

Madame Chairman and Committee:

My name is Jennifer Riley, and I am the Executive Director of Business Development at THERAPY 2000, a pediatric home care agency. I have been looking forward to the opportunity to provide testimony on the HHSC Sunset staff report. I am an active member of the Texas Association for Home Care and Hospice (TAHCH), and I currently chair the pediatric committee.

Thank you to the Sunset staff for the excellent report on HHSC. The report addressed many issues with which we have struggled for years. Today I will focus on just a few of the recommendations.

Under Issue 1, Sunset staff recommended replacing the five agency advisory council with an executive council comprising the executive commissioner and division head to obtain public input. Under Issue 13, Sunset staff recommended to remove advisory committees from statute, including those with Sunset dates, and allow the executive commissioner to re-establish needed advisory committees in rule. Please note my recommendation reflects the position of the Texas Association of Home Care and Hospice which opposes this recommendation. I believe it is absolutely critical to maintain an adequate number of statutorily-mandated advisory and governing bodies, in order to provide HHSC with the expert knowledge and perspective necessary to guide the agency through a tumultuous time for health care. Consolidation and streamlining is necessary, yes, but not at the expense of insulating the Commission from its stakeholders. (On a side note, I am a current member of the Medicaid Managed Care Committee. I have some ideas that can reduce the time burden the committees place on HHSC staff as well as increase the amount of productivity in the committees. I can give these recommendations to anyone interested at another time!)

Please consider retaining the HHSC Council, as a consolidated version of the five advisory councils, and remake as a governing body with evaluative authority over the Executive Commissioner and the new consolidated Health and Human Services Commission. The HHSC Council should be tasked to advise the Executive Commissioner and provide direct feedback to the Governor about the HHS enterprise. Many of the current functions of the HHSC Council would be maintained, including hearing public testimony. In addition, there should be a small number (a maximum of 5) "mid-level" advisory committees (such as the Medical Care Advisory Committee) organized along the functional lines of the new HHSC and appointed by the Executive Commissioner. These mid-level advisory committees would be comprised of subject-matter experts and serve as a forum to receive direct public input and feedback about rules, policies, and the direction of the agency. They would have the ability to elevate contentious rules and policies up to the HHSC Council. I am a current member of the Medicaid Managed Care Advisory Committee. In addition to the 5 "mid-level" advisory councils the Commission should look across the current advisory councils and consolidate those (such as the pediatric advisory committees mentioned in the report) into working "development and implementation" (D&I) advisory committees that would work with HHSC staff across functional lines to actually participate in the development phase of rule and policy making.

I would also encourage you to insist on a more transparent process for rulemaking. Create an online portal, or public interchange, for the rulemaking process. Any rule would be assigned a project identifier number at the very beginning of the process and could be viewed and tracked through the interchange. Any public comments would be aggregated and made available to the public on the interchange in a timely manner.

HHSC staff contact information and any comments made to the proposed rules could be found on the interchange.

Several years ago, a therapy workgroup was created to address therapy policy changes that could have possibly result in cost savings for the state. The workgroup made a number of proposals which could have resulted in cost savings; however, the meetings ended and the group was not consulted again. In November of 2013, HHSC policy development team leads developed and attempted to implement new therapy policies for the Texas Medicaid Fee for Service program administered by Texas Medicaid Healthcare Partnership (TMHP). It is our understanding that key stakeholders such as therapy providers, therapy associations, TMHP and other relevant programs such as Operations were not consulted prior to the failed implementation of the new policies. Since November 15, 2013 there has been much confusion on what of the new policies were going to be implemented and in what manner. Numerous therapy providers from across the state have reported multiple denials and inconsistencies in the authorization process. There are also challenges in nursing. These challenges have not completely resolved and in some ways have worsened since the TMHP contractor has changed. There are numerous delays and lack of access to timely care in the pediatric therapy and nursing settings. It is imperative that the following actions take place, at a minimum, when developing new policy:

1. Collaboration of all relevant HHSC departments
2. Stakeholder input from all managed care organizations and TMHP
3. Stakeholder input from providers
4. Stakeholder input from all related associations

Before closing, I would like to applaud Sunset staff for addressing contract procurement and monitoring, rate setting, Managed Care processes and performance and quality initiatives. I am available to provide staff members and members of the committee with details about the challenges in these areas result in delayed access and sometimes no access to medically necessary care for children in Texas.

Thank you for your time today!

Sincerely:



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