

Regional Healthcare Partnership 9  
Texas Healthcare Transformation and Quality Improvement Program

**THREE-YEAR DELIVERY SYSTEM REFORM INCENTIVE  
PAYMENT (DSRIP) PROJECTS  
INFORMATION, GUIDE, AND PROJECT PROPOSAL PROCESS**

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## I. INTRODUCTION

### *Texas Healthcare Transformation and Quality Improvement Program*

In December 2011, the Texas Health and Human Services Commission (“HHSC”) received approval for a waiver of certain federal Medicaid requirements under Section 1115 of the Social Security Act. The Texas Healthcare Transformation and Quality Improvement Program Medicaid 1115 Waiver (“the Waiver”) is a five-year demonstration program beginning October 1, 2012 and extending until September 30, 2016.

The Delivery System Reform Incentive Program (“DSRIP”) is a major component of the Waiver. For the DSRIP program, HHSC has defined twenty regions in Texas that define the geographic boundaries of Regional Healthcare Partnerships (“RHPs”). RHP 9 consists of three counties—Dallas, Denton and Kaufman. The participants in each region are charged with developing a regional plan identifying partners, assessing community needs, proposing projects to address the community needs and developing funding distribution. Each RHP has one anchoring entity which acts as the primary point of contact for HHSC in the region and responsible to serve as an administrative extension of HHSC with respect to the regional activities. In RHP 9, Parkland Health and Hospital System (Parkland) serves as the anchoring entity.

Under the Waiver, each RHP is required to develop a community needs assessment. The RHP plan is then developed by establishing intervention projects, subject to the Program Funding and Mechanics (“PFM”) Protocol for the Texas 1115 Transformation Waiver as revised effective April 4, 2013, which are to be implemented by “performing providers” and that are designed to achieve measurable clinical outcomes. Each intervention project must be aligned with a defined community need. Additionally, each project must have an established Intergovernmental Transfer Entity (“IGT”) that will provide the non-federal funding component required to fund the project.

### *Three Year DSRIP Projects*

Each RHP in Texas is in the process of developing a Plan, the most current formal draft plan was submitted to HHSC in April 2013. The regional plans are in a formal review and approval process which began in May 2013 and is expected to be completed by March 31, 2014. The DSRIP projects in the existing developmental plan are structured as four-year projects starting on October 1, 2013 and concluding on September 30, 2016. (See Appendix F for the current RHP 9 four-years projects.)

The PFM provides for a process by which an RHP can amend its Plan to include new projects financed by new or existing IGT entities. The new projects will be 3 years in duration (Three-Year Projects) beginning in Demonstration Year 3 (October 1, 2013). On June 28, 2013, HHSC published in the *Texas Register* proposed rule language to govern this plan amendment process. The new rule, which will be adopted by September 1, 2013, is presented as Appendix A.

It is expected that the new Three Year Projects will not duplicate or substantially infringe on existing projects, will further address areas of unmet Community Need and will expand and improve on the achievement of the regional goals.

The New Three-Year Projects will conform to the same standards and requirements associated with the Four-Year Projects, with two exceptions:

- A subset of the RHP Planning Protocol menu of project options will be available for the Three-Year Projects. Based on the informal information provided by HHSC, the expected available project menu options are presented in Appendix E.
- Each proposed project must be ready for immediate implementation. Accordingly, the projects must include milestones that represent implementation activities beginning the DY 3 (not just planning activities).

Because the actual total dollar amount of the remaining regional funding allocation pool will not be known until late in calendar 2013 (or potentially early calendar 2014), each region will be requested to submit a prioritized listing of new projects by October 31, 2013. The Three-Year Project protocol calls for the regions to use a scoring methodology as the basis identifying the degree to which each project would contribute to the regional goals. And, to assure fairness and consistency in the development of the prioritized list, a rotational process based upon IGT source is to be used to compile the list for submission.

Once the allocated funding availability is established, an allocated funding pool for RHP 9 will be established. The projects from highest priority down will be eligible to submit formal project proposals until the allocated funding pool is depleted. It is expected that the formal project submission process will begin in December 2013.

### ***Community Health Needs Assessment***

As required by the PFM, the RHP 9 Plan contains a Community Needs Assessment. HHSC and CMS have a sustained interest that new projects focus and expand efforts to promote the achievement of regional goals that address Community Needs. Before considering the development of new Three-Year Projects, the prospective performing provider would be advised to read (or reread) the Community Needs Assessment to assure that proposed projects are targeted to address the needs specific to RHP 9.

### ***IGT Entity Funding Source***

In order to be included in an RHP Plan, each project must have an eligible performing provider and a committed IGT entity to provide the non-federal component of the project funding. While RHP 9 will entertain New Three-Year Project proposals from prospective performing providers without a committed IGT affiliate, no projects without a committed IGT affiliate will be included on the RHP 9 prioritized New Three-Year Project list submitted to HHSC in October 2013.

The process that RHP 9 will use to entertain and prioritize Three-Year Project proposals is described in Section II of this document.

## II. PROJECT PROPOSAL AND PRIORITIZATION PROCESS

Based on the proposed guidance from HHSC for RHP Plan modification including the addition of new Three-Year Projects, RHP 9 has established a regional process to consider new DSRIP projects and establish the prioritized list of projects to submit to HHSC as required by October 31, 2013.

The process consists of the following steps:

1. Prepare and circulate this guide *Information, Guide, and Project Proposal Process* that will provide the information, guidance and submission package to enable a prospective new or existing provider to:
  - a. Evaluate the opportunity to propose a new RHP 9 DSRIP project,
  - b. Consider and determine the best project options and project concepts to submit, and
  - c. Complete and submit the New Three-Year Project package by **September 13, 2013**, the RHP 9 submission deadline
2. The anchoring entity will collect and compile the submitted New Three-Year Projects.
3. Conduct a “*DSRIP-A-THON*” in which the proposed New Three-Year Projects will be presented to the RHP 9 existing performing providers and regional stakeholders. The review participants will have the opportunity to raise questions and provide observations and the presenters may field and response to the questions. Based on the feedback received in the interactive DSRIP-A-THON session, performing providers may submit revisions to their projects by September 25, 2013. The target date for the *DSRIP-A-THON* will be the week of **September 16, 2013**. (DSRIP-A-THON was conducted on September 18, 2013 from 2:30 to 5:30 p.m.)
4. On the basis of the presentation, dialog, and committed project revisions, one designated representative from each performing provider and stakeholder organization will complete a project rating grid. The names of the scoring representatives will be obtained by the Anchoring Entity. Scoring grids will be completed and submitted to the Anchoring Entity by October 16, 2013.
5. The Anchoring Entity will compile the *scoring* grids for each of the New Three-Year Projects and establish a composite score for each project which will be compared to the self-assessed project rating score from the proposing performing provider. The scoring process will be completed by October 16, 2013.
6. The project scoring will be reported to the RHP performing providers and stakeholders on ***or before October 16, 2013***.
7. Prepare the prioritized project list using a rotational basis according to IGT entity. The RHP 9 IGT Entities associated with New Three Year Projects will use an alphabetic basis, by entity name, to perform the rotation. Each IGT entity, in rotational order, will submit its affiliated performing provider’s top rated New Three-Year Project to the list. The rotation will continue until all projects have been submitted to the list. This will occur on or before October 18, 2013.
8. Project withdrawals will be permitted at any stage of the process. An explanation and reason for the withdrawal must accompany the withdrawal request.

9. The prioritized New Three-Year Project list will be posted and presented at a Public Forum. Comments from the public will be compiled and considered. The Public Forum will be conducted on October 24, 2013 at 6:00 p.m. at the Dallas County Commissioners Court.
10. The finalized prioritized New Three-Year Project list will be submitted in accordance with the requirements and submission date on or before October 31, 2013.

### **III. PROJECT PROPOSAL PACKAGE AND INSTRUCTIONS**

The New Three-Year Project Proposal package consists of a completed New Three-Year Project Proposal Form, a Self-Evaluation Project Rating Grid, a Signed/Dated Commitment Statement from the IGT Entity (if different from the performing provider) and any Supplemental Material that the prospective performing provider elects to include. Sample Proposal Package forms are presented in Appendix G.

#### ***New Three Project Proposal***

The project proposal form requires completion of key elements that are required for all DSRIP projects. The form is intended to capture a high-level understanding of the proposed project with a specific focus on the intended transformational impact of the project, how it will address community needs and how it will impact the Medicaid and low income population. The proposal must identify the Category 3 Outcome Measures that will be associated with the project. And the project form requires that the proposed project values be provided for Category 1 / 2, Category 3 and Category 4, if applicable. Appendix B provides references and citations that may be helpful to support project proposal development.

#### ***Three-Year Project Self Evaluation***

This grid is to be completed by the prospective performing provider and will be compared to the representational scoring performed by the RHP 9 performing providers and stakeholders. This grid is intended to facilitate an internal assessment of the merits of the project before it is submitted. The grid contains scoring guidance and a general scoring frame.

#### ***Signed/Dated Commitment Statement***

To assure the IGT affiliation status of the proposed project, a signed and dated statement is required. The statement is only required if the IGT entity is different than the performing provider. The statement must specify the project and the proposed project value for which the IGT entity will commit to provide the non-federal funding component.

#### ***Submission***

The Project Proposal Packages must be submitted by email to Jody Springer at [jody.springer@phhs.org](mailto:jody.springer@phhs.org) by 5:00 p.m. on September 13, 2013. Late proposals may be considered on a case-by-case basis. However, no new project proposals will be accepted after the DSRIP-A-THON session.

Following the DSRIP-A-THON, project revisions may be submitted to the Anchoring Entity by October 4, 2013. All efforts will be made to conduct as inclusive a process as is possible.

**IV. APPENDICES**

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## APPENDIX A

### HHSC Proposal – Process for Adding Three-Year DSRIP Projects Under the Texas Healthcare Transformation and Quality Improvement Program

<http://www.hhsc.state.tx.us/1115-docs/Adding3YrProjects.pdf>

HHSC Proposal

July 1, 2013

#### Process for Adding Three-Year Delivery System Reform Incentive Payment (DSRIP) Projects Under the Texas Healthcare Transformation and Quality Improvement Program

##### Background

Section VII, Paragraph 31 of the Program Funding and Mechanics (PFM) Protocol for the Texas 1115 Transformation Waiver, as revised effective April 4, 2013, states the following:

##### Adding New Project for Demonstration Year 3

A Regional Healthcare Partnership (RHP) may amend its plan to include new projects financed by either new or existing Intergovernmental Transfer (IGT) Entities that are implemented by either existing and/or new Performing Providers. These projects shall be 3 years in duration, beginning in Demonstration Year (DY) 3. Projects added for DY 3 may be selected from Categories 1, 2 or 3 of Attachment I, "RHP Planning Protocol" and are subject to all requirements described herein and in the Special Terms and Conditions (STCs). Newly added hospital Performing Providers shall be required to report Category 4 measures according to Section III, "Key Elements of Proposed RHP Plans". Plan modifications related to adding new projects must be submitted to HHSC by a date within DY 2 specified by HHSC. HHSC will further define the process for adding additional projects and submit this process to CMS for review by no later than July 1, 2013. The RHP shall ensure that incentive payments for the new projects comply with Section VI "Disbursement of DSRIP Funds."

##### Texas Proposed Administrative Rules

On June 28, 2013, the following proposed rule language was published in the *Texas Register* for public comment regarding the process for RHPs to modify their plans to add three-year projects. The rule will be adopted by September 1, 2013 and provides a high level overview of the process HHSC proposes to follow to accept and review new three-year DSRIP projects.

##### **§354.1635. RHP Plan Modification.**

(a) The plan modification process begins once all RHP plans receive initial CMS approval as described in §354.1622(e). This process allows for RHPs and the State to utilize unclaimed RHP allocations.

(b) If an RHP does not utilize its entire allocation for the second demonstration year, the remaining allocation can be utilized by HHSC for state initiatives. These initiatives must be accomplished through the DSRIP program.

(c) If an RHP does not utilize its entire allocation for the third, fourth, and fifth demonstration year, that RHP may propose three-year DSRIP projects.

(1) Each RHP must submit a list of all DSRIP projects from which the three-year DSRIP projects are selected.

(A) Each three-year DSRIP project on the list must be chosen from a subset of the RHP Planning Protocol as determined by HHSC.

(B) Each three-year DSRIP project on the list must be ready for immediate implementation upon approval.

(C) An RHP must prioritize the three-year DSRIP projects based on regional needs except that the listed projects must alternate by affiliated IGT entity.

(D) Each three-year DSRIP project must identify and have written confirmation of the IGT source.

(E) Each three-year DSRIP project must demonstrate significant benefit to the Medicaid and indigent populations

(2) Based on the amount of RHP allocation remaining for each RHP after CMS provides final valuation approvals, some three-year DSRIP projects on the priority list will be reviewed for addition to the RHP plan.

(d) If an RHP is unable to utilize the remaining allocation in accordance with subsection (c), the remaining allocation may be utilized by HHSC.

(e) If DSRIP funds are still available following HHSC action in subsection (d), the remaining funds are redistributed to the RHPs that utilized their full RHP allocation. The funds are proportionately allocated to RHPs based on their share of the original allocation as described in §354.1634(b). The process for determining allocations to providers within an RHP will be the same as described in §354.1634(g). To receive redistributed funds, an RHP must continue to meet the broad hospital and minimal safety net hospital participation levels as described in subsection §354.1634(d)(2)(C) and (D).

**Project Prioritization within Each RHP**

Since it is not yet known how much of its original DSRIP allocation each RHP will have remaining for three-year projects, HHSC proposes that by mid-September 2013 by a date specified by HHSC, each RHP submit a prioritized list of possible new three-year DSRIP projects. As noted in the proposed rule, in order to prevent one or more entities from dominating the prioritization process, each RHP must prioritize the three-year DSRIP projects based on regional needs except that the listed projects must alternate by affiliated IGT entity.

HHSC and CMS encourage broad participation in DSRIP by all allowable DSRIP providers, including hospitals (public and private), physician groups (public and private), community mental health centers, and local health departments. Any of these types of providers may propose a new three-year DSRIP project within an RHP and each proposed project is to be reviewed to determine how well it addresses one or more of the community needs of the RHP and complements the projects already underway in the RHP.

Each RHP must hold a public meeting prior to submitting to HHSC its prioritized list of three-year projects and must post the proposed list prior to the meeting. When the prioritized list is submitted, the RHP also is to submit a description of the processes used to engage and reach out to potential DSRIP performing providers in the region along with public stakeholders and consumers. The submission also must describe the regional approach for evaluating and prioritizing projects. The submission must include as an appendix a list of the projects that were considered but not selected, regardless of whether they had an identified IGT source.

#### **Formal Project Submission and Review**

By a date in October 2013 specified by HHSC, each RHP must submit the full projects proposed as new three-year projects. HHSC will review these projects and work to provide initial State approval no later than December 31, 2013. In early 2014, CMS also will review the State-approved projects and confirm its approval by March 1, 2014, prior to the first DY 3 reporting opportunity in April 2014.

#### **Requirements for Three-Year Projects that Begin in Demonstration Year 3**

Each proposed three-year project must meet the following requirements:

- Represent an intervention that is in response to community needs identified in the RHP's needs assessment specific to Medicaid and indigent populations.
- Be on the RHP Planning Protocol DSRIP menu and not an "Other" project option and also not include "Other" Category 3 outcome(s).
- Include quantifiable patient impact milestones in DY 4 and DY 5 that include the Medicaid/ indigent quantifiable impact.
- Submitted along with a completed DSRIP Electronic Workbook.
- The following project options will not be allowed for three-year projects: 2.4 "Redesign for Patient Experience"; 2.5 "Redesign for Cost Containment"; and 2.8 "Apply Process Improvement Methodology to Improve Quality/Efficiency." Project area 1.10 "Enhance Performance Improvement and Reporting Capacity" is only allowable for projects that focus on DSRIP learning collaboratives.
- Projects under 1.9 "Specialty Care Capacity" must include a minimum focus of 40% Medicaid and indigent, unless a compelling justification can be made for a lower threshold.

- Include milestones that represent implementation activities beginning in DY 3 (not just planning activities).

Additionally, certain milestones may be edited, added to, or removed from the RHP Planning Protocol. HHSC will propose these updates to CMS in order for the revised RHP Planning Protocol to be finalized no later than September 1, 2013.

## APPENDIX B

### DSRIP Program References

#### HHSC References

- **Medicaid 1115 Waiver Website** <http://www.hhsc.state.tx.us/1115-waiver.shtml>
  
- **Program Funding and Mechanics Protocol:**

Changes to the Program Funding and Mechanics protocol are effective April 4, 2013, specific to Centers for Medicare and Medicaid review of Regional Healthcare Partnership Plans. HHSC and CMS have agreed to a phased approval process for DSRIP projects to enable timely initial approval of most projects.

  - [Stakeholder message](#) (posted 4/8/2013)
  - [Revised PFM Protocol](#) (posted 4/8/2013)

A [summary of the DSRIP Project Requirements](#) (posted 8/31/2012) also is available.
  
- **Regional Healthcare Partnership (RHP) Planning Protocol**

CMS has granted [final approval](#) of this [Regional Healthcare Partnership \(RHP\) Planning Protocol document \(PDF\)](#). This document was updated Oct. 1, 2012, to include minor [technical corrections \(PDF\)](#). The protocol provides the menu of project options approved by HHSC and the Centers for Medicare & Medicaid Services (CMS) that contribute to delivery transformation and quality improvement. The only projects eligible for payments from the DSRIP pool are those contained in this menu that are implemented as outlined in an RHP Plan approved by HHSC and CMS, with corresponding measures, milestones and performance improvement targets. The links below open individual sections of the approved protocol and include the Oct. 1, 2012 technical corrections.

  - [Introduction – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - [Category 1 – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - [Category 2 – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - [Category 3 – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - [Category 4 – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - [Appendix – RHP Planning Protocol \(PDF\)](#) (posted 10/01/2012)
  - **Draft Revised Category 3 Quality Improvements:** HHSC is sharing the draft revised Category 3 [Menu](#) submitted to CMS for approval, and a [summary document](#) that gives an overview of the proposed revisions to Category 3. This submission by HHSC to CMS is under review at this time; NO action is required by providers.
  - CMS has provided a list of [Category 3 Outcomes that will be acceptable for Workforce Projects](#) (posted 11/2/2012).
  - [Category 4 Guidance](#) (posted 11/12/2012)

- **Quantifiable Patient Impact**

During their DSRIP review and approval processes, HHSC and CMS determined that it would be important to have a consistent method for capturing the quantifiable patient impact (QPI) of each Category 1 and Category 2 project. The process and guidance below was developed to capture the QPI associated with each DSRIP project. This method is expected to be applied to the Three-Year Projects as well.

- **Phase II - FAQs for Completing the Quantifiable Patient Impact Spreadsheets:** [These QPI FAQs](#) (posted 7/15/13) should help answer frequently asked questions about filling out the QPI spreadsheets. Please also remember to read the instructions included in the QPI workbook carefully.
- **Phase II – List of Recommended QPI Metrics by Project Option:** HHSC is providing a list of recommended [Quantifiable Patient Impact \(QPI\) metrics](#) (posted 7/8/2013) to help guide completion of the QPI spreadsheet in Phase II and future RHP Plan submissions.

- **DSRIP Summary / Highlights Reference**

HHSC provided this “one page” overview of the DSRIP program and project requirements <http://www.hhsc.state.tx.us/1115-docs/Summary-of-DSRIP-PFM-Requirements.pdf>

## RHP 9 References

- RHP 9 Website and Plan as submitted in April 2013, under review and revision by HHSC. <http://www.parklandhospital.com/howeare/section-1115/index.html>

## APPENDIX C

### Performing Provider Eligibility Criteria

The PFM specifies performing provider eligibility as presented below:

#### **7. Performing Providers**

Providers that are responsible for performing a project in an RHP Plan are called “Performing Providers.” All Performing Providers must have a current Medicaid provider identification number. Performing Providers that complete RHP project milestones and measures as specified in Attachment I, “RHP Planning Protocol” are the only entities that are eligible to receive DSRIP incentive payments in DYs 2-5. Performing Providers will primarily be hospitals, but CMHCs, local health departments, physician practice plans affiliated with an academic health science center, and other types of providers approved by the State and CMS may also receive DSRIP payments. Physician practices plans not affiliated with an academic health science center may also be eligible as Performing Providers under the “Pass 2” methodology as described in paragraph 28.d.

A Performing Provider may only participate in the RHP Plan where it is physically located except that physician practice plans affiliated with an academic health science center, major cancer hospitals, or children’s hospitals may perform projects outside of the region where the Performing Provider’s institution is physically located if it receives an allocation from that region in accordance with the process described in paragraph 28. In these cases, the project must be included in the RHP Plan where the DSRIP project is implemented. All related DSRIP payments for the project(s) are counted against the allocation of that RHP Plan as specified in Section VI “Disbursement of DSRIP Funds”.

Prospective performing providers that will be new to the DSRIP program should review the above information to determine their eligibility to participate. Any questions as to eligibility will require confirmation by HHSC. Inquiries may be made to HHSC via email to the HHSC Waiver mailbox (TXHealthcareTransformation@HHSC.state.tx.us) with a subject identifying a question as to eligibility to participate as a performing provider.

## APPENDIX D

### Intergovernmental Transfer Entity Criteria

The PFM specifies Intergovernmental Transfer (IGT) entities as presented below:

#### **6. IGT Entities**

Intergovernmental transfer (IGT) Entities are entities that fund the non-federal share of DSRIP payments for an RHP. They include Anchoring Entities, government-owned Performing Providers, community mental health centers (CMHCs), local health departments, academic health science centers, and other government entities such as counties.

An IGT Entity may fund DSRIP, Uncompensated Care (UC), or both DSRIP and UC as long as regional requirements are met, as described in Section VI “Disbursement of DSRIP Funds” and the IGT funding source comports with federal requirements outlined in paragraph 55 of the waiver’s special terms and conditions.

IGT Entities may fund DSRIP projects outside of their RHP Region. Such a DSRIP project must be documented in the RHP Plan where the Performing Provider implementing the DSRIP project is physically located, with a few exceptions described in 7 below.

Additional guidance with respect to IGT entities and public funds was provided by HHSC. This guidance is presented on the pages that follow.

Prospective IGT entities that will be new to the DSRIP program should review both the above and the following information to determine their eligibility to participate. Any questions as to eligibility will require confirmation by HHSC. Inquiries may be made to HHSC via email to the HHSC Waiver mailbox (TXHealthcareTransformation@HHSC.state.tx.us) with a subject identifying a question as to eligibility to participate as a performing provider.



**Intergovernmental Transfer (IGT) Guidelines  
General Principles & Selected Examples**

**General Guidance**

The following general principles represent an attempt to provide high level guidance to entities seeking to generate state match, (i.e., IGT) for funding the 1115 Medicaid waiver. The principles which follow are not intended to be exhaustive. Individual entities involved in arranging financing for Waiver activities are in the best position to know all of the relevant facts to determine if such an arrangement is legal and workable. As such, it is vital that all potential Waiver participants discuss IGT arrangements with their attorneys.

- I. The 1115 Medicaid waiver provides for supplemental funding to certain Medicaid providers in Texas in the form of two new pools: the Uncompensated Care (UC) Pool and the Delivery System Reform Incentive Payment (DSRIP) Pool. In order to receive that supplemental funding, some governmental entity must provide funding to HHSC which will then have those funds “matched” by the federal government and sent to the Medicaid provider designated by the funding governmental entity. The process by which funds are transferred to HHSC for the purpose of a federal match is called an “intergovernmental transfer” or “IGT.”
- II. **Who can transfer funds?** Funds can be transferred by:
  - a. any unit of local government (including, but not limited to, a public hospital, hospital district, county, city, or Local Mental Health Authority); or
  - b. any state agency.
- III. **What funds can be transferred?** There are state and federal restrictions on the types of funds that can be transferred for Waiver purposes. A governmental entity can transfer funds to HHSC if:
  - a. the funds are in the governmental entity’s administrative control;
  - b. the funds are not federal funds;
  - c. the funds are public funds, not private funds;
  - d. there is no statutory or constitutional provision that requires the funds to be used solely for another purpose or prohibits the transfer;
  - e. the transfer satisfies a statutory or constitutional requirement that relates to the funds, including Article III, section 52 of the Texas Constitution or the state General Appropriations Act; and
  - f. the funds are not impermissible provider-related donations.
- IV. **What is a provider-related donation?** A provider-related donation is:
  - a. a voluntary donation from a non-governmentally operated health care provider or entity related to a private health care provider;

- b. in cash or in kind;
- c. made to a governmental entity, whether or not that entity provides for an IGT; and
- d. is directly or indirectly related to a Medicaid payment or other payment to providers.

V. When does a transfer violate provider-related donations regulations? Federal regulations prohibit private health care providers from making donations directly to HHSC or indirectly through another government agency to HHSC. However, federal law recognizes that private providers can undertake to support community activities. Local governmental entities may take that support into account when determining to make an IGT that will be used to fund Medicaid payments to those providers. It is vital that, in such a situation, the existence or amount of an IGT is not contingent upon the existence of such community support or the amount of the community support.

Sources:

Federal Law & Regulations:

[42 USC § 1396a](#)

[42 CFR §433.50, 433.52, 433.54, 433.57, 433.66, 433.67](#)

State Law & Administrative Rules:

[1 TAC §355.8201](#)

[1 TAC §355.8202](#)

## APPENDIX E

### RHP Planning Protocol Options for Three-Year Projects

HHSC and CMS have indicated that a subset of the RHP Planning Protocol Menu items will be available for use for the Three-Year Projects. HHSC is expected to provide formal information regarding the abbreviated menu to be published by September 1, 2013. Based on the informal information provided, the following Category 1 and 2 menu options will be available. HHSC has indicated that “Other” project options within the available sections will not be permitted – all projects will be required to be “on menu”.

The HHSC Waiver website will have the most current menus and information with respect to project options suitable for Three-Year Projects.

| Category 1   | Category 2   |
|--|--|
| 1.1 Expand Primary Care Capacity   | 2.1 Enhance/Expand Medical Homes   |
| 1.2 Increase Training of Primary Care Workforce  | 2.2 Expand Chronic Care Management Models  |
| 1.3 Implement a Chronic Disease Management Registry  | 2.3 Redesign Primary Care  |
| 1.4 Enhance Interpretation Services and Culturally Competent Care  | 2.6 Implement Evidence-Based Health Promotion Program  |
| 1.5 Collect Valid and Reliable Race, Ethnicity, and Language (REAL) Data to Reduce Disparities                                   | 2.7 Implement Evidence-Based Disease Prevention Programs   |
| 1.6 Enhance Urgent Medical Advise  | 2.9 Establish/Expand a Patient Care Navigation Program   |
| 1.7 Introduce, Expand or Enhance Telemedicine/ Telehealth  | 2.11 Conduct Medication Management   |
| 1.8 Increase, Expand and Enhance Dental Services   | 2.12 Implement/Expand Care Transitions Programs  |
| 1.9 Expand Specialty Care (must include a minimum focus of 40% Medicaid and Indigent)  | 2.13 Provide an Intervention for a Targeted Behavioral Health Population to Prevent Unnecessary Use of Services in a Specified Setting |
| 1.11 Implement Technology-Assisted Services to Support, Coordinate, or Deliver Behavioral Health Services                        | 2.14 Implement Person-Centered Wellness Self-Management Strategies and Self Directed Financing Models                                  |
| 1.12 Enhance Service Availability to Appropriate Levels of Behavioral Health Care  | 2.15 Integrate Primary and Behavioral Health Care Services   |
| 1.13 Development of Behavioral Health Crisis Stabilization Services as Alternatives to Hospitalization                           | 2.16 Provide Virtual Psychiatric and Clinical Guidance to Primary Care Providers   |
| 1.14 Develop Workforce Enhancement Initiatives to Support Access to Behavioral Health Providers in Underserved Markets and Areas | 2.17 Establish Improvement in Care Transition from the Inpatient Setting for Behavioral Health Patients                                |

| Category 1 | Category 2  |
|------------|---|
|            | <p>2.18 Recruit, Train and Support Consumers of Mental Health Services to Provide Peer Support Services</p> <p>2.19 Develop Care Management Function that Integrates Primary and Behavioral Health Needs of Individuals</p> |

## **APPENDIX F**

### **RHP 9 Four-Year DSRIP Projects by Project Option**

The following pages presents the projects have been compiled in the RHP 9 Plan, as revised and amended as of August 23, 2013 in response to feedback provided by HHSC and CMS.

When considering the development of new DSRIP projects, care should be taken to not duplicate existing projects in the Plan. While many of the projects are in a state of transition as they move through the review and approval processes, the detailed projects are available for review in the RHP 9 Plan draft dated March 2013. The draft plan can be obtained either from the Parkland Medicaid 1115 Waiver website or through the HHSC Medicaid 1115 Waiver website. Further, contact information for each of the providers is available in the Plan should there be an interest in learning more about existing projects.

## Category 1 -Infrastructure Projects

| Project Option | Section/Option Title   | Project ID     | Category 1 Only       |                       |                      |
|----------------|--|----------------|-----------------------|-----------------------|----------------------|
|                |  |                | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>1.1</b>     | <b>Expand Primary Care</b>   |                |                       |                       |                      |
|                | <b>1.1.1 - Establish more primary care clinics</b>   |                |                       |                       |                      |
|                | Baylor Medical Center at Carrollton  | 195018001.1.1  | 1,173,530             | 600,110               | 600,110              |
|                | Children's Medical Center  | 138910807.1.1  | 13,058,942            | 6,828,278             | 6,828,278            |
|                | HCA Medical City Dallas Hospital   | 020943901.1.3  | 3,521,529             | 1,800,809             | 1,800,809            |
|                | Parkland Memorial Hospital   | 127295703.1.6  | 29,375,855            | 15,360,089            | 15,360,089           |
|                | UT Southwestern Medical Center   | 126686802.1.1  | 8,821,395             | 4,198,937             | 1,758,273            |
|                |  |                | <b>55,951,251</b>     | <b>28,788,223</b>     | <b>26,347,559</b>    |
|                | <b>1.1.2 - Expand existing primary care capacity</b>   |                |                       |                       |                      |
|                | Baylor Medical Center at Garland   | 121790303.1.1  | 1,753,656             | 896,769               | 896,769              |
|                | Baylor Medical Center at Irving  | 121776204.1.1  | 1,497,432             | 765,744               | 765,744              |
|                | Baylor University Medical Center   | 139485012.1.1  | 8,414,068             | 4,302,713             | 4,302,713            |
|                | Children's Medical Center  | 138910807.1.2  | 12,054,408            | 6,303,026             | 6,303,026            |
|                | Parkland Memorial Hospital   | 127295703.1.1  | 29,017,613            | 15,172,771            | 15,172,771           |
|                | Parkland Memorial Hospital   | 127295703.1.2  | 20,598,923            | 10,770,794            | 10,770,794           |
|                | Texas Health Presbyterian Hospital Dallas  | 020908201.1.1  | 5,494,653             | 2,835,557             | 2,835,557            |
|                | UT Southwestern Medical Center   | 126686802.1.2  | 14,996,373            | 7,138,194             | 6,076,938            |
|                |  |                | <b>93,827,126</b>     | <b>48,185,568</b>     | <b>47,124,312</b>    |
| <b>1.2</b>     | <b>Increase Training of Primary Care Workforce</b>   |                |                       |                       |                      |
|                | <b>1.2.1 Update primary care training programs to include training on the medical home and chronic care models, disease registry use for population health management, patient panel management, oral health, and other identified training needs and/or quality/p</b> |                |                       |                       |                      |
|                | UT Southwestern Medical Center   | 126686802.1.7  | 7,467,369             | 3,765,644             | 3,765,644            |
|                | UT Southwestern Medical Center   | 126686802.1.8  | 4,910,295             | 2,446,444             | 2,446,444            |
|                |  |                | <b>12,377,664</b>     | <b>6,212,088</b>      | <b>6,212,088</b>     |
|                | <b>1.2.2 Increase the number of primary care providers and other clinicians/staff</b>  |                |                       |                       |                      |
|                | UT Southwestern Medical Center   | 126686802.1.10 | 7,360,599             | 3,667,253             | 1,800,000            |
|                | UT Southwestern Medical Center   | 126686802.1.9  | 9,239,332             | 4,703,644             | 4,703,644            |
|                |  |                | <b>16,599,931</b>     | <b>8,370,897</b>      | <b>6,503,644</b>     |
| <b>1.3</b>     | <b>Implement at Chronic Disease Management Registry</b>  |                |                       |                       |                      |
|                | <b>1.3.1 - Implement/enhance and use chronic disease management registry functionalities</b>   |                |                       |                       |                      |
|                | Children's Medical Center  | 138910807.1.3  | 12,054,408            | 6,303,026             | 6,303,026            |
|                | Parkland Memorial Hospital   | 127295703.1.3  | 27,405,524            | 14,329,840            | 14,329,840           |
|                |  |                | <b>39,459,932</b>     | <b>20,632,866</b>     | <b>20,632,866</b>    |

## Category 1 -Infrastructure Projects

| Project Option | Section/Option Title   | Project ID    | Category 1 Only       |                       |                      |
|----------------|--|---------------|-----------------------|-----------------------|----------------------|
|                |  |               | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>1.4</b>     | <b>Enhance Interpretation Services and Culturally Competent Care</b>   |               |                       |                       |                      |
|                | <b>1.4.1 - Expand access to written and oral interpretation services</b>   |               |                       |                       |                      |
|                | Parkland Memorial Hospital   | 127295703.1.7 | 26,689,039            | 13,955,203            | 13,955,203           |
|                |  |               | <b>26,689,039</b>     | <b>13,955,203</b>     | <b>13,955,203</b>    |
| <b>1.7</b>     | <b>Introduce, Expand or Enhance Telemedicine/Telehealth</b>  |               |                       |                       |                      |
|                | <b>1.7.1 - Implement telemedicine program to provide or expand specialist referral services in an area identified as needed to the region.</b>   |               |                       |                       |                      |
|                | HCA Medical City Dallas Hospital   | 020943901.1.1 | 5,174,491             | 2,646,086             | 2,646,086            |
|                | HCA Medical City Dallas Hospital   | 020943901.1.2 | 3,606,157             | 1,844,085             | 1,844,085            |
|                | Lakes Regional MHMR  | 121988304.1.2 | 1,791,134             | 993,683               | 993,683              |
|                | Lakes Regional MHMR  | 121988304.2.1 | 3,490,488             | 1,693,343             | 1,693,343            |
|                | UT Southwestern Medical Center   | 126686802.1.4 | 15,878,512            | 7,558,087             | 7,558,087            |
|                |  |               | <b>29,940,782</b>     | <b>14,735,284</b>     | <b>14,735,284</b>    |
| <b>1.8</b>     | <b>Increase, Expand and Enhance Dental Services</b>  |               |                       |                       |                      |
|                | <b>1.8.1 -Establish a multi-week externship program for fourth year dental students to provide exposure and experience in providing dental services within a rural setting during their professional academic preparation.</b> |               |                       |                       |                      |
|                | Texas A&M Health Science Center / Baylor College of Dentistry  | 009784201.1.1 | 2,657,811             | 1,404,843             | 1,404,843            |
|                |  |               | <b>2,657,811</b>      | <b>1,404,843</b>      | <b>1,404,843</b>     |
|                | <b>1.8.6 - The expansion of existing dental clinics, the establishment of additional dental clinics, or the expansion of dental clinic hours.</b>  |               |                       |                       |                      |
|                | Texas A&M Health Science Center / Baylor College of Dentistry  | 009784201.1.2 | 10,502,323            | 4,063,735             | 4,063,735            |
|                |  |               | <b>10,502,323</b>     | <b>4,063,735</b>      | <b>4,063,735</b>     |
|                | <b>1.8.9 - The implementation or expansion of school-based sealant and/or fluoride varnish programs that provide sealant placement and/or fluoride varnish applications to otherwise unserved school-aged children</b>         |               |                       |                       |                      |
|                | Texas A&M Health Science Center / Baylor College of Dentistry  | 009784201.1.3 | 2,722,572             | 1,190,943             | 1,190,943            |
|                |  |               | <b>2,722,572</b>      | <b>1,190,943</b>      | <b>1,190,943</b>     |

## Category 1 -Infrastructure Projects

| Project Option | Section/Option Title  | Project ID     | Category 1 Only       |                       |                      |
|----------------|---|----------------|-----------------------|-----------------------|----------------------|
|                |   |                | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>1.9</b>     | <b>Expand Specialty Care</b>  |                |                       |                       |                      |
|                | <b>1.9.2 - Improve access to specialty care</b>   |                |                       |                       |                      |
|                | Baylor Medical Center at Carrollton   | 195018001.1.2  | 244,485               | 125,022               | 125,022              |
|                | Baylor Medical Center at Garland  | 121790303.1.2  | 1,553,239             | 794,282               | 794,282              |
|                | Baylor Medical Center at Irving   | 121776204.1.2  | 1,228,661             | 628,302               | 628,302              |
|                | Baylor University Medical Center  | 139485012.1.2  | 7,281,405             | 3,723,501             | 3,723,501            |
|                | Parkland Memorial Hospital  | 127295703.1.5  | 23,285,739            | 12,175,681            | 12,175,681           |
|                |   |                | <b>33,593,529</b>     | <b>17,446,788</b>     | <b>17,446,788</b>    |
| <b>1.10</b>    | <b>Enhance Performance Improvement and Reporting Capacity</b>   |                |                       |                       |                      |
|                | <b>1.10.2 - Enhance improvement capacity through technology</b>   |                |                       |                       |                      |
|                | UT Southwestern Medical Center  | 126686802.1.6  | 11,908,885            | 5,668,566             | 3,322,116            |
|                | UT Southwestern Medical Center  | 126686802.1.12 | 10,881,242            | 5,521,689             | 3,541,654            |
|                |   |                | <b>22,790,127</b>     | <b>11,190,255</b>     | <b>6,863,770</b>     |
|                | <b>1.10.3 - Enhance improvement with systems</b>  |                |                       |                       |                      |
|                | Parkland Memorial Hospital  | 127295703.1.4  | 30,808,824            | 16,109,362            | 8,054,681            |
|                |   |                | <b>30,808,824</b>     | <b>16,109,362</b>     | <b>8,054,681</b>     |
| <b>1.12</b>    | <b>Enhance service availability to appropriate levels of behavioral health care</b>   |                |                       |                       |                      |
|                | <b>1.12.2 - Expand the number of community based settings where behavioral health services may be delivered in underserved areas</b>      |                |                       |                       |                      |
|                | Children's Medical Center   | 138910807.1.4  | 12,054,408            | 6,303,026             | 6,303,026            |
|                | Dallas County MHMR / Metrocare Services   | 137252607.1.2  | 6,812,396             | 3,705,743             | 3,705,743            |
|                |   |                | <b>18,866,804</b>     | <b>10,008,769</b>     | <b>10,008,769</b>    |
| <b>1.13</b>    | <b>Development of behavioral health crisis stabilization services as alternatives to hospitalization</b>                                  |                |                       |                       |                      |
|                | <b>1.13.1 - Develop and implement crisis stabilization services to address the identified gaps in the current community crisis system</b> |                |                       |                       |                      |
|                | Dallas County Health and Human Services   | 121758005.1.1  | 17,642,792            | 8,397,875             | 8,397,875            |
|                | Lakes Regional MHMR   | 121988304.1.1  | 6,421,691             | 2,988,027             | 2,988,027            |
|                |   |                | <b>24,064,483</b>     | <b>11,385,902</b>     | <b>11,385,902</b>    |



## Category 1 -Infrastructure Projects

| Project Option          | Section/Option Title  | Project ID         | Category 1 Only       |                       |                      |
|-------------------------|---|--------------------|-----------------------|-----------------------|----------------------|
|                         |   |                    | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>1.14</b>             | <b>Develop Workforce Enhancement Initiatives to Support Access to Behavioral health Providers in Underserved Markets and Areas</b>                      |                    |                       |                       |                      |
|                         | <b>1.14.1 - Provide training to enhance the development of specialty behavioral healthcare and expand the number of behavioral health professionals</b> |                    |                       |                       |                      |
|                         | Dallas County MHMR / Metrocare Services   | 137252607.1.1      | 1,595,363             | 523,001               | 523,001              |
|                         |   |                    | <b>1,595,363</b>      | <b>523,001</b>        | <b>523,001</b>       |
| <b>Total Category 1</b> |   | <b>41 Projects</b> | <b>\$422,447,561</b>  | <b>\$214,203,727</b>  | <b>\$196,453,388</b> |

## Category 2 - Innovation and Redesign Projects

| Project Option | Section/Option Title  | Project ID     | Category 2 Only       |                       |                      |
|----------------|---|----------------|-----------------------|-----------------------|----------------------|
|                |   |                | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>2.1</b>     | <b>Enhance/Expand Medical Homes</b>   |                |                       |                       |                      |
|                | <b>2.1.1 - Develop, implement, and evaluate action plans to enhance/eliminate gaps in the development of various aspects of PCMH standards.</b> |                |                       |                       |                      |
|                | Children's Medical Center   | 138910807.2.1  | 15,068,009            | 7,878,782             | 7,676,699            |
|                | Doctor's Hospital at White Rock Lake  | 094194002.2.1  | 2,555,600             | 1,163,200             | 1,163,200            |
|                | HCA Medical City Dallas Hospital  | 020943901.2.4  | 3,007,899             | 1,521,064             | 1,521,064            |
|                | Methodist Dallas Medical Center   | 135032405.2.3  | 2,695,406             | 1,369,355             | 1,369,355            |
|                | Parkland Memorial Hospital  | 127295703.2.1  | 23,643,981            | 12,362,999            | 12,362,999           |
|                | Parkland Memorial Hospital  | 127295703.2.11 | 15,225,291            | 7,961,022             | 7,961,022            |
|                | UT Southwestern Medical Center  | 126686802.2.1  | 12,791,024            | 6,088,459             | 6,088,459            |
|                | Texas Health Presbyterian Hospital Dallas   | 020908201.2.3  | 10,556,611            | 5,447,819             | 5,447,819            |
|                |   |                | <b>85,543,821</b>     | <b>43,792,700</b>     | <b>43,590,617</b>    |
| <b>2.2</b>     | <b>Expand Chronic Care Management Models</b>  |                |                       |                       |                      |
|                | <b>2.2.1 - Redesign the outpatient delivery system to coordinate care for patients with chronic diseases</b>                                    |                |                       |                       |                      |
|                | Denton County HHS   | 136360803.2.1  | 4,410,698             | 2,099,469             | 2,099,469            |
|                | Parkland Memorial Hospital  | 127295703.2.4  | 31,167,066            | 16,296,680            | 16,296,680           |
|                | Texas Health Presbyterian Hospital Denton   | 020967801.2.2  | 521,347               | 269,045               | 269,045              |
|                | Texas Health Presbyterian Hospital Kaufman  | 094140302.2.2  | 150,570               | 77,703                | 77,703               |
|                |   |                | <b>36,249,681</b>     | <b>18,742,897</b>     | <b>18,742,897</b>    |
|                | <b>2.2.2 - Apply evidence-based care management model to patients identified as having high-risk health care needs</b>                          |                |                       |                       |                      |
|                | Baylor Medical Center at Carrollton   | 195018001.2.1  | 447,059               | 228,613               | 228,613              |
|                | Baylor Medical Center at Garland  | 121790303.2.1  | 1,628,396             | 832,715               | 832,715              |
|                | Baylor Medical Center at Irving   | 121776204.2.1  | 1,267,057             | 647,937               | 647,937              |
|                | Baylor University Medical Center  | 139485012.2.1  | 7,658,960             | 3,916,572             | 3,916,572            |
|                | Methodist Charlton Medical Center   | 126679303.2.1  | 4,645,535             | 2,375,593             | 2,375,593            |
|                | Methodist Dallas Medical Center   | 135032405.2.2  | 7,321,539             | 3,744,024             | 3,744,024            |
|                | Methodist Richardson Medical Center   | 209345201.2.2  | 2,055,166             | 1,050,953             | 1,050,953            |
|                | UT Southwestern Medical Center  | 126686802.2.2  | 7,057,117             | 3,359,150             | 3,359,150            |
|                |   |                | <b>32,080,829</b>     | <b>16,155,557</b>     | <b>16,155,557</b>    |
| <b>2.4</b>     | <b>Redesign to Improve Patient Experience</b>   |                |                       |                       |                      |
|                | <b>2.4.1 - Implement processes to measure and improve patient experience</b>  |                |                       |                       |                      |
|                | HCA Denton Regional Medical Center  | 111905902.2.2  | 1,934,127             | 973,034               | 964,291              |
|                | HCA Las Colinas Medical Center  | 020979301.2.1  | 657,118               | 330,713               | 330,713              |
|                | HCA Medical Center of Lewisville  | 094192402.2.1  | 849,981               | 427,614               | 427,614              |
|                |   |                | <b>3,441,226</b>      | <b>1,731,361</b>      | <b>1,722,618</b>     |

## Category 2 - Innovation and Redesign Projects

| Project Option | Section/Option Title  | Project ID    | Category 2 Only       |                       |                      |
|----------------|---|---------------|-----------------------|-----------------------|----------------------|
|                |   |               | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>2.5</b>     | <b>Redesign for Cost Containment</b>  |               |                       |                       |                      |
|                | <b>2.5.1 - Establish a methodology for measuring cost containment and apply to two interventions</b>  |               |                       |                       |                      |
|                | Parkland Memorial Hospital  | 127295703.2.5 | 29,375,855            | 15,360,089            | 15,360,089           |
|                |   |               | <b>29,375,855</b>     | <b>15,360,089</b>     | <b>15,360,089</b>    |
| <b>2.6</b>     | <b>Implement Evidence-Based Health Promotion Programs</b>   |               |                       |                       |                      |
|                | <b>2.6.1 - 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.</b> |               |                       |                       |                      |
|                | Children's Medical Center   | 138910807.2.2 | 13,058,941            | 6,828,278             | 6,828,278            |
|                |   |               | <b>13,058,941</b>     | <b>6,828,278</b>      | <b>6,828,278</b>     |
|                | <b>2.6.2 - Establish self-management programs and wellness using evidence-based designs.</b>  |               |                       |                       |                      |
|                | Texas Health Presbyterian Hospital Dallas   | 020908201.2.2 | 2,389,097             | 1,232,912             | 1,232,912            |
|                |   |               | <b>2,389,097</b>      | <b>1,232,912</b>      | <b>1,232,912</b>     |
| <b>2.7</b>     | <b>Implement Evidence-Based Disease Prevention Programs</b>   |               |                       |                       |                      |
|                | <b>2.7.1 - Implement innovative evidence-based strategies to increase appropriate use of technology and testing for targeted populations</b>  |               |                       |                       |                      |
|                | Dallas County Health and Human Services   | 121758005.2.1 | 623,230               | 308,777               | 308,777              |
|                | Dallas County Health and Human Services   | 121758005.2.2 | 1,548,089             | 847,269               | 847,269              |
|                |   |               | <b>2,171,319</b>      | <b>1,156,046</b>      | <b>1,156,046</b>     |
|                | <b>2.7.6 - Implement other evidence-based project to implement disease prevention programs in an innovative manner not described above.</b>   |               |                       |                       |                      |
|                | Denton County HHS   | 136360803.2.2 | 4,410,698             | 2,099,469             | 2,099,469            |
|                |   |               | <b>4,410,698</b>      | <b>2,099,469</b>      | <b>2,099,469</b>     |

## Category 2 - Innovation and Redesign Projects

| Project Option | Section/Option Title  | Project ID     | Category 2 Only       |                       |                      |
|----------------|---|----------------|-----------------------|-----------------------|----------------------|
|                |   |                | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>2.8</b>     | <b>Apply Process Improvement Methodology to Improve Quality/Efficiency</b>  |                |                       |                       |                      |
|                | <b>2.8.11 - Project Option: Sepsis</b>  |                |                       |                       |                      |
|                | HCA Denton Regional Medical Center  | 111905902.2.1  | 1,370,117             | 689,288               | 689,288              |
|                | HCA Medical Center of Lewisville  | 094192402.2.2  | 1,923,053             | 967,463               | 967,463              |
|                | HCA Medical City Dallas Hospital  | 020943901.2.3  | 3,753,964             | 1,919,669             | 1,919,669            |
|                |   |                | <b>7,047,134</b>      | <b>3,576,420</b>      | <b>3,576,420</b>     |
|                | <b>2.8.4 - Project Option: Reduction in 30-Day Hospital Readmission Rates (Potentially Preventable Readmissions)</b>                  |                |                       |                       |                      |
|                | Parkland Memorial Hospital  | 127295703.2.12 | 25,972,554            | 13,580,566            | 13,580,566           |
|                |   |                | <b>25,972,554</b>     | <b>13,580,566</b>     | <b>13,580,566</b>    |
|                | <b>2.8.5 - Project Option: Reduction in Potentially Preventable Complications (PPC)</b>   |                |                       |                       |                      |
|                | Parkland Memorial Hospital  | 127295703.2.6  | 31,167,066            | 16,296,680            | 16,296,680           |
|                |   |                | <b>31,167,066</b>     | <b>16,296,680</b>     | <b>16,296,680</b>    |
|                | <b>2.8.6 - Project Option: Reduce Inappropriate ED Use</b>  |                |                       |                       |                      |
|                | Denton County MHMR  | 135234606.2.1  | 11,090,221            | 5,214,691             | 3,015,805            |
|                |   |                | <b>11,090,221</b>     | <b>5,214,691</b>      | <b>3,015,805</b>     |
| <b>2.9</b>     | <b>Establish/Expand a Patient Care Navigation Program</b>   |                |                       |                       |                      |
|                | <b>2.9.1 - Provide navigation services to targeted patients who are at high risk of disconnect from institutionalized health care</b> |                |                       |                       |                      |
|                | Baylor Medical Center at Garland  | 121790303.2.3  | 1,540,714             | 787,877               | 787,877              |
|                | Baylor Medical Center at Irving   | 121776204.2.3  | 1,087,877             | 556,309               | 556,309              |
|                | Baylor University Medical Center  | 139485012.2.3  | 7,281,405             | 3,723,501             | 3,723,501            |
|                | Children's Medical Center   | 138910807.2.3  | 13,058,942            | 6,828,278             | 6,828,278            |
|                | HCA Medical Center of Lewisville  | 094192402.2.3  | 751,402               | 378,021               | 378,021              |
|                | Methodist Charlton Medical Center   | 126679303.2.2  | 8,627,425             | 4,411,817             | 4,411,817            |
|                | Methodist Dallas Medical Center   | 135032405.2.1  | 14,383,398            | 7,355,256             | 6,189,829            |
|                | Methodist Richardson Medical Center   | 209345201.2.1  | 3,082,751             | 1,576,430             | 1,576,430            |
|                | Parkland Memorial Hospital  | 127295703.2.7  | 22,211,012            | 11,613,726            | 11,613,726           |
|                | Texas Health Presbyterian Hospital Denton   | 020967801.2.1  | 2,796,366             | 1,443,086             | 1,443,086            |
|                | Texas Health Presbyterian Hospital Kaufman  | 094140302.2.1  | 2,242,406             | 1,157,211             | 1,157,211            |
|                | UT Southwestern Medical Center  | 126686802.2.4  | 14,114,233            | 6,718,300             | 6,718,300            |
|                | UT Southwestern Medical Center  | 175287501.2.1  | 4,807,050             | 2,513,622             | 2,513,622            |
|                | UT Southwestern Medical Center  | 175287501.2.2  | 7,316,378             | 3,829,781             | 3,829,781            |
|                |   |                | <b>103,301,359</b>    | <b>52,893,215</b>     | <b>51,727,788</b>    |

## Category 2 - Innovation and Redesign Projects

| Project Option | Section/Option Title  | Project ID     | Category 2 Only       |                       |                      |
|----------------|---|----------------|-----------------------|-----------------------|----------------------|
|                |   |                | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |
| <b>2.10</b>    | <b>Use of Palliative Care Programs</b>  |                |                       |                       |                      |
|                | <b>2.10.1 - Implement a Palliative Care Program to address patients with end-of-life decisions and care needs</b>                                       |                |                       |                       |                      |
|                | Parkland Memorial Hospital  | 127295703.2.8  | 25,972,554            | 13,580,566            | 13,580,566           |
|                |   |                | <b>25,972,554</b>     | <b>13,580,566</b>     | <b>13,580,566</b>    |
| <b>2.11</b>    | <b>Conduct Medication Management</b>  |                |                       |                       |                      |
|                | <b>2.11.2 Evidence-based interventions that put in place the teams, technology and processes to avoid medication errors.</b>                            |                |                       |                       |                      |
|                | UT Southwestern Medical Center  | 126686802.2.6  | 6,589,027             | 3,282,835             | 3,282,835            |
|                |   |                | <b>6,589,027</b>      | <b>3,282,835</b>      | <b>3,282,835</b>     |
|                | <b>2.11.3 - Implement other evidence based project to develop or enhance Medication Management in an innovative manner not described above</b>          |                |                       |                       |                      |
|                | Baylor Medical Center at Garland  | 121790303.2.5  | 912,528               | 466,641               | 466,641              |
|                | Baylor Medical Center at Irving   | 121776204.2.5  | 908,313               | 464,485               | 464,485              |
|                | Baylor University Medical Center  | 139485012.2.5  | 4,081,362             | 2,087,091             | 2,087,091            |
|                |   |                | <b>5,902,203</b>      | <b>3,018,217</b>      | <b>3,018,217</b>     |
| <b>2.12</b>    | <b>Implement/Expand Care Transitions Programs</b>   |                |                       |                       |                      |
|                | <b>2.12.1 - Develop, implement, and evaluate standardized clinical protocols and evidence-based care delivery model to improve care transitions</b>     |                |                       |                       |                      |
|                | Doctor's Hospital at White Rock Lake  | 094194002.2.2  | 613,900               | 290,800               | 290,800              |
|                | Parkland Memorial Hospital  | 127295703.2.10 | 19,703,317            | 10,302,498            | 10,302,498           |
|                | Parkland Memorial Hospital  | 127295703.2.9  | 24,539,587            | 12,831,294            | 12,831,294           |
|                | UT Southwestern Medical Center  | 126686802.2.5  | 17,201,722            | 8,187,928             | 8,187,928            |
|                |   |                | <b>62,058,526</b>     | <b>31,612,520</b>     | <b>31,612,520</b>    |
|                | <b>2.12.2 - Implement one or more pilot intervention(s) in care transitions targeting one or more patient care unit or a defined patient population</b> |                |                       |                       |                      |
|                | UT Southwestern Medical Center  | 175287501.2.3  | 6,939,803             | 3,629,740             | 3,629,740            |
|                | Baylor Medical Center at Garland  | 121790303.2.4  | 1,029,021             | 526,212               | 526,212              |
|                | Baylor Medical Center at Irving   | 121776204.2.4  | 1,024,269             | 523,782               | 523,782              |
|                | Baylor University Medical Center  | 139485012.2.4  | 4,602,388             | 2,353,529             | 2,353,529            |
|                | Children's Medical Center   | 138910807.2.4  | 10,033,464            | 5,246,312             | 5,246,312            |
|                |   |                | <b>23,628,945</b>     | <b>12,279,575</b>     | <b>12,279,575</b>    |

## Category 2 -Innovation and Redesign Projects

| Project Option          | Section/Option Title   | Project ID    | Category 2 Only       |                       |                      |                      |
|-------------------------|--|---------------|-----------------------|-----------------------|----------------------|----------------------|
|                         |  |               | Original 4-Year Total | Original DY 2&3 Total | Revised DY 2&3 Total |                      |
| <b>2.13</b>             | <b>Provide an Intervention for a Targeted Behavioral Health Population to Prevent Unnecessary Use of Services in a Specified Setting</b>                   |               |                       |                       |                      |                      |
|                         | <b>2.13.1 - Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population.</b> |               |                       |                       |                      |                      |
|                         | Dallas County MHMR / Metrocare Services  | 137252607.2.2 | 1,291,504             | 589,151               | 589,151              |                      |
|                         | Dallas County MHMR / Metrocare Services  | 137252607.2.3 | 2,702,056             | 1,254,176             | 1,254,176            |                      |
|                         | Dallas County MHMR / Metrocare Services  | 137252607.2.4 | 2,838,600             | 1,202,058             | 1,202,058            |                      |
|                         | Dallas County MHMR / Metrocare Services  | 137252607.2.5 | 2,968,053             | 1,243,345             | 1,243,345            |                      |
|                         | Denton County MHMR   | 135234606.2.3 | 8,710,400             | 4,255,200             | 4,255,200            |                      |
|                         |  |               | <b>18,510,613</b>     | <b>8,543,930</b>      | <b>8,543,930</b>     |                      |
| <b>2.15</b>             | <b>Integrate Primary and Behavioral Health Care Services</b>   |               |                       |                       |                      |                      |
|                         | <b>2.15.1 - Design, implement, and evaluate projects that provide integrated primary and behavioral health care services.</b>                              |               |                       |                       |                      |                      |
|                         | Dallas County MHMR / Metrocare Services  | 137252607.2.1 | 4,317,743             | 1,398,055             | 1,398,055            |                      |
|                         | Denton County MHMR   | 135234606.2.2 | 5,238,202             | 2,567,080             | 2,567,080            |                      |
|                         | HCA Medical City Dallas Hospital   | 020943901.2.1 | 3,901,150             | 1,994,936             | 1,994,936            |                      |
|                         |  |               | <b>13,457,095</b>     | <b>5,960,071</b>      | <b>5,960,071</b>     |                      |
| <b>2.19</b>             | <b>Develop Care Management Function that Integrates Primary and Behavioral Health Needs of Individuals</b>   |               |                       |                       |                      |                      |
|                         | <b>2.19.1 - Design, implement, and evaluate care management programs and that integrate primary and behavioral health needs of individual patients</b>     |               |                       |                       |                      |                      |
|                         | Baylor Medical Center at Garland   | 121790303.2.2 | 1,553,239             | 794,282               | 794,282              |                      |
|                         | Baylor Medical Center at Irving  | 121776204.2.2 | 1,087,877             | 556,309               | 556,309              |                      |
|                         | Baylor University Medical Center   | 139485012.2.2 | 7,497,150             | 3,833,828             | 3,833,828            |                      |
|                         |  |               | <b>10,138,266</b>     | <b>5,184,419</b>      | <b>5,184,419</b>     |                      |
| <b>Total Category 2</b> |  |               | <b>74 Projects</b>    | <b>\$553,557,030</b>  | <b>\$282,123,014</b> | <b>\$278,547,875</b> |

## APPENDIX G

### Sample Project Submission Package Forms

#### THREE-YEAR DSRIP PROJECTS PROPOSAL Regional Healthcare Partnership 9

##### New Three-Year Project Proposal

|                            |                      |
|----------------------------|----------------------|
| <b>Performing Provider</b> | <input type="text"/> |
| <b>Project Title</b>       | <input type="text"/> |
| <b>IGT Entity</b>          | <input type="text"/> |

|                        |                      |
|------------------------|----------------------|
| <b>Project Contact</b> |                      |
| Name                   | <input type="text"/> |
| Address                | <input type="text"/> |
| Email Address          | <input type="text"/> |
| Telephone              | <input type="text"/> |

##### Submission Package Contents (please check included items)

- Completed New Three-Year Project Proposal (this form) - Required
- Completed Three-Year Project Self-Evaluation Scoring Grid - Required
- IGT Entity Statement of Commitment (Signed and Dated) – Required if the IGT Entity is different than the performing provider

Submission Deadline: 5:00 p.m. (CST) September 13, 2013

Submit by email to:

*jody.springer@phhs.org*

## Key Project Elements

**Project Title**

**Project Option**

See Appendix E

| Option | Description |
|--------|-------------|
|        |             |

Ex. "1.1.1"

**Category 3 Outcomes Measures:**

See Appendix B

| Domain | Number | Description |
|--------|--------|-------------|
|        |        |             |
|        |        |             |
|        |        |             |

Ex. "OD-1"    Ex. "IT-1.1"

**Proposed Project Values (in Dollars):**

See Appendix B for Reference to the PFM for Guidance

|                               | DY3 | DY4 | DY5 | Total |
|-------------------------------|-----|-----|-----|-------|
| <b>Category 1 or 2</b>        | \$  | \$  | \$  | \$    |
| <b>Category 3</b>             | \$  | \$  | \$  | \$    |
| <b>Category 4, if applies</b> | \$  | \$  | \$  | \$    |
| <b>Total</b>                  | \$  | \$  | \$  | \$    |

From the PFM

| Reference Percentage Targets for Hospital Providers     |        |        |        |  |
|---|--------|--------|--------|--|
| Category 1 or 2   | ≤ 80%  | ≤ 75%  | ≤ 57%  |  |
| Category 3  | ≥ 10%  | ≥ 15%  | ≥ 33%  |  |
| Category 4, if applies                                  | 10-15% | 10-15% | 10-15% |  |
| Reference Percentage Targets for Non-Hospital Providers |        |        |        |  |
| Category 1 or 2   | ≤ 90%  | ≤ 90%  | ≤ 80%  |  |
| Category 3  | ≥ 10%  | ≥ 10%  | ≥ 20%  |  |

**Quantifiable Patient Impact:**

See Appendix B for QPI Guidance Reference – Identify the project's quantifiable impact measured by either encounters or individuals for the Total Population and the Medicaid/Indigent Population Served

| Year / Impact Type                                     | Total  | Med /Ind. | Comments |
|--|--------|-----------|----------|
| DY 4 / Encounters                                      |        |           |          |
| DY 4 / Individuals                                     |        |           |          |
| Complete at Least One Line for Each Demonstration Year | Number | Number    |          |
| DY 5 / Encounters                                      |        |           |          |
| DY 5 / Individuals                                     |        |           |          |
| Complete at Least One Line for Each Demonstration Year | Number | Number    |          |



## Key Project Descriptive Elements

**Proposed Project Description:**

**Three Year Transformational Impact of the Project – Specifically Highlight the Impact to the Medicaid and Low Income Population:**

**Impact of Project on Community Needs:**

**Relationship to and Alignment with other RHP 9 Projects:**

**Optional – Provide Any Appropriate Additional Information:**

## Self-Evaluation Scoring Grid

RHP 9 - Dallas, Denton and Kaufman Counties  
Three Year Project Self-Evaluation

Provider Name:

Project Title:

Project Option Number and Description:

|                                     | Weight | Score (1-9) | Weighted Score |
|-------------------------------------|--------|-------------|----------------|
| Transformational Impact             | 25%    | 0.00        | 0.00           |
| Population Served / Project Size    | 25%    | 0.00        | 0.00           |
| Alignment with Community Needs      | 20%    | 0.00        | 0.00           |
| Cost Avoidance                      | 10%    | 0.00        | 0.00           |
| Sustainability                      | 10%    | 0.00        | 0.00           |
| Alignment with Other RHP 9 Projects | 10%    | 0.00        | 0.00           |
|                                     | 100%   |             | 0.00           |

**Scoring Guidance:**

| Scoring Grid | General Scoring Frame |   |
|--------------|-----------------------|---|
| High         | 9                     | Exceptionally strong with essentially no weaknesses |
|              | 8                     | Extremely strong with negligible weaknesses         |
|              | 7                     | Very strong with only minor weaknesses              |
| Medium       | 6                     | Strong but with numerous minor weaknesses           |
|              | 5                     | Strong but with at least one moderate weakness      |
|              | 4                     | Some strengths but also some moderate weaknesses    |
| Low          | 3                     | Some strengths but with at least one major weakness |
|              | 2                     | A few strengths and a few major weaknesses          |
|              | 1                     | Very few strengths and numerous major weaknesses    |

Minor Weakness: Easily addressable weakness, does not substantially lessen impact  
 Moderate Weakness: Lessens impact  
 Major Weakness: Severely limits impact

**Scoring Criteria Guidance**

**Transformational Impact:**

Degree to which the project meets the Walver goal as outlined below.  
 "DSRP provides an unprecedented opportunity to improve patient care for low-income populations by incentivizing delivery system reforms that increase access to health care, improve the quality of care and enhance the health of patients and families they serve. These investments not only contribute to the Triple Aim, but they can also health position safety net providers for the emerging healthcare market, in which data-based quality performance and cost-efficiency drive competition." RHP Planning Protocol

**Population Served / Project Size:**

**Population Served:** Degree to which the project addresses the low-income, uninsured (or substantially under insured) population  
**Project Size:** The proportionate size of the population that will be impacted by the project.

**Alignment with Community Needs**

Degree to which the project's impact will result in a significant improvement in a need identified in the Community Needs Assessment

**Cost Avoidance**

Degree to which the project will significantly impact the health care cost or health resource effectiveness for the region or for the specified targeted population within the region

**Sustainability**

The degree to which this project or the project impact will be sustained beyond the Walver period.

**Partnership Collaboration**

Degree to which the project leverages and/or enhances other region DSRP projects - or - demonstrates collaboration among entities to accomplish a regional goal.

## APPENDIX H

### Contacts

**HHSC** is most efficiently contacted by email through the following email address:

TXHealthcareTransformation@HHSC.state.tx.us

In their role as the anchoring entity, the following individuals at Parkland serve as RHP 9 points of contact:

- Ted Shaw, Interim Chief Financial Officer  
[ted.shaw@phhs.org](mailto:ted.shaw@phhs.org)
- Jody Springer, SVP Planning  
[jody.springer@phhs.org](mailto:jody.springer@phhs.org)
- Keri Disney, Director Government Reimbursement  
[keri.disney@phhs.org](mailto:keri.disney@phhs.org)
- DeAnna Bokinsky, Director Business Development  
[deanna.bokinsky@phhs.org](mailto:deanna.bokinsky@phhs.org)

To make contact with representatives of exiting performing providers or IGT entities, please refer to the RHP 9 Plan for contact names and information.