# Section IV. Stakeholder Engagement

## RHP Participants Engagement

RHP 8 has engendered broad stakeholder engagement since the beginning planning phases through rapid dissemination of information by using a variety of communication methods such as public meetings and email. As new information became available from HHSC at the onset of the waiver, the Anchor Team focused on interpreting materials and putting accessible, meaningful information in the hands of stakeholders in our region as quickly as possible—typically the same day or the following day. To reach as many people as possible, RHP 8 established a website in May 2012, <http://www.tamhsc.edu/1115-waiver/rhp8/index.html>, which is updated frequently, sometimes daily, with new information, as well as a master email list consisting of anyone who has indicated an interest in receiving RHP updates. The master email list is consistently utilized and contains the contact information of IGT Entities, performing providers (both UC and DSRIP), stakeholders, and all interested parties making requests for RHP 8 information. Finally, throughout the initial and three-year project planning processes, RHP 8 has conducted public meetings (face-to-face and via conference call), that were posted on the website in advance and information disseminated through the email list; when appropriate these meetings were also formally posted by public entities participating (e.g., counties and hospital districts).

**RHP 8 Organization**

During the formation of RHPs, RHP 8 was originally formed as a very large region, drawn at first as up to 30 counties covering much of rural Central Texas. Early conversations split the region into 8 East and 8 West, dividing the 16 western counties from those surrounding the Brazos Valley, which ultimately became RHP 17. The remaining 16 counties that then comprised RHP 8 struggled to find consensus regarding their Anchor institution. Several RHP 8 meetings were held with all 16 counties early on, and then the meetings were put on hold until the region and HHSC resolved the Anchor issue in early-June. Ultimately, RHP 8 and RHP 16 were formed, splitting the 16-county region into nine and seven counties, respectively.

As stated in the Roles and Responsibilities document released by HHSC, it is the role of the Anchor to serve as a point of contact for RHP Providers and stakeholders and HHSC, facilitate RHP meetings and communicate the purpose and function of the RHP to regional Providers and stakeholders. This includes providing opportunities for public engagement during RHP Plan development prior to submission of a final Plan. In addition to coordinating activities and developing partnerships across the region, the Anchor also is tasked with providing technical assistance to participating entities.

**RHP 8 Approach to Stakeholder Engagement**

Clear communication throughout the RHP is essential to ensuring broad participation and developing partnerships for regional system transformation. RHP 8 uses a multi-pronged approach to communication knowing that our region is rather large and the Anchor is not centrally located. This approach includes formal and informal meetings, conference calls, individual and regional emails, newsletter, monthly conference calls, and two semi-annual face-to-face learning collaborative events, and a routinely updated website.

Formal meetings initially took place with potential IGT Entities and providers meeting at the Anchor’s location. In other instances, the Anchor Team would travel to another county to meet with interested parties. Table 4-1 provides a summary of formal meetings coordinated in RHP 8 to communicate changes to waiver requirements, answer questions, and provide helpful materials to eligible and participating entities in the initial planning stages. TAMHSC created an email distribution list early in the RHP development process in order to communicate broadly with the region. This list continues to be maintained and routinely updated. Additionally, the Anchor Team creates communications that are sent out via Mail Chimp, an online tool that reaches a large population of interested stakeholders in our region.

As projects were formed and HHSC guidelines became formalized, individualized communication with each performing provider or IGT Entity proved more efficient than large meetings with the entire RHP. Additional meeting information is located in Addendum 2A.

**Engagement during the Planning Processes**

Once the counties included in RHP 8 were finalized, in June 2012, the Anchor Team emailed a short form to RHP Providers and stakeholders to gather information and to start discussions about project ideas and securing the appropriate IGT. The dialogue about regional priorities began and performing Providers started crafting plans that could meet those priorities.

Upon request, the Anchor Team met individually with performing providers in the region to explain the waiver requirements, talk about DSRIP projects, and discuss the IGT process. On July 9, 2012, the Anchor Team released the first list of potential projects to the region. This lead to a meeting on July 19,2012 where performing providers with proposed projects that would cross county lines could talk to those IGT Entities at one time. These projects were posted to the Anchor website.

As the waiver continued to develop and project areas changed, the Anchor Team emailed interested providers a revised template in late-July 2012 to obtain more details about challenges, expected outcomes, valuation and overall goals of potential DSRIP projects in the region. These documents were promptly posted to TAMHSC’s waiver website so the region would be able to see other proposed projects that could be an opportunity for collaboration (see Addendum 2B for an example). This process encouraged performing providers and IGT Entities to communicate with each other and continue revising DSRIP projects to be as robust as possible, while continuing to refine their projects remaining within HHSC guidelines put forth in the Program Funding and Mechanics Protocol (PFM) and the RHP Planning Protocol. In August 2012, some of the RHPs requested webinars to keep apprised of the numerous changes that were occurring. TAMHSC held webinars, posting the presentations to the web.

On December 12, 2012, the RHP scheduled a meeting to sign and certify the full RHP 8 Plan, with the intent to submit the Plan to HHSC on December 14,2012.

## Public Engagement

Prior to the creation of RHP 8, Williamson County spearheaded the effort to promote education of the waiver and show both IGT Entities and providers the value of the waiver. After RHP 8 was officially formed and TAMHSC named the Anchor, TAMHSC began providing the RHP with an overview of the waiver, a review of community health status and needs data, and a forum to determine community priorities related to the selection of DSRIP projects. Most of these meetings were formally posted at the respective county courthouses, and the meeting schedule was forwarded via the RHP listserv to all RHP participants. These meetings were attended by local elected officials, healthcare providers, community organizations, supportive health and social services organizations, and other key community leaders. In these meetings, the Anchor Team reviewed assessment data from recent community health assessments as well as other secondary data that was gathered from the U.S. Census Bureau, DSHS, the Robert Wood Johnson Foundation County Health Rankings, and other sources, as posted on the RHP 8 website. Then, the Anchor Team had the region determine priority project areas. On a fairly expedited schedule, the priority ranking of needs was released to the region and providers were encouraged to create a summary of projects they could share with interested IGT Entities. All meeting materials were posted to the RHP 8 website. All meeting attendees were notified of the RHP listserv and the opportunity to be added to the listserv in order to receive meeting notices as well as updates on RHP 8 and State waiver activities. Additionally, the RHP website link was posted on all planning agendas and announced during each community meeting as a timely informational resource for community members.

All subsequent meetings of the RHP were announced and posted to the website weeks prior to each meeting with related meeting materials posted to the website immediately following. Each RHP meeting was open to the public to attend, being held in Round Rock or various county facilities. In addition, several webinars were conducted to allow the region to participate without traveling and attendance records can be found in Addendum 2C. All meeting materials, contact information, critical HHSC documents, summaries of HHSC documents, timelines, pieces of the RHP 8 Plan, and ultimately the full RHP 8 Plan have been published in a timely manner to the RHP 8 website.

The Anchor Team continues to email general information to anyone in the RHP that has indicated a desire to receive these communications. Specific information is targeted to the audience it most suits.

During the course of the waiver process, a short article was printed in the 2012-2013 Community Health Impact Report Healthcare Directory on page 7 which provided a brief summary on waiver activities at the time and informed the community of Williamson County’s intent to participate in the program (Addendum 2D).

When requested, representatives from TAMHSC attended provider or IGT Entity meetings to answer questions, provide feedback, give updates, and provide information regarding how the waiver works and the positive effects it could have in their county.

**Public Comment on RHP Plan**

Once Pass 1 of the RHP 8 Plan was drafted, press releases (Addendum 2E) were sent out and the Plan was posted for public comment November 8-14, 2012. To ensure broad notification of the availability of the Plan for public comment, several counties also posted a notice (Addendum 2F) through websites and physical postings at the courthouses). The Anchor Team made the Plan and public comment form available on the RHP 8 website, along with instructions how to submit public comment electronically or by mail. Other entities were given a copy of the Plan to post the public notice via regularly used mechanisms. However, because of the size of the RHP 8 Plan, it was primarily available electronically on the RHP 8 website for review but could be requested in hard copy if needed. Only one public comment form was submitted to RHP 8 for the Pass 1 version of the RHP 8 Plan. The commenter requested the addition of several sentences to Section III, the Community Needs Assessment. Although HHSC had previously stated this section would be final once submitted on October 31, 2012, the changes elaborated on the uninsured population and the ratio of providers to residents in Williamson County. HHSC approved the change (see Addendum 2G) for both the public comment and the approval. This new text was included in the November 16, 2012 submission of Pass 1. The public comment form was used for both public comment periods.

Since RHP 8 elected to submit Pass 1 and Pass 2 separately, the final Plan including Pass 2 projects was reposted for public comment from December 3-7, 2012. The final Plan followed a public comment process similar to the one described for the November 16, 2012 submission. No public comment forms were received on the final draft of the RHP Plan.

The Anchor Team also sought to engage the County Medical Societies in RHP 8 and sent informational letters to each. The Anchor Team followed up with a request for support of the waiver by the societies. Copies of these communications and the letter of support are included in Addenda 2H-2J.

| **Table 4-1. SUMMARY OF RHP 8 REGIONAL AND PUBLIC 1115 WAIVER COMMUNICATION** |
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| **Date** | **Description of Meeting/Communication with RHP 8** | **Type** |
| 2/16/12 | Waiver webinar | Public |
| 2/23/12 | Waiver webinar | Public |
| 3/12/12 | Commissioner to Burnet County Courthouse for Burnet County Commissioners Waiver Working Group meeting | Public |
| 3/20/12 | Waco public meeting | Public |
| 4/18/12 | Public meeting in Belton | Public |
| 4/20/12 | Region 8 conference call | Public |
| 5/23/12 | HHSC webinar | Public |
| 6/05/12 | Proposed process and timeline for Plan submission emailed to the region | RHP |
| 6/12/12 | Potential Region 8 IGT Entities and stakeholders submit requested DSRIP Project Area Priority list to TAMHSC | RHP |
| 6/14/12 | TAMHSC hosts meeting for Region 8 to discuss process for DSRIP projects | RHP |
| 6/26/12 | TAMHSC meets with Williamson County Commissioners Court to provide an update on 1115 Waiver activities | Public |
| 7/02/12 | Bell County holds workshop session for update and discussion of the waiver | Public |
| 7/09/12 | Preliminary DSRIP proposals shared with region via email and publicly via TAMHSC RHP 8 website | Public |
| 7/12/12 | Little River Healthcare meeting | RHP |
| 7/19/12 | Proposal review meeting for proposed projects covering multiple counties in Region 8 at Williamson County Annex in Round Rock, TX | RHP |
| 7/24/12 | TAMHSC meets with Bell County Commissioners Court to provide an update on 1115 Waiver activities | Public |
| 7/26/12 | TAMHSC attends a work shop meeting with Williamson County Commissioners Court to answer question on 1115 Waiver activities | Public |
| 8/02/12 | TAMHSC attends Rockdale Hospital District Board Meeting | Public |
| 8/03/12 | TAMHSC collects second submission of DSRIP project draft proposals with most updated metrics and posted to RHP 8 website | Public |
| 8/06/12 | TAMHSC meets with San Saba County Commissioners Court to provide an update on 1115 Waiver activities | Public |
| 8/15/12 | TAMHSC led webinar discussion with RHP 8 regarding waiver updates | RHP |
| 8/20/12 | RHP 8 meeting with Williamson County providers for waiver update | RHP |
| 8/22/12 | TAMHSC led webinar discussion with RHP 8 | RHP |
| 9/20/12 | RHP meeting to discuss waiver updates and changes and revised timeline | RHP |
| 9/20/12-12/11/12 | Conference calls with providers and IGT Entities to provide technical assistance | RHP |
| 12/12/12 | RHP 8 meets to certify the RHP 8 Plan | RHP |

## RHP Engagement throughout the Three-Year Planning Process

In order to be eligible to submit new three-year DSRIP projects, a region had to have met all of the requirements defined for Pass 1 in the PFM and been eligible to move to additional passes. As a Tier 4 region, RHP 8 carried a minimum requirement to implement four projects from Categories 1 and 2 with at least two from Category 2. In addition, any identified safety net hospital was required to implement a DSRIP project and a minimum of 5% participation among private hospitals in the region was also required. As outlined in the original RHP 8 Plan submitted in December 2012, the region met all of these Pass 1 funding requirements and submitted two projects funded through the Pass 2 process. All of these requirements continued to be met in RHP 8, thereby allowing eligible providers in the region to develop and submit new three-year projects for approval and implementation (See Addendum 2K).

The Anchor Team reviewed the process and proposed rules for adding new three-year projects for DY3 implementation, along with project planning timelines, and disseminated this information along with updates to regional stakeholders to facilitate the planning process in accordance with the guidelines and instruction set forth by the Texas Health and Human Services Commission (HHSC) and Centers for Medicare and Medicaid Services (CMS). All HHSC communications related to three-year planning and proposals were shared via email. Additionally, regional meetings were held along with individual technical assistance meetings provided by the Anchor Team to interested stakeholders as requested. As HHSC extended deadlines, or provided updates related to three-year project planning, the Anchor Team modified the RHP 8 timelines for participating stakeholders and provided updates as appropriate. The Anchor Team reached out again to County Medical Societies, both President and President-elects, using updated 2013 information from the Texas Medical Society (TMA) to encourage participation in regional activities and remind physician groups of the opportunities to secure IGT funding and participate in this final opportunity for eligible providers to be able to submit DSRIP projects under the current waiver.

A proposal submission and scoring process were developed in accordance with the guidelines set forth by HHSC. The proposed processes f, requirements and directives related to prioritizing submissions were reviewed and approved by consensus by RHP 8 Providers and stakeholders via regional face-to-face meetings, calls, and written communication.

The Anchor Team adopted the approach used by RHP 1 in the initial Plan submission process that was recommended and provided as a sample by HHSC and CMS. The RHP 1 scoring model was based on a modified National Institute of Health (NIH) grant scoring tool in which any proposed new three-year projects were scored on a scale of 1-9 based on five weighted domains: alignment with community needs (30%), transformational impact (25%), integration with other projects or partners (20%), likelihood of success (12.5%) and sustainability (12.5%). The Anchor Team created a proposal form, similar to the one used during the initial Plan development process for Providers to begin development of new, three-year projects, while identifying pertinent information to include estimated valuation and needed IGT along with estimated QPI data, to assist regional stakeholders in understanding community needs being met by proposed projects and to also help in securing IGT funding for projects.

To complete scoring, RHP 8 worked in conjunction with our sister Anchoring entity (RHP 17, Anchored by TAMHSC in Bryan/College Station) to obtain volunteer scorers who agreed to score the other region’s proposed three-year projects in an effort to ensure independent and unbiased review. A joint call was held between RHP 8 and RHP 17 volunteer scorers to review the process, go over the forms, and answer questions. Volunteers received the proposals and score sheets and were given a week to return the scored proposals. An aggregate score was calculated for each proposal and the total score along with any reviewer comments were sent to each RHP 8 Provider who submitted a proposal. The aggregate score was held in consideration along with whether or not a project had confirmed IGT, the identity of the IGT Entity, and confirmation of community needs being met by the project as the means of determining the RHP 8 Prioritized Projects List and the priority order of those submitted proposals. Copies of the proposals and the scores were sent to RHP 8 Providers and stakeholders, along with the RHP 8 Prioritized Project List for review prior to a public meeting held for approval of the new three-year projects for RHP 8.

A public meeting was held October 15, 2013 at the TAMHSC campus in Round Rock; regional stakeholders were able to participate in-person or by calling into the conference line. During this meeting a recap of the proposals submitted, the scoring process and criteria used, and the guidelines by which each project was assigned a priority ranking were discussed. The final RHP 8 Prioritized Project List was then reviewed in detail and the floor opened for discussion and comment to all stakeholders. The Prioritized Project List and proposals had been previously shared with the region at large, and following the close of the meeting, were left open for interested stakeholders to submit comment/concerns prior to submission to HHSC. Comments were encouraged to be submitted via email and were open until the week of October 28th when the list was due to HHSC. No public comments were received, and the finalized Prioritized Project List was submitted to HHSC by the Anchor Team on October 31, 2013.

Once the RHP 8 Prioritized Project List was submitted by the Anchor Team at the end of October, the Anchor Team immediately began working in close collaboration with performing providers who had submitted new, three-year projects on full project development. Technical assistance and support was offered to Participating Providers and IGT Entities throughout the fall, with final narratives and completed milestone/metric workbooks for all projects due mid-December 2013 to the Anchor Team for final three-year plan modification and submission to HHSC in late-December 2013.

In RHP 8, three providers (Central Counties Services, Seton Medical Center Harker Heights, and Williamson County and Cities Health District) submitted a total of four, three-year waiver projects. All projects received formal approval from CMS May 21, 2014.

| **Table 4-2. SUMMARY OF RHP 8 MEETINGS AND ACTIVITIES SPECIFIC TO THREE-YEAR PROJECT PLANNING, DEVELOPMENT, INFORMATION, AND ACTIVITIES** |
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| **Date** | **Description of Meeting/Communication with RHP 8** | **Type** |
| 10/1/12-12/11/12 | Conference calls with Providers and IGT Entities to provide technical assistance | RHP Providers |
| 12/3/12-7/12/13 | RHP 8 Plan sent out for public review and comment | Public |
| 12/12/12 | RHP 8 meeting to sign and certify the RHP 8 Plan | RHP |
| 1/13/13-2/14/13 | Conference calls with Providers and IGT Entities to provide technical assistance on HHSC requested project revisions | RHP Providers |
| 2/18/13 | RHP 8 conference call to update region on 2/15/13 Plan submission | RHP |
| 4/18/12 | RHP 8 regional meeting in Williamson County | RHP |
| 4/24/13 | RHP 8 DY2 reporting meeting (selection of April or June reporting period) | RHP |
| 4/04/13- 6/7/13 | Anchor Team/HHSC/Individual Provider conference calls and meetings to provide technical assistance for Phase 1 revisions | RHP Providers |
| 6/06/13 | RHP 8 post-Plan approval regional meeting | RHP |
| 6/03/13- 6/12/13 | Anchor Team/Individual Provider conference calls and meetings to provide technical assistance for Phase 3 (Provider submission to HHSC) | RHP Providers |
| 6/24/13- 7/03/13 | Anchor Team/Individual Provider conference calls and meetings to provide technical assistance for Phase 3 revisions (Anchor Team submission to HHSC) | RHP Providers |
| 7/09/13-7/20/13 | Anchor Team/Individual Provider conference calls and meetings to provide technical assistance for Phase 2 QPI | RHP Providers |
| 7/23/13 | Williamson County quarterly meeting | RHP |
| 8/14/13 | First joint learning collaborative meetings (RHP 7 and 8)hosted at Central Health in Travis County | RHP 7 and 8 |
| 8/15/13-8/30/13 | Anchor Team/Individual Provider conference calls and meetings to provide technical assistance for August reporting | RHP Providers |
| 09/03/13 | New, DY3 project proposal forms sent to RHP 8 Stakeholders | Public |
| 09/04/13 | Anchor Team hosted regional meeting to review and discuss new, DY3 project proposal forms in Williamson County | Public |
| 9/01/13- 9/11/13 | Conference calls and meetings to address reporting summaries/feedback/IGT support and Phase 3B (October) revisions | RHP IGT Entities and Providers |
| 9/5/13-9/26/13 | RHP 8 learning collaborative discussed regionally, survey completed, Plan design approved regionally, and regional Learning Collaborative Plan submitted to HHSC | RHP Providers |
| 9/17/13-9/26/13 | New, three-year project proposal submissions regionally available and scoring process completed in conjunction with RHP 17 | Public |
| 09/17/13 | New, DY3 project proposal forms due from Stakeholders to Anchor Team | RHP |
| 09/18/13 | RHP 8 and RHP 17 Anchor Teams co-hosted conference call with volunteers scoring the new, DY3 project proposal forms | RHP Providers |
| 9/19/13 | Second joint learning collaborative (RHP 7 and 8)hosted at Clinical Education Center at University Medical Center Brackenridge in Travis County | RHP 7 and 8 |
| 09/20/13 | Anchor Team sent new, DY3 project proposal forms to Anchor Team in RHP 17 to disseminate to RHP 17 volunteers | RHP Providers |
| 09/27/13 | RHP 17 Anchor Team sent scored workbook to RHP 8 Anchor Team | RHP Providers |
| 9/30/13-10/29/13 | Anchor Team provided guidance to Providers one-on-O=one about submitted proposals | RHP Providers |
| 10/15/13 | Anchor Team hosted public meeting to review and discuss prioritization of new, DY3 projects in the region | Public |
| 10/30/13 | Anchor Team submitted prioritized list of new, DY3 projects to HHSC | RHP |
| 11/21/13 | HHSC hosted new, DY3 DSRIP projects webinar | Public |
| 11/25/13-12/20/13 | Anchor Team hosted technical assistance calls with Providers submitting new, DY3 projects | RHP Providers |