment on updates to the demonstration at least annually, during HHSC Council meetings, HHSC stakeholder forums, or Medical Advisory committee Meetings. The State did not document all forums in the quarterly reports; however, forums

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		were documented in the 2014 Q4 & Annual report and the 2015 Q1 report. The State will continue to include this documentation in future reports.
15	Federal Financial Participation	Not applicable
16	STAR+PLUS 217-Like HCBS Eligibility Group	Waiver operations are in compliance; no deliverable
17	Transition of existing 1915(b) and 1915(c) programs	Waiver operations are in compliance; no deliverable
18	Description of managed care expansion	Geographic expansion completed March 1, 2012
19	Medicaid Rural Service Area	Waiver operations are in compliance; no deliverable
20	Managed Care Requirements	Waiver operations are in compliance; no deliverable
	Data requirements	Fulfilled by the quarterly report; attachment B, template Part IV
	State Advisory Committee	The Statewide Managed Care Advisory Committee has been in operation since 2013, 83rd legislature. The committee meets quarterly.
	MCO participant advisory committees	The contract states that the MCO must establish and conduct quarterly meetings with Members. MCO must maintain a record of Member Advisory Group meetings, including agendas and minutes, for at least three years.
	Independent Consumer Supports System (ICSS)	Plan submitted to CMS 5/1/14; updated February 6, 2015 and submitted to CMS February 9, 2015.
	Reporting and evaluation of ICSS	The State has reported on the ICSS in subsequent quarterly reports. 2015 Quarter 2 was submitted May 29, 2015. This evaluation has not been incorporated into the overall evaluation since the plan is pending CMS approval as of the date of this report.
21	Managed care delivery systems	Waiver operations are in compliance; no deliverable
22	Readiness Review for 9/1/14 and 3/1/15 expansions	
b.(i).	Submit list of deliverables and submissions that will be requested from health plans to establish their readiness	Submitted on: 7/3/14; 12/18/2014; 5/01/2014

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b.(ii).	Submit plans for ongoing monitoring and oversight of MCO contract compliance	Submitted on: 7/3/14; 12/18/2014
b.(iii).	Submit contingency plan for addressing insufficient network issues	Submittals 7/3/14; 12/18/2014
b.(iv).	Submit plan for the transition from the section 1915(c) waiver programs to the STAR+PLUS HCBS program	Submitted 1/10/2014. Revised and submitted responses to CMS questions on 5/29/2014
b.(v).	Submit documentation regarding network adequacy	Submitted 7/3/2014 for the September 1, 2014 expansion and 12/18/2014 for the March 1, 2015 Nursing Facility expansion
b.(vi).	Submit proposed managed care contracts or contract amendments, as needed to implement the STAR and STAR+PLUS	Submitted to CMS on December 17, 2013. Approved by CMS
b.(vii).	Submit amendment to the Community Based Alternatives (CBA) section 1915(c) waiver (TX 0266) to allow beneficiaries to transition to STAR+PLUS	Submitted to CMS on June 3, 2014. Approved by CMS
j.	Call Center Response Statistics	Available for CMS upon request
1.	State Review of Beneficiary Complaints, Grievances, and Appeals	Waiver operations are in compliance; no deliverable
23	Contracts	Waiver operations are in compliance; no deliverable
24	Network Requirements	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports
24(e)	Provide adequate assurances that it has sufficient capacity to serve the expected enrollment in its service area	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports
24(e)(i)	State must provide supporting documentation to show that the MCO offers an adequate range of preventive, primary, pharmacy and specialty services care for the anticipated number of enrollees in the service area.	
24(e)(i)(A)	The MCO's Demonstration population enrollment	
24(e)(i)(B)	Service utilization based on the Demonstration population's characteristics and health care needs	
24(e)(i)(C)	The number and types of primary care, pharmacy, and specialty providers available to provide covered services to the Demonstration population	
24(e)(i)(D)	The number of network providers accepting the new Demonstration	

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	population	
24(e) (i)(E)	The geographic location of providers and Demonstration populations, as shown through GeoAccess or similar software and identified according to the requirements contained in the State's MCO contract	
24(e) (iii)	State must submit documentation any time a significant change occurs in the health plan's operations that would affect adequate capacity & services.	
25	Enrollment Broker Monitoring	Report received from MAXIMUS by the 15th calendar day following the report month. The State submits report to CMS within 10 days of receipt.
26	Notice of Change in Implementation Timeline	General waiver operations are in compliance; no deliverable
27	Revision of the State Quality Strategy and required monitoring activity	Waiver operations are in compliance; last CMS approval was June 17, 2014; seeking approval of amendment to update attachment D
28	Eligibility groups affected by demonstration	Waiver operations are in compliance; no deliverable
29	Demonstration expansion population	Waiver operations are in compliance; no deliverable
30	Populations not affected	Waiver operations are in compliance; no deliverable
31	Enrollment	Waiver operations are in compliance; no deliverable
32	Disenrollment or transfer	Waiver operations are in compliance; no deliverable
33	Benefits	Waiver operations are in compliance; no deliverable
34	Self-referral	Waiver operations are in compliance; no deliverable
35	FQHCs and RHCs	Waiver operations are in compliance; no deliverable
36	EPSDT	Waiver operations are in compliance; no deliverable
37	Marketing and information	Waiver operations are in compliance; no deliverable
38	Fair hearing procedures	Waiver operations are in compliance; no deliverable
39	STAR and STAR+PLUS Reporting Requirements	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports

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39(a)	Quarterly Progress Report	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports
39(b)	Bi-Annual	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports

39(c)	Annual Report - CAHPS survey by SFY	The State met these requirements through submission of the required quarterly, bi-monthly and annual progress reports
40	Implementation of the Children's Dental Program	Waiver operations are in compliance, although quarterly dental stakeholder meetings have not occurred as the result of the absence of a dental director. Alternate communications activities with dental stakeholders have been noted in previous progress reports.
41	Operations of STAR+PLUS HCBS program	
41.a	Compliance with specified HCBS requirements	Waiver operations are in compliance with all 1915(c) federal regulations that apply to the 1115 waiver.
	Regional roll-out and transition	Implementation occurred and notices provided as required. CBA transition plan submitted to CMS 01/10/2014
	Determination of benefits	Waiver operations are in compliance; no deliverable
	Eligibility	
	Freedom of choice	
	Service plan	

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	Benefit package	
	Self-direction of HCBS	
	Fair hearing	
	Participant safeguards	Proposed amendment to update Attachment G submitted to CMS on 4/17/2015; pending CMS approval
42	Quality Improvement Strategy	Proposed amendment to update Attachments D and E submitted to CMS on 4/17/2015; pending CMS approval
43b	Quarterly Report for funding of all pools to hospitals	In compliance: payment report submitted each quarter
43c	Removal of all supplemental payments from State Plan	Waiver operations are in compliance; State Plan Amendment approved on 02/08/2012
44	Uncompensated Care Pool	Waiver operations are in compliance. STC 44(a)(i)(A) has not been delivered by September 30 <sup>th</sup> of each year as there have been delays in the receipt/processing of the DY1, DY2 and DY3 UC Tools. CMS was made aware of these delays. The State will meet the September 30 <sup>th</sup> deadline beginning in DY4 (September 2015).
45	DSRIP Pool	In compliance: RHP plans submitted 3/31/12, 8/31/12 and 10/31/12 according to requirements
47(a)	Assurance of Budget Neutrality	In compliance: assessment of budget neutrality submitted to CMS each year: 10/02/2012, 10/03/2013, 10/17/2014
48	Transition Plan for Funding Pool	Submitted to CMS on March 24, 2015.
49	1115A Duals Demonstration savings	Demonstration began in March 2015. Information submitted with quarterly report on 5/29/15.
50	Quarterly Expenditure Reports	The State has submitted the quarterly CMS 64 reports with expenditure information for the Demonstration via the CMS reporting system.

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51	Expenditures subject to Title XIX BN expenditure limit	Waiver operations are in compliance; no deliverable
52	Reporting Expenditures in the Demonstration	The State's processes for reporting information required under this STC are in compliance.
53	Reporting Member Months	The State met these requirements through submission of the required quarterly progress reports
54	Standard Medicaid and CHIP Funding Process	The State's processes for reporting information required under this STC are in compliance.
54(a)	Standard Medicaid and CHIP Funding Process (CMS-37 for MAP and ADM is submitted 45 days prior to the beginning of each quarter) CMS-64 submitted within 30 days after each quarter	The State's processes for reporting information required under this STC are in compliance.
54(b)	Standard Medicaid Funding Process the state must estimate matchable M-CHIP expenditures on CMS-37 and estimates of expenditures for the M-CHIP childrens demonstration population. Within 30 days after the end of each quarter, the state must submit the Form CMS-61.21 U-Waiver quarterly CHIP expenditure report.	The State's processes for reporting information required under this STC are in compliance.
55	Extent of FFP for the demonstration	Waiver operations are in compliance; no deliverable
56	Sources of Non-Federal Share	Waiver operations are in compliance.
57	Limit on Title XIX and XXI funding	Waiver operations are in compliance; no deliverable
58	Risk	Waiver operations are in compliance; no deliverable
59	BN expenditure limit	Waiver operations are in compliance; no deliverable
60	Future adjustments to BN limit	Not applicable
61	Enforcement of Budget Neutrality	Not applicable
62	Exceeding BN	Not applicable
63	Future Managed Care Rates	The State will submit the required reports by 12/31/15 and in September 2016.
64	General Financial Requirements	Waiver operations are in compliance; no deliverable

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65	Reporting Requirements Relating to Budget Neutrality State	Waiver operations are in compliance; no deliverable
66	Monthly Monitoring Call	The State has participated in monthly conference calls with CMS over the course of the demonstration period.
67	Demonstration Quarterly Reports	The State has complied with quarterly reporting requirements over the course of the demonstration
68	Demonstration Annual Report	Report submitted annually, 11/29/2012; 12/13/2013; 1/28/2015.
69	Transition Plan for Expansion of Medicaid Eligibility	Not applicable
70	Submission of a Draft Evaluation Plan	Draft evaluation plan submitted to CMS on 04/03/2012.
71	Final Evaluation Design and Implementation.	The State submitted the final evaluation plan to CMS on 07/20/2012 and has provided updates in subsequent quarterly and annual reports.
72	Evaluation Reports	The State is submitting the interim evaluation report with the extension application on September 30, 2015.
73	Cooperation with Federal Evaluators	State will comply as required.