

**Texas Delivery System Reform Incentive Payment (DSRIP) Program  
Program Funding and Mechanics (PFM) Protocol  
Transition Year/ Demonstration Year (DY) 6  
October 1, 2016 – December 31, 2017**

**XIII. TRANSITION YEAR (DY6)**

**37. Definitions**

- a. Demonstration Year (DY) 6 - The initial 15-month period of time, as approved by the Centers for Medicare & Medicaid Services (CMS), for which the waiver is extended beyond the initial demonstration period, or October 1, 2016 - December 31, 2017.
  - i. Demonstration Year (DY) 6A - Federal fiscal year (FFY) 2017, or the first 12 months of DY6 (October 1, 2016 - September 30, 2017).
  - ii. Demonstration Year (DY) 6B - The last three months of DY6 (October 1, 2017 - December 31, 2017).
- b. Extension period - The entire period of time, as approved by the Centers for Medicare & Medicaid Services (CMS), for which the waiver is extended beyond the initial demonstration period.
- c. Initial demonstration period - The first five demonstration years (DYs) of the waiver, or December 12, 2011 through September 30, 2016.
- d. Medicaid and Low-income or Uninsured (MLIU) – MLIU is changed from Medicaid/ Low-income uninsured in the initial demonstration period to Medicaid and low-income or uninsured in the applicable DY.
  - i. To qualify as a Medicaid individual for purposes of MLIU Quantifiable Patient Impact (QPI), the individual must be enrolled in Medicaid at the time of at least one DSRIP project encounter during the applicable DY.
  - ii. To qualify as a low-income or uninsured individual for purposes of MLIU QPI, the individual must either be below 200 percent of the federal poverty level (FPL) or must not have health insurance at the time of at least one DSRIP project encounter during the applicable DY.
  - iii. If an individual was enrolled in Medicaid at the time of one DSRIP project encounter during the applicable DY, and was low-income or uninsured at the time of a separate DSRIP project encounter during the applicable DY, that individual is classified as a Medicaid individual for purposes of MLIU QPI.
- e. Medicaid and Low-income or Uninsured (MLIU) Quantifiable Patient Impact (QPI) – The number of MLIU individuals served or encounters provided to MLIU individuals, in

accordance with paragraph 41(a)(iii), during an applicable DY that are attributable to the DSRIP project.

- f. Medicaid and Low-income or Uninsured (MLIU) Quantifiable Patient Impact (QPI) Goal – The number of MLIU individuals that a Performing Provider intends to serve, or the number of MLIU encounters that a Performing Provider intends to provide, in accordance with paragraph 41(a)(iii), during an applicable DY that are attributable to the DSRIP project.
- g. Quantifiable Patient Impact (QPI) Grouping – The category of the QPI measurement. The category may be either individuals served or encounters provided.
- h. Pre-DSRIP Baseline - The service volume prior to the implementation of a DSRIP project, as measured by the number of individuals served or encounters provided during the 12-month period preceding the implementation of the DSRIP project. There is a pre-DSRIP baseline for total QPI and a pre-DSRIP baseline for MLIU QPI. For a DSRIP project that is a new intervention, both the pre-DSRIP baseline for total QPI and the pre-DSRIP baseline for MLIU QPI are zero.
- i. Total Quantifiable Patient Impact (QPI) – The total number of individuals served or encounters provided, in accordance with paragraph 41(a)(ii), during an applicable DY that are attributable to the DSRIP project.
- j. Total Quantifiable Patient Impact (QPI) Goal – The total number of individuals that a Performing Provider intends to serve, or the total number of encounters that a Performing Provider intends to provide, in accordance with paragraph 41(a)(ii), during an applicable DY that are attributable to the DSRIP project.
- k. Uncompensated Care (UC) Only Hospital – A hospital eligible to be a Performing Provider that is not a Performing Provider but receives UC payments.

### **38. DY6 DSRIP Pool Allocation**

- a. The DSRIP pool allocation for DY6 is \$3.875 billion.
  - i. \$3.1 billion of the DSRIP pool allocation for DY6 is allocated to DY6A.
  - ii. \$775 million of the DSRIP pool allocation for DY6 is allocated to DY6B.
- b. The \$775 million allocated to DY6B will be combined with any DSRIP pool funds agreed to for DY7.
- c. Performing Providers shall ensure that project values comport with the following funding distribution across Categories 1-4 in DY6A.

### Hospital Performing Providers: DSRIP Category Funding Distribution

	DY 2	DY 3	DY 4	DY 5	DY 6A
<b>Category 1 &amp; 2</b>	No more than 85%	No more than 80%	No more than 75%	No more than 57%	No more than 57%
<b>Category 3</b>	At least 10%	At least 10%	At least 15%	At least 33%	At least 33%
<b>Category 4*</b>	5%	10 - 15%	10 - 15%	10 - 15%	No more than 10%

\*Hospital providers defined in paragraph 11.f, Section III "Key Elements of Proposed RHP Plans" that elect not to report Category 4 measures shall allocate Category 4 funding to Categories 1 & 2 or 3.

### Non-Hospital Performing Providers: DSRIP Category Funding Distribution

	DY 2	DY 3	DY 4	DY 5	DY 6A
<b>Category 1 &amp; 2</b>	95% to 100%	No more than 90%	No more than 90%	No more than 80%	No more than 80%
<b>Category 3</b>	0% to 5%	At least 10%	At least 10%	At least 20%	At least 20%

	DY6A	
	Hospitals	Non-Hospitals
<b>Categories 1 &amp; 2</b>	Maximum of 57%	Maximum of 80%
<b>Category 3</b>	Minimum of 33%	Minimum of 20%
<b>Category 4</b>	Maximum of 10%	N/A

d. The requirements in paragraphs 39-46 below apply to DY6A.

### 39. Current DSRIP Projects Eligible to Continue

- a. A Performing Provider's total value for DY6A is equal to its total value for DY5 with the following exceptions:
  - i. HHSC notified a Performing Provider in January 2016 that a DSRIP project's value may be reduced if the DSRIP project fails to complete DSRIP project or metric goals by the end of DY5; or
  - ii. Performing Providers with a total value less than \$250,000 for DY5 may increase their total value to up to \$250,000 per each subsequent DY beginning in DY6. The increase in value is contingent on funds availability as described in paragraph 44. Categories 1-4 will each be increased proportionately. However, Category 4 may only be increased up to 10 percent of the Performing Provider's total value, so any funds in excess of the 10 percent will be allocated to Category 3. A Performing Provider may need to increase a DSRIP project's MLIU QPI goal for DY6 and

beyond in order to obtain the increased value. Performing Providers eligible for this option must make this choice by a date to be determined by HHSC.

- b. For each DSRIP project that HHSC determines is eligible to continue, the Performing Provider must indicate to HHSC, by a date to be determined by HHSC, whether it chooses to:
  - 1) discontinue the DSRIP project in DY6; or 2) continue the DSRIP project in DY6.
    - i. If a Performing Provider indicates to HHSC, by a date to be determined by HHSC, that it chooses to discontinue the DSRIP project in DY6, the Performing Provider may not propose any new DSRIP projects for the entirety of the extension period with funds associated with the discontinued DSRIP project.
    - ii. If a Performing Provider indicates to HHSC, by a date to be determined by HHSC, that it chooses to continue the DSRIP project in DY6, the Performing Provider must indicate to HHSC, by a date to be determined by HHSC, whether it chooses to: 1) continue the DSRIP project for the remainder of the extension period; or 2) replace the DSRIP project with a new DSRIP project to commence no sooner than the beginning of DY6B.
- c. If a DSRIP project is withdrawn prior to the second payment period for DY7, HHSC will recoup all prior extension period DSRIP payments associated with the DSRIP project.
- d. If a DSRIP project is withdrawn after the second payment period for DY7, but before the first reporting period for DY8, no prior extension period DSRIP payments associated with the DSRIP project will be recouped due to withdrawal.
- e. If a DSRIP project is withdrawn after the first reporting period for DY8, any DSRIP payments made after that period will be recouped.
- f. The DY5 intergovernmental transfer (IGT) process, payment calculations, and monitoring IGT are maintained in the extension period. IGT entities from DY5 will continue to provide funding for the extension period unless a Performing Provider submits changes during the reporting period. No new certifications (RHP Plan Section VI) are required for continuing RHP participants.
- g. If a provider participated in Category 4 in DY5, they will continue to participate in Category 4 in DY6. The provider's Category 4 value for DY6 will be equal to the provider's Category 4 value for DY5, unless the provider's DY5 Category 4 value is greater than 10 percent of the provider's total DY5 value. In this case, the provider's DY6 Category 4 value will be reduced to 10 percent of the provider's total DY5 value, and the funds above the 10 percent of the provider's total DY5 value will be allocated to Category 3 in DY6.

#### **40. Current DSRIP Projects Ineligible to Continue**

- a. If HHSC determines that a DSRIP project is ineligible to continue in its current form, that DSRIP project may not participate in the extension period. A Performing Provider affected

by such a determination will have the opportunity to use the funds associated with the DSRIP project beginning in DY6B, subject to DY6B-DY10 requirements.

#### **41. Requirements for Continuing DSRIP Projects**

##### **a. Category 1 and 2 Requirements for DY6**

- i. Each DSRIP project must have the following four milestones in DY6:
  - A. A total QPI milestone valued at 25% of each DSRIP project's Category 1 or 2 value;
  - B. A MLIU QPI milestone valued at 25% of each DSRIP project's Category 1 or 2 value;
  - C. A core component reporting milestone valued at 25% of each DSRIP project's Category 1 or 2 value; and
  - D. A sustainability planning milestone valued at 25% of each DSRIP project's Category 1 or 2 value.
- ii. *Total QPI Milestone*
  - A. HHSC will convert each total QPI metric to a total QPI milestone with standardized language in DY6. However, if a DSRIP project has multiple QPI metrics in DY5, that project may be exempted from this conversion, based on criteria to be determined by HHSC.
  - B. The DY6 total QPI goal is equal to the DY5 total QPI goal. However, certain DSRIP projects are eligible for an adjustment to the DSRIP project's DY6 total QPI goal as identified by HHSC.
  - C. DSRIP projects must retain the same QPI grouping from the initial demonstration period in DY6 for total QPI.
  - D. In DY6, DSRIP projects retain the same pre-DSRIP baseline for total QPI from the initial demonstration period. If multiple metrics are combined to form one total QPI milestone, the pre-DSRIP baselines will also be combined.
  - E. DSRIP projects may carry forward total QPI milestones from DY6A to DY6B/ DY7.
- iii. *MLIU QPI Milestone*
  - A. There is a standardized MLIU QPI milestone in DY6.
  - B. For DSRIP projects that have an MLIU QPI requirement in DY5:
    1. The DY6 MLIU QPI goal is equal to the DY5 MLIU QPI goal. If, based on HHSC's determination pursuant to paragraph 41(a)(ii)(B), the total QPI goal has been changed, the MLIU QPI goal will also be changed in proportion to the total QPI goal.
    2. If the DSRIP project has an MLIU QPI metric in DY5, it retains the same pre-DSRIP baseline for MLIU QPI in DY6 that was used in the initial demonstration period.
    3. If the DSRIP project does not have an MLIU QPI metric in DY5, the pre-DSRIP baseline for MLIU QPI in DY6 is equal to the pre-DSRIP baseline for total QPI multiplied by the earliest MLIU percentage goal on record with HHSC. For example, if a project's pre-DSRIP baseline

for total QPI is 100 individuals, and the DY3 MLIU percentage target was 20%, the pre-DSRIP baseline for total QPI in DY6 would be 100, and the pre-DSRIP baseline for MLIU QPI would be 20.

4. The MLIU QPI milestone must be pay-for-performance (P4P).

**Example:**

	Goal	Pre-DSRIP baseline	QPI Numeric Goal	MLIU Numeric Goal
<b>DY3 QPI milestone and MLIU % goal</b> (first year of QPI)	Serve 40 additional patients in the expanded clinic (individuals) in DY3. <b>80%</b> Medicaid/Low Income Uninsured	220	40	While there was no MLIU goal for payment purposes, $40 \times .80 = 32$
<b>DY5 QPI milestone and MLIU % goal</b>	Serve 50 additional patients in the expanded clinic (individuals) in DY5. <b>90%</b> Medicaid/Low Income Uninsured	220	50	While there was no MLIU goal for payment purposes, $50 \times .90 = 45$
<b>DY6 Total QPI milestone</b>	Serve 50 additional patients in the expanded clinic (individuals).	220	50	NA
<b>DY6 MLIU QPI milestone</b>	Serve 45 MLIU patients (individuals).	$220 \times .80 = 176$	NA	<b>45</b>

C. For DSRIP projects that do not have an MLIU QPI requirement in DY5:

1. The DY6 MLIU QPI goal is equal to the DY5 MLIU percentage goal multiplied by the DY5 total QPI goal, or as indicated in the DY5 goal language. If, based on HHSC's determination pursuant to paragraph 41(a)(ii)(B), the total QPI goal has been changed, the MLIU QPI goal will also be changed in proportion to the total QPI goal.
2. The pre-DSRIP baseline for MLIU QPI is equal to the pre-DSRIP baseline for total QPI multiplied by the earliest MLIU percentage goal on record with HHSC. For example, if a project's pre-DSRIP baseline for total QPI is 100 individuals, and the DY3 MLIU percentage target was 20%, the pre-DSRIP baseline for total QPI in DY6 would be 100, and the pre-DSRIP baseline for MLIU QPI would be 20.
3. Although all DSRIP projects must have a DY6 MLIU QPI goal, DSRIP projects under paragraph 41(a)(iii)(C), with the exception of projects subject to paragraph 41(a)(iii)(C)(4), will have an MLIU QPI

milestone that is pay-for-reporting (P4R). This means that the Performing Provider will be eligible to receive payment for the project's MLIU QPI milestone by reporting their actual MLIU QPI achievement in DY6, regardless of whether they achieved the MLIU QPI goal.

4. HHSC may determine that some of these DSRIP projects must have an MLIU QPI milestone that is P4P, meaning that the Performing Provider must demonstrate achievement of the project's MLIU QPI goal in order to receive payment for the MLIU QPI milestone. These DSRIP projects include the following:
  - a) All Project Area 1.9 DSRIP projects, as described by the RHP Planning Protocol;
  - b) DSRIP projects that did not achieve the estimated MLIU percentage in DY3, DY4, or DY5, and that caused them to have a higher than expected value per MLIU individual/encounter;
  - c) DSRIP projects for which HHSC notified the Performing Provider that the project was eligible to continue with changes, but the project's MLIU QPI milestone must be P4P; and
  - d) DSRIP projects that included an MLIU goal in their QPI metric Baseline/Goal statement of their own choosing or that were required to address MLIU to receive CMS initial DSRIP project approval.
- D. Certain DSRIP projects are eligible for an adjustment to the DSRIP project's DY6 MLIU QPI goal. These DSRIP projects include:
  1. A DSRIP project that HHSC identifies as underperforming on MLIU estimates in the initial demonstration period;
  2. A DSRIP project that is reporting on individuals or encounters that meet the MLIU definition for the initial demonstration period, but will not meet the MLIU definition for the extension period; and
  3. Any other DSRIP project that HHSC determines has a strong justification for an adjustment.
- E. Performing Providers of a DSRIP project described in paragraph 41(a)(iii)(D) may, by a date to be determined by HHSC, request an adjustment to the DSRIP project's DY6 MLIU QPI goal.
- F. In DY6, DSRIP projects must retain the same total QPI grouping from the initial demonstration period for MLIU QPI.
- G. DSRIP projects may carry forward MLIU QPI milestones from DY6A to DY6B/ DY7.
- H. To be eligible for the MLIU QPI milestone payment, beginning in DY6, Performing Providers must report for each DSRIP project the MLIU individuals served or MLIU encounters provided at the individual or encounter level as opposed to the percentage of total QPI.
  1. There are limited exceptions to this requirement. Performing Providers may request an exception to this requirement by a date to be

determined by HHSC. DSRIP projects eligible for an exception include:

- a) A DSRIP project for which the Performing Provider did not assess the DSRIP project participants' health insurance coverage or financial status prior to September 30, 2015, and instead used a proxy to estimate the MLIU population served in their October DY4 QPI Reporting Template, and:
  - 1) Utilizes an intervention site that is a school, non-medical social service office (i.e., shelter), or community health fair;
  - 2) Is in Project Area 1.6 (Enhance Urgent Medical Advice), 2.6 (Implement Evidence-based Health Promotion), or 2.7 (Implement Evidence-based Disease Prevention Programs) as described by the RHP Planning Protocol; or
  - 3) The Performing Provider is a Local Health Department that does not bill Medicaid for the types of services provided through the DSRIP project; or
- b) Any other DSRIP project that HHSC determines has a strong justification for an exception.

iv. *Non-QPI Milestones*

A. DSRIP projects must include the following non-QPI milestones in DY6:

- 1. Core component reporting, which may include continuous quality improvement (CQI); and
- 2. Sustainability planning, which may include:
  - a) Activities toward furthering the exchange of health information, integration into managed care, or collaboration with other community partners; and/ or
  - b) A project-level evaluation.

Performing Providers must report on their activities for these milestones in order to be eligible for milestone payment.

B. DSRIP projects may report on non-QPI milestones only during the second reporting period of DY6A, and may not carry forward non-QPI milestones from DY6A to DY6B/ DY7.

b. Category 3 Requirements for DY6

- i. The Category 3 outcome values for DY6A are the same as the Category 3 outcome values for DY5.
  - A. However, if a Performing Provider's Category 4 value is greater than 10 percent of their total value, the additional funds will be proportionately redistributed to Category 3.
- ii. If a Category 3 outcome is designated as Pay for Performance (P4P) in DY5, 100 percent of the value in DY6 is P4P.
- iii. If a Category 3 outcome is designated as Pay for Reporting (P4R) or Maintenance (outcomes designated as Maintenance were high performing at baseline with no



- reasonable room for improvement and have been approved to use a milestone structure that includes an alternate improvement activity) in DY5 and has a Population Focused Priority Measure, 100 percent of the value in DY6 is P4P of the Population Focused Priority Measure.
- iv. If a Category 3 outcome is designated as P4R in DY5 with an associated Stretch Activity, 50 percent of the Category 3 outcome's value is P4R of the Category 3 outcome and 50 percent is for completion of a stretch activity in DY6A.
    - A. A stretch activity may be selected from the following if it was not selected in DY5
      - 1. Program evaluation (Alternate approaches to program and outcome linkages).
      - 2. New participation in Health Information Exchange (HIE), or improvement of existing HIE structure.
      - 3. Cost analysis and value-based purchasing planning.
  - v. If a Category 3 outcome is designated as Maintenance in DY5 with an associated Stretch Activity, 100 percent of the value in DY6 is for statistically significant maintenance of the approved baseline rate.
  - vi. For most Category 3 outcomes, DY6 goals will be set as an improvement over the baseline approved in DYs 3-5 to be achieved in the Performing Provider's third 12-month performance year (PY) following baseline.
    - A. For outcomes designated as Quality Improvement System for Managed Care (QISMC) with a baseline between the High Performance Level (HPL) and Minimum Performance Level (MPL), PY3 goals will be set as a 25 percent gap closure towards the HPL used for goal setting in DYs 3-5, or with a minimum improvement floor for outcomes with a baseline close to the HPL. For outcomes with a baseline below the MPL, PY3 goals will be a 15% gap closure between the MPL and the HPL.
    - B. For outcomes designated as Improvement Over Self (IOS), DY6 goals will be set as a 12.5 percent gap closure towards perfect over baseline.
    - C. HHSC will develop an alternate DY6 goal-setting methodology for outcomes designated as IOS - Survey.
  - vii. Partial payment for DY6 will be measured over the PY1 goal. For outcomes approved to use a baseline established in DY4, partial payment will be measured over the PY1 equivalent goal, which is a 5 percent IOS or 10 percent QISMC gap closure.

Percent of Goal Achieved for Category 3 Outcomes in DY6			
PY	Milestone	Positive Direction (higher rates indicate improvement)	Negative Direction (lower rates indicate improvement)
PY3	DY6 AM-3.x	(PY3 achieved - PY1 goal or equivalent)/(PY3 goal - PY1 goal or equivalent)	(PY1 goal or equivalent - PY3 achieved)/(PY1 goal or equivalent - PY3 goal)
PY4	Carryforward of DY6 AM-3.x	(PY4 achieved - PY1 goal or equivalent)/(PY3 goal - PY1 goal or equivalent)	(PY1 goal or equivalent - PY4)/(PY1 goal or equivalent - PY3 goal)

- viii. Performing Providers may carry forward Category 3 milestones from DY6A to DY6B/ DY7.

**c. Category 4 Requirements for DY6**

- i. Requirements for Category 4 in DY6 are the same as the requirements for Category 4 Reporting Domains (RDs) 1 - 5 in DY5.
- ii. If a Performing Provider's Category 4 value is greater than 10 percent of their total value, the additional funds will be proportionately redistributed to Category 3. The optional RD6 will be removed in DY6 as it was required to value Category 4 at the 15 percent maximum in DYs 3-5.

**42. Requirements for Combining Certain DSRIP Projects**

- a. Certain DSRIP projects may be eligible to combine in DY6 based on Performing Provider requests to combine. These DSRIP projects must:
  - i. Be eligible to continue into the extension period;
  - ii. Not exceed a DY6A value of \$5 million when combined; and
  - iii. Be one of the following:
    - A. Cross-regional community mental health center DSRIP projects;
    - B. Similar DSRIP projects by the same Performing Provider; or
    - C. Similar DSRIP projects by different Performing Providers within the same health system.
- b. HHSC will combine these DSRIP projects' total QPI metrics, MLIU QPI metrics, and MLIU QPI goals, as well as their pre-DSRIP baselines, into:
  - i. One total QPI milestone and goal;
  - ii. One MLIU QPI milestone and goal; and
  - iii. One pre-DSRIP baseline for each.

**43. DSRIP Requirements for Uncompensated Care (UC) Only Hospitals**

- a. A UC only hospital must participate in an annual learning collaborative.

**44. Remaining DSRIP Funds**

- a. The funds in the DSRIP pool not allocated to DSRIP projects for DY6 will be reallocated.
  - i. Funds are reallocated to increase Performing Providers' total value to up to \$250,000 per each subsequent DY beginning in DY6, as described in paragraph 39(a)(ii).

- ii. The Anchoring Entity of an RHP will be allocated the greater of the regional DSRIP Funding Allocation Percentage as defined in paragraph 27(a) multiplied by \$20 million or the following minimum allocations based on tier:
- A. A Tier 1 RHP Anchoring Entity has no minimum DY6 allocation.
  - B. A Tier 2 RHP Anchoring Entity has no minimum DY6 allocation.
  - C. A Tier 3 RHP Anchoring Entity has a minimum DY6 allocation of \$1,250,000.
  - D. A Tier 4 RHP Anchoring Entity has a minimum DY6 allocation of \$625,000. A Tier 4 RHP's minimum DY6 allocation may be increased to \$800,000 if the Anchoring Entity meets the requirements described in paragraph 45(a)(i).

**DY6 Anchoring Entity Allocation (All Funds)**

RHP	Tier	Funding Allocation %	DY6 Anchoring Entity Allocation	DY6 Anchoring Entity Allocation with Regional Learning Collaboratives
1	3	4.00%	\$1,250,000	\$1,250,000
2	3	3.78%	\$1,250,000	\$1,250,000
3	1	20.22%	\$4,044,045	\$4,044,045
4	3	4.23%	\$1,250,000	\$1,250,000
5	4	7.02%	\$1,404,587	\$1,404,587
6	2	10.15%	\$2,029,347	\$2,029,347
7	3	6.04%	\$1,250,000	\$1,250,000
8	4	1.66%	\$625,000	\$800,000
9	2	14.29%	\$2,857,364	\$2,857,364
10	2	9.74%	\$1,948,289	\$1,948,289
11	4	1.16%	\$625,000	\$800,000
12	3	3.56%	\$1,250,000	\$1,250,000
13	4	0.67%	\$625,000	\$800,000
14	4	2.29%	\$625,000	\$800,000
15	3	4.41%	\$1,250,000	\$1,250,000
16	4	1.30%	\$625,000	\$800,000
17	4	1.89%	\$625,000	\$800,000
18	4	1.22%	\$625,000	\$800,000
19	4	0.95%	\$625,000	\$800,000
20	4	1.44%	\$625,000	\$800,000
		<b>100.00%</b>	<b>\$25,408,632</b>	<b>\$26,983,632</b>

- iii. The DY6 Anchoring Entity allocation is in lieu of the anchor administrative payment.

**45. Anchoring Entity Requirements**

- a. To receive its DY6 Anchoring Entity allocation, an Anchoring Entity must:

- i. Submit a DY6 learning collaborative plan at the beginning of DY6 if it is the Anchoring Entity of a Tier 1, 2, or 3 region or it is the Anchoring Entity of a Tier 4 region that wishes to receive the enhanced allocation.
  - A. The DY6 learning collaborative plan, at a minimum, must include an annual regional learning collaborative. The learning collaborative must include a focus on DSRIP integration into Medicaid managed care, value-based purchasing and/or alternative payment methods and sustainability strategies for low-income uninsured. The Anchoring Entity could meet also meet this requirement through a work group(s) that would be in addition to the annual learning collaborative.
  - B. Two or more regions may work together to submit a cross-regional DY6 learning collaborative plan.
  - C. HHSC will develop a template that includes the required activities specified in paragraph 45(a)(i)(A). Anchors will complete each element in the template and HHSC will follow up if the template questions are incomplete.
- ii. Extension Stakeholder Engagement Forum: Once CMS and HHSC agree on the longer term extension, the RHP Anchoring Entity will conduct this forum with stakeholders to promote collaboration in the next phase of the waiver and community goals. The feedback from this forum should be used to inform the learning collaborative plan for DY6B and beyond. The RHP Anchoring Entity will post a copy of the updated RHP Plan on the RHP's website prior to the stakeholder engagement forum.
- iii. Submit the following information in June 2017, or by another date specified by HHSC:
  - A. The region's community needs assessment that was submitted with the original RHP plan in 2012 that has been updated as appropriate to reflect major changes, including changes to the priority needs;
  - B. A description of the process used to update the region's community needs assessment, including the process used to obtain stakeholder feedback; and
  - C. The RHP plan that was submitted in 2012 that has been updated for DY6B onward. This will include next steps for DSRIP projects as agreed upon by HHSC and CMS that would occur beginning DY7.
- iv. Submit documentation during October 2017 that demonstrates that the Anchoring Entity implemented the DY6 learning collaborative plan.

#### **46. Compliance Monitoring of DSRIP Projects**

- a. All RHP plans are subject to potential audits, including review by the independent assessor. Upon request, Performing Providers must have available for review by the independent assessor, HHSC, and CMS, all supporting data and back-up documentation demonstrating performance as described under an RHP plan for DSRIP payments.

Failure of a Performing Provider to provide supporting documentation of metric or milestone achievement may result in recoupment of DSRIP payments.