

Health and Human Services Executive Council

February 17, 2022

1. Welcome and Opening Remarks

Call to order. The meeting was called to order by the Executive Commissioner.

Roll call. Roll Call was conducted.

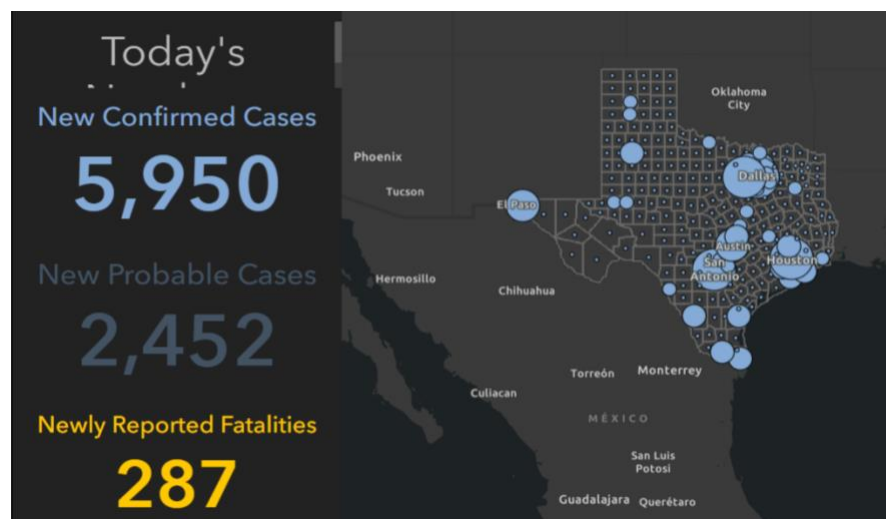
Explanation of proceedings using Microsoft Teams meeting. Staff from HHSC explained the procedures for using the Teams meeting platform.

Executive Commissioner's welcome and remarks. The Commissioner commented on the reappointment of two members and the appointment of two new members.

SB8 implementation is a focus of HHSC that provides medical staffing across the state through federal COVID funds

HHSC is preparing for the end of the public health crisis developing comprehensive resources for the planning of transition out of the public health emergency

Department of State Health Services Commissioner's remarks. Provided an update of the COVID 19 pandemic response for Texas. [COVID-19 - Cases \(arcgis.com\)](https://arcgis.com)



The Omicron wave is coming down. He stated that as of January 31st they marked two years of operation of the State Medical Operations Center (SMOC). This provides large scale cooperation among health providers, counties, and the state. There has been a minimum of 5.4 million cases of

COVID. The most common variant presently is the Omicron which spread faster than the other variants. Testing in Texas is very robust. The positivity rate reached a high of 36.7 percent. Now the positivity rate is down to 12%. This peak brought us to the highest number of hospitalizations 13,360 as of January of this year and now has dropped to just over 6,000 hospitalizations. Cumulative fatalities are 81,557. Forty two point one (42.1) million vaccine doses have been administered. 64% of all Texans have completed their primary series of vaccinations. 915,000 12-18 years of age Texans have completed their vaccine series. There are over 10 million Texans eligible for their booster but have not received it.

Compared to last week influenza illness has increased. [Flu | Activity Report 2020-2021 \(texas.gov\)](#). So far there have been no pediatric influenza deaths so far.

Inspector General's Quarterly Report. From September 1 to November 30, 2021, the Office of Inspector General recovered just over \$112 million. In addition, we identified more than \$202 million in potential future recoveries and achieved more than \$38 million in cost avoidance by deterring potentially questionable spending before it could occur.

The agency's quarterly report has been redesigned to better communicate our work to strengthen Texas' capacity to combat fraud, waste, and abuse in publicly funded, state-run health and human services programs. We recategorized the report's content to reflect our efforts in provider integrity, client accountability, retailer monitoring and health and human services oversight. The report also has a section about our engagement with critical stakeholders. A new section titled "OIG in Focus" takes a deeper dive into a wide range of pertinent topics relevant to the OIG's mission.

As we head toward the new calendar year, the OIG team will continue to follow its core values – Accountability, Integrity, Collaboration and Excellence – in performing our work on behalf of Texas taxpayers. We will not only ensure program integrity but also prevent fraud, waste, and abuse from happening in the first place. I am honored to work with this outstanding team.

[quarterly_report_qtr1_fy2022.pdf \(texas.gov\)](#)

2. Rule proposals*

Administrative Procedures Act (APA) public comment period has closed†

[Texas Health and Human Services Commission \(HHSC\) proposes an amendment to a rule in TAC, Title 1, Part 15, Chapter 355, Reimbursement Rates, Subchapter J, Division 11, §355.8212, concerning Waiver Payments to Hospitals for Uncompensated Charity Care](#)

Background. The Texas Health and Human Services Commission proposes an amendment to Texas Administrative Code, Part 15, Chapter 355, Subchapter J, Division 11, Section 355.8212.

Texas Health and Human Services Commission (HHSC) makes Uncompensated Care (UC) payments to qualifying hospitals that serve a large number of Medicaid recipients and uninsured individuals. Attachment H of the 1115 Waiver establishes rules and guidelines for the State to claim federal matching funds for UC payments. This proposal amends the definitions of certain provider classes, describes a time frame during which the provider classes are classified into certain categories, and updates and clarifies other provisions.

House Bill (H.B.) 3301, 86th Legislature, allowed qualifying hospitals in low-population areas to enter into merger agreements, subject to receipt of a Certificate of Public Advantage (COPA). In 2019, COPAs were approved for two merger agreements. The mergers resulted in each of the merged entities being designated a Sole Community Hospital (SCH) by the federal Centers for Medicare and Medicaid Services (CMS). This SCH designation in turn resulted in each of the merged entities to be classified as rural hospitals under HHSC rules, significantly shifting the rural set-aside funds for Demonstration Year 10 (DY10).

As a result, HHSC will update the rule to redefine the classification criteria for a rural hospital and update the rural set-aside amount to address the large shift in funds by setting the rural set-aside to the maximum costs for DY10. For Demonstration Year 11 (DY11) and onward, the rural set-aside will be the lesser of DY10 costs or that demonstration year's maximum costs.

Fiscal Impact. None reported

Rule Development Schedule

December 24, 2021	Publish proposed rules in <i>Texas Register</i>
February 17, 2022	Present to HHSC Executive Council
March 2022	Publish adopted rules in <i>Texas Register</i>
March 2022	Effective date

Public Comment. No public comment provided

[HHSC proposes an amendment to a rule in TAC, Title 1, Part 15, Chapter 355, Reimbursement Rates, Subchapter J, Division 6, §355.8101, concerning Rural Health Clinics Reimbursement](#)

Background. The Texas Health and Human Services Commission proposes an amendment to §355.8101, relating to Rural Health Clinics (RHC) Reimbursement, in Title 1, Part 15, Chapter 355, Subchapter J, Division 6.

The purpose of the proposed amendment is to comply with H.B. 4, 87th Legislature, Regular Session 2021, and to make other amendments to enhance clarity, consistency, and specificity. HHSC is required by H.B. 4 to ensure an RHC is reimbursed for a covered telemedicine or telehealth medical service delivered by a health care provider to a Medicaid recipient at an RHC facility.

The proposed rule includes reformatted text for clarity and transparency in subsection (h) and subsection (l) with form updates in subsection (j). Additional clarifying updates are made to ensure consistency throughout the rule and that the rule appropriately describes current practices.

Fiscal Impact. No fiscal impact reported

Rule Development Schedule

January 14, 2022	Publish proposed rules in <i>Texas Register</i>
February 17, 2022	Present to HHSC Executive Council
March 2022	Publish adopted rules in <i>Texas Register</i>
March 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes the repeal of a rule in TAC, Title 1, Part 15, Chapter 355, Reimbursement Rates, Subchapter J, Division 4, §355.8068, and new rules in Subchapter L, §§355.8701 - 355.8706, concerning Local Funds Monitoring and Reporting Program](#)

Background. The Texas Health and Human Services Commission (HHSC) proposes the repeal of §355.8068, concerning Local Provider Participation Fund Reporting, in Subchapter J, Division 4 of the Texas Administrative Code and new Subchapter L comprising of §§355.8701 - 355.8706, concerning Local Funds Monitoring requirements, in Subchapter L of the TAC.

The proposal implements the 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, HHSC, Rider 15(b)), which requires HHSC to create an annual report to include:

- information on all mandatory payments to a Local Provider Participation Fund (LPPF) and all uses for such payments, including the amount of funds from an LPPF for each particular use;

- the total amount of intergovernmental transfers used to support Medicaid;
- the total amount of certified public expenditures used to support Medicaid;
- a summary of any survey data collected by HHSC to provide oversight and monitoring of the use of local funds in the Medicaid program; and
- all financial reports submitted to the Centers for Medicare and Medicaid Services (CMS).

The repeal of §355.8068 is necessary as the content of the rule is encompassed in the new proposed rules.

The proposal is necessary to comply with the requirements of 42 CFR §433.51, Public Funds as the State Share of Financial Participation, 42 CFR §433.68, Permissible Health Care-Related Taxes, 42 CFR §433.74, Reporting Requirements, and 1903(w)(1)(A)(i), 1903(w)(1)(A)(i)(I), and 1903(w)(1)(A)(ii) of the Social Security Act. Compliance includes the requirement for HHSC to maintain, in readily reviewable form, supporting documentation that provides a detailed description and legal basis for local funds, as well as the source and use of all mandatory assessments.

Fiscal Impact. HHSC anticipates the need for full-time equivalents (FTEs) and the development of a portal to collect information from governmental entities to effectively administer the local funds monitoring as prescribed by Rider 15. There is no anticipated cost to the state as HHSC has authority to expend funds received via intergovernmental transfer as Appropriated Receipts-Match for Medicaid No. 8062 for the purpose of matching Medicaid Federal Funds for payments to Medicaid providers and to offset administrative costs for the applicable programs HHSC administers.

	SFY 22	SFY 23	SFY 24	SFY 25	SFY 26
State	\$0	\$0	\$0	\$0	\$0
Other	\$3,042,771	\$2,932,057	\$2,293,938	\$2,293,938	\$2,293,938
Federal	\$3,042,771	\$2,932,057	\$2,293,938	\$2,293,938	\$2,293,938
Total	\$6,085,542	\$5,864,114	\$4,587,876	\$4,587,876	\$4,587,876

Rule Development Schedule

January 14, 2022,	Publish proposed rules in <i>Texas Register</i>
February 17, 2022,	Present to HHSC Executive Council
April 2022	Publish adopted rules in <i>Texas Register</i>
April 2022	Effective date

Public Comment. No public comment was offered.

Submitted to the Texas Register – APA public comment period has not closed

[HHSC proposes the amendment to a rule in TAC, Title 1, Part 15, Chapter 355, Reimbursement Rates, Subchapter C, §355.312, concerning Nursing Facility Liability Insurance Add-on Rates](#)

Background. The Texas Health and Human Services Commission (HHSC) proposes an amendment to Section 355.312, concerning Reimbursement Setting Methodology--Liability Insurance Costs. The purpose of the proposal is to streamline the payment of liability insurance add-on rates by replacing the current certification requirements with an annual provider attestation to be completed during an open enrollment period. The amendment seeks to improve the timeliness of payments for add-on rates to nursing facility providers serving Medicaid residents for maintaining acceptable liability insurance coverage, in accordance with Section 32.028(h) of the Texas Human Resources Code. The proposed amendment defines eligibility criteria and clarifies how the add-ons are paid for new facilities and facilities undergoing a change of ownership. This amendment also describes the circumstances under which HHSC may recoup the add-on payments.

Fiscal Impact. No fiscal impact reported

Rules Development Schedule

January 21, 2022	Publish proposed rules in <i>Texas Register</i>
February 17, 2022	Present to HHSC Executive Council
June 2022	Publish adopted rules in <i>Texas Register</i>
June 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes a new rule in TAC, Title 1, Part 15, Chapter 355, Reimbursement Rates, Subchapter B, §355.207, concerning American Rescue Plan Act Home and Community-Based Services Provider Retention Payments](#)

Background. The Texas Health and Human Services Commission (HHSC) proposes new Texas Administrative Code, Part 15, Chapter 355, Subchapter B, §355.207, concerning American Rescue Plan Act (ARPA) Home and Community-Based Services (HCBS) Provider Retention Payments. The proposed new rule establishes the criteria for providers to receive retention payments under the terms of HHSC's spending plan for the ARPA enhanced HCBS funding. Section 9817 of the ARPA

temporarily increases the Federal Medical Assistance Percentage by 10 percentage points, up to 95 percent, for certain allowable HCBS medical assistance expenditures under the Medicaid program beginning April 1, 2021 and ending March 31, 2022.

HHSC submitted an initial spending plan and spending narrative to the Centers for Medicare and Medicaid Services on July 12, 2021 and received partial approval on August 19, 2021. Part of HHSC's spending plan included recruitment and retention payments, to be used for retention bonuses or other activities, for providers delivering attendant and direct care HCBS.

Fiscal Impact.

	SFY22	SFY23	SFY24	SFY25	SFY26
State	\$ 189,038,308	0	0	0	0
Federal	\$ 294,188,451	0	0	0	0
Total	\$ 483,226,760	0	0	0	0

Rule Development schedule

February 4, 2022	Publish proposed rules in <i>Texas Register</i>
February 17, 2022	Present to HHSC Executive Council
April 2022	Publish adopted rules in <i>Texas Register</i>
April 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes the amendments to rules and new rules in TAC, Title 1, Part 15, Chapter 391. Purchase of Goods and Services by the Texas Health and Human Services Commission. Subchapters A - C, E, and F, concerning Purchasing](#)

Background. The proposal is necessary to implement Senate Bill (S.B.) 799 and S.B. 1896, 87th Texas Legislature, Regular Session, 2021. S.B. 799 made changes to laws relating to contracting procedures and requirements for governmental entities including, increasing the dollar thresholds for certain types of purchases, and adds authority to make direct contract awards that are not subject to competitive advertising and evaluation requirements in certain situations for the HHSC Office of Inspector General, HHSC state operated facilities, and for the professional services of physicians, optometrists, and registered nurses. S.B. 1896 classified the Department of Family and Protective Services (DFPS) as a health and human services agency subject to the procurement



authority under Texas Government Code Section 2155.144. The proposed rules also add procedures for HHSC to make purchases through a group purchasing program as authorized by Texas Government Code Sections 2155.144 and 2155.1441.

Fiscal Impact. No fiscal impact reported

Rule Development Schedule.

February 11, 2022	Publish proposed rules in <i>Texas Register</i>
February 17, 2022	Present to HHSC Executive Council
May 2022	Publish adopted rules in <i>Texas Register</i>
May 2022	Effective date

Public Comment. No public comment was offered.

Not yet submitted to the Texas Register for APA public comment

[DSHS proposes the repeal of a rule in TAC, Title 25, Part 1, Chapter 157, Emergency Medical Care, Subchapter C, §157.41, concerning Automated External Defibrillators for Public Access Defibrillation](#)

Background. The repeal of Texas Administrative Code, Title 25, Chapter 157, Emergency Medical Care, Subchapter C, §157.41, concerning Automated External Defibrillators for Public Access Defibrillation is necessary to implement Senate Bill (S.B.) 199, 87th Legislature, Regular Session, 2021. S.B. 199 repealed Texas Health and Safety Code §779.002 and removed the rulemaking authority for the Executive Commissioner of the Texas Health and Human Services Commission and placed the authority to develop rules according to Texas Education Code, Section 21.0541 with the State Board for Educator Certification.

Fiscal Impact. No fiscal impact reported.

Rule Development Schedule

February 17, 2022	Present to HHSC Executive Council
March 2022	Publish proposed rules in <i>Texas Register</i>
July 2022	Publish adopted rules in <i>Texas Register</i>
July 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes the repeal of rules in TAC, Title 40, Part 1, Chapter 30, Medicaid Hospice Program, and new rules in Title 26, Part 1, Chapter 266, Medicaid Hospice Program, concerning the Medicaid Hospice Program](#)

Background. The Texas Health and Human Services Commission proposes to repeal rules in Texas Administrative Code, Title 40 (40 TAC), Chapter 30, relating to Medicaid Hospice Program and relocate the rules to Title 26 (26 TAC), Chapter 266, relating to Medicaid Hospice Program, as part of the consolidation of HHSC's rules in 26 TAC.

Proposed new Chapter 266 will make HHSC's Medicaid Hospice Program rules consistent with the federal Medicare hospice regulations, add definitions used in the chapter, include details of utilization review policy requirements, such as describing what the individualized plan of care must include, types of required documentation that a hospice must maintain, and specifics regarding the certification of terminal illness, and update standards to protect the health and safety of individuals receiving hospice care.

The proposed new rules in Chapter 266 incorporate the federal rate changes in Title 42, Code of Federal Regulations (42 CFR), Part 418, Subpart G, Payment for Hospice Care, that HHSC implemented on January 1, 2016. These changes allow providers to be reimbursed at a higher rate during the first 60 days of routine home care and the final seven days. Additionally, the proposed new rules create an annual aggregate cap and align it with the federal fiscal year. The proposed new rules also align hospice election periods to those in 42 CFR, Part 418, Subpart B, Duration of hospice care coverage – Election periods.

The proposed new rules also include hospice documentation requirements, recoupment of payments, and the option to request an informal review of and appeal proposed recoupment. The proposed new rules in Chapter 266 do not include the rules proposed for repeal in 40 TAC §30.2, concerning Purpose; §30.92, concerning Minimum Data Set Assessment; and §30.100, concerning Additional Requirements, because HHSC determined the rules to be either unnecessary or no longer applicable.

The proposed new rules also update agency names, replace references to the "initial period of care" with references to the "initial election period," and replace references to "recipient" or "beneficiary" with references to "individual."

Fiscal Impact. No fiscal impact was reported

Rule Development Schedule

February 10, 2022	Present to the Medical Care Advisory Committee
February 17, 2022	Present to HHSC Executive Council
March 2022	Publish proposed rules in <i>Texas Register</i>
May 2022	Publish adopted rules in <i>Texas Register</i>
May 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes the amendments to rules in TAC, Title 26, Part 1, Chapter 745, Licensing, Subchapter F, Division 2, §§745.609, 745.611, 745.613, 745.615, and 745.617, concerning Fingerprint Criminal History Checks](#)

Background. The proposal implements Senate Bill 1061, 87th Legislature, Regular Session, 2021, which amends Sections 42.159 and 42.206 of the Texas Human Resources Code (HRC) relating to Small Employer-Based Child Care (SEBCC) Operations and Shelter Care Operations. Currently, persons required to have a background check at these operation types are only required to have a name-based Texas criminal history check. The amendments will now require most persons at these operations to submit fingerprints, so a fingerprint-based criminal history check may be conducted. The change will allow Texas Health and Human Services Commission (HHSC) Child Care Regulation (CCR) access to the Federal Bureau of Investigations (FBI) National Rap Back Service by receiving immediate notification of a change in a person's criminal history. The amendments will also make the criminal history background check requirements for SEBCC Operations and Shelter Care Operations more consistent with the criminal history background check requirements for other operation types that CCR regulates.

Fiscal Impact. No fiscal impact was reported

Rule Development Schedule

February 17, 2022	Present to HHSC Executive Council
March 2022	Publish proposed rules in <i>Texas Register</i>
July 2022	Publish adopted rules in <i>Texas Register</i>
July 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes new rules in TAC, Title 26, Part 1, Chapter 742, Minimum Standards for Listed Family Homes, Subchapter E, §742.508, and Chapter 747, Minimum Standards for Child-Care Homes, Subchapter H, §747.2318, concerning Tummy Time Supervision in Child-Care Homes](#)

Background. The purpose of the proposal is to implement the portion of Senate Bill (S.B.) 225, 87th Legislature, Regular Session, 2021, that amended Chapter 42, Human Resources Code by adding Section 42.04291. This new section requires Child Care Regulation (CCR) to establish standards for listed family homes and registered and licensed child-care homes for the visual and auditory supervision of an infant engaged in time on the infant's stomach while awake (i.e., tummy time). To meet this legislative requirement, CCR is proposing a new rule that specifies supervision requirements for when an infant is engaged in tummy time activities in both Chapter 742, Minimum Standards for Listed Family Homes, and Chapter 747, Minimum Standards for Child-Care Homes.

Fiscal Impact. No fiscal impact was reported

Rule Development Schedule.

February 17, 2022	Present to HHSC Executive Council
March 2022	Publish proposed rules in <i>Texas Register</i>
July 2022	Publish adopted rules in <i>Texas Register</i>
July 2022	Effective date

Public Comment. No public comment was offered.

[HHSC proposes the amendments to rules in TAC, in Title 26, Part 1, Chapter 550, Licensing Standards for Prescribed Pediatric Extended Care Centers, Subchapter B, §550.108, Chapter 551, Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions, Subchapter B, §551.16, Chapter 553, Licensing Standards for Assisted Living Facilities, Subchapter B, §553.35, and Chapter 559, Day Activity and Health Services Requirements, Subchapter B, §559.16, concerning Temporary Licenses for Long-term Care Provider Changes of Ownership](#)

The purpose of this proposal is to authorize HHSC to issue a temporary license for a change of ownership involving a pediatric extended care center (PPECC), an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID), an assisted living facility (ALF), and a day activity and health services (DAHS) facility in the new owner's name. Issuing a temporary license in the new owner's name allows for the license to accurately reflect the new ownership

during the period between the official date of the change of ownership per the application and when HHSC completes a health inspection of the facility or center. The proposed amendments authorize HHSC to issue a standard license reflecting the new owner and the official date of the change of ownership once the facility or center passes the health inspection and the new owner and facility or center meet all applicable licensure requirements.

Nursing facility (NF) rules at 26 TAC §554.210(e) currently authorize HHSC to issue a temporary license to an NF that has undergone a change of ownership while HHSC completes a health inspection. Current rules for PPECCs, ICF/IIDs, ALFs, and DAHS facilities do not have this option. Instead, HHSC issues a standard license following a health inspection to a PPECC, an ICF/IID, an ALF, or a DAHS facility that has undergone a change of ownership. During the time it takes to successfully complete the health inspection and issue a standard license, the new owner may be unable to engage in necessary business such as entering contracts with vendors and is not authorized to bill for Medicaid services. By issuing a temporary license while HHSC completes a health inspection, the new owner can enter into business contracts and begin billing for Medicaid services more expeditiously.

Fiscal Impact. No fiscal impact was reported

Rule Development Schedule

February 17, 2022	Present to HHSC Executive Council
March 2022	Publish proposed rules in <i>Texas Register</i>
July 2022	Publish adopted rules in <i>Texas Register</i>
July 2022	Effective date

Public comment

Carmen Tilton, Texas Assisted Living Association stated their support for this item but expressed concern on some ambiguity. How long HHSC takes to approve and review the temporary license. It was suggested that a time limitation be included. This creates problem between the previous owner and the new owner. This is a problem when there are residents living in the facility. There is a need to explicitly state when the new owner takes control of the facility.

3. Advisory Committee Recommendations*

[Joint Committee on Access and Forensic Services](#)

The Joint Committee on Access and Forensic Services (JCAFS) proposed the following recommendations, which are listed under categories the committee advises the Texas Health and Human Services Commission to address. Note that the order in which the categories and recommendations are listed does not indicate priority.

Category 1: Increase access to treatment in the community

- Allow Local Mental Health Authorities/Local Behavioral Health Authorities more flexibility to provide evidence-based services, including psychotherapy for broader diagnostic groups.
- Provide more training for clinicians to provide evidence-based psychotherapy for high acuity patients.
- Reassess state budget funding to address additional direct care positions.
- Increase the range of supportive and residential housing options.
- Explore expanded and tailored housing options.
- Allow access to short-term acute community beds for jail use.

Category 2: Increase access to Private Psychiatric Bed funding

- Increase Private Psychiatric Bed funding to address the increased volume of high need individuals who are unable to access state mental health facilities.

Category 3: Utilize best practices for jail-diversion

- Utilize best practices for jail-diversion such as pre-arrest diversion (mental health deputies, co-response models) programs, including use of peers for co-response
- Expand availability of Outpatient Competency Restoration (OCR) and Jail-Based Competency Restoration (JBCR)
- Expand peer support, clubhouses, and respite services for adults and youth, including peer respite services

Category 4: Increase access to long-term care in the community

- Increase access to long-term inpatient and long-term supportive housing options in the community for people who have chronic mental illnesses refractory to treatment

Category 5: Increase access to step-down facilities

- Step-down supportive housing options are needed for individuals who need care for longer than 7 days.

Category 6: Develop proposals for long-term residential facilities

- Study outcomes of current LMHA programs that are conducting pilot programs for transitional/step-down supportive housing.
- Scale-up transitional LMHA programs that are working.
- Work with the Texas Council of Community Centers to develop proposals for the creation of long-term housing options.

Category 7: Provide stakeholder/community education

- Provide stakeholders with a cost-benefit analysis of creating long-term permanent supportive housing options.
- Educate the community regarding the positive impact that long-term supportive housing options would have on the lives of individuals living with chronic mental illness and on the lives of their family members as well as members of society as a whole.

Pediatric Acute-Onset Neuropsychiatric Syndrome Advisory Council

PANSAC Council Recommendations for Dissemination of Information/Strategies for Outreach

1. Our council recommends that HHSC use cost-effective strategies for dissemination of the information proposed for increasing clinical awareness and education including emails and social media. These initial emails and social media endeavors are recommended to be sent to the target audiences that have been identified by this council. Our council recommends that the HHS Office of Communications develop HHSC content materials to be used for this purpose. The ASPIRE materials identified by the council are professional examples of content that is scientifically sound and well-aligned with the purposes of this council.
2. In addition to email and social media efforts that are being recommended, this council proposes that HHSC also use email and social media to announce a PANS Awareness Day for Texas on October 9 of each year. This aligns with other organizations who have selected this day to increase awareness on state and national levels.
3. Another recommendation of this council is to create a series of webinars directed to our target audience groups to increase clinical awareness and education. This council recommends that this be initially incorporated into other HHSC educational offerings as a topic of interest and education for those interested in health in the state of Texas.
4. This council recommends building on these educational efforts by working with HHSC to create a blog or vlog related to the topic of PANS.

5. This council also recommends that HHSC incorporate the topic of PANS into other educational offerings including live seminars and regional meetings.

6. On the topic of strategies for outreach, engaging our Texas communities in research about PANS is recommended. A list of research topics will be identified in Appendix I, and this committee recommends that HHSC collaborate with Texas professional organizations and researchers to initiate these research projects during the coming months.

7. This council recommends that more research be performed to evaluate other therapeutics that are being used by medical professionals to treat these patients with refractory symptoms or unique challenges, such as antibiotic intolerances and/or antibiotic allergies.

8. Finally, a network of volunteer experts has been started with the development of this council and the council recommends that HHSC identify these experts and encourage them to educate in the various formats mentioned in this report as strategies for outreach.

[2021 PANSAC Legislative Report \(texas.gov\)](#)

Public Comment

Thomas Valentine, Texas Insight stated that there are two areas that would improve transparency during advisory committee meetings. He recommended that the practice of including live links to documents that will be used in the meeting through the agenda live links be employed across all advisory committees. Many advisory committees do this across the board, however this standard is not applied consistently across all advisory committees. He further suggested that the technology be improved so when documents are presented on a screen during the meeting that the text and numbers be legible. Frequently the information on the screen is not legible. This is particularly problematic when numbers are involved.

4. Recent Rule Adoptions - Information item not for discussion

Adoptions submitted to the *Texas Register* that are not yet effective

Updates to Inflation and Cost Adjustment Methods, published 2/18/22, effective 2/27/22

Adoptions that are effective



Diagnostic Assessment, effective 11/30/21

<https://www.sos.texas.gov/texreg/archive/November262021/Adopted%20Rules/40.SOCIAL%20SERVICES%20AND%20ASSISTANCE.html#97>

<https://www.sos.texas.gov/texreg/archive/November262021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#87>

Medication Aide Legislative Implementation, effective

12/26/21 <https://www.sos.texas.gov/texreg/archive/December242021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#314>

Assessment of Administrative Penalties, effective 12/26/21

<https://www.sos.texas.gov/texreg/archive/December242021/Adopted%20Rules/25.HEALTH%20SERVICES.html#291>

Nurse Aide Transition from Temporary Status to Permanent Rule, effective

12/26/21 <https://www.sos.texas.gov/texreg/archive/December242021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#312>

Texas Drug Utilization Review Board and Conflict of Interest, effective 1/2/22

<https://www.sos.texas.gov/texreg/archive/December242021/Adopted%20Rules/1.ADMINISTRATION.html#227>

Infection Control Requirements, Consent for Antipsychotic Medications, and Facility Construction Rule Clarification, effective

1/2/22 <https://www.sos.texas.gov/texreg/archive/December242021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#294>

Licensing, Medical and Veterinary Use, and Packaging and Transportation of Radioactive Material, effective

1/5/22 <https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#132>



Continuity of Services - Health & Specialty Care System Facilities, effective 1/5/22

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#134>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#139>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#148>

Human Trafficking Signage Requirements and Prohibiting Organ Transplant Recipient Discrimination, effective 1/6/22

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#118>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#120>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#122>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#124>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#126>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#128>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#130>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/25.HEALTH%20SERVICES.html#136>



<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#142>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#144>

<https://www.sos.texas.gov/texreg/archive/December312021/Adopted%20Rules/26.HEALTH%20AND%20HUMAN%20SERVICES.html#146>

Prescription Drug Price Disclosure, effective 1/17/22

<https://www.sos.texas.gov/texreg/archive/January142022/Adopted%20Rules/25.HEALTH%20SERVICE%20S.html#25>

Uniform Hospital Rate Increase Program, effective 1/17/22

<https://www.sos.texas.gov/texreg/archive/January142022/Adopted%20Rules/1.ADMINISTRATION.html#20>

Alternative Administrator's Licenses for Military Members, Spouses, and Veterans, effective 1/23/22

<https://www.sos.texas.gov/texreg/archive/January212022/Adopted%20Rules/26HEALTH%20AND%20HUMAN%20SERVICES.html#27>

COVID-19 School Exclusion Criteria, effective 1/26/22

<https://www.sos.texas.gov/texreg/archive/January142022/Adopted%20Rules/25.HEALTH%20SERVICE%20S.html#23>

Electronic Visit Verification Payment Recoupments, effective 2/7/22

<https://www.sos.texas.gov/texreg/archive/February42022/Adopted%20Rules/1.ADMINISTRATION.html#101>

HHSC Waiver Program Interest Lists, effective 2/7/22

<https://www.sos.texas.gov/texreg/archive/February42022/Adopted%20Rules/1.ADMINISTRATION.html#100>



<https://www.sos.texas.gov/texreg/archive/February42022/Adopted%20Rules/40.SOCIAL%20SERVICE%20AND%20ASSISTANCE.html#116>

<https://www.sos.texas.gov/texreg/archive/February42022/Adopted%20Rules/40.SOCIAL%20SERVICE%20AND%20ASSISTANCE.html#119>

<https://www.sos.texas.gov/texreg/archive/February42022/Adopted%20Rules/40.SOCIAL%20SERVICE%20AND%20ASSISTANCE.html#125>

Stroke Facility Designation and Trauma Service Areas, published 2/11/22, effective 2/17/22

Adjourn.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
