

**Assessment of Texas
State Agency Programs
for the Prevention and
Treatment of Diabetes**

**As Required by
Section 103.0131
Texas Health and Safety Code**

**Texas Diabetes Council
November 2021**

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Executive Summary

The [Texas Health and Safety Code, Chapter 103](#), establishes the Texas Diabetes Council (TDC). Section 103.0131 requires the TDC to conduct a statewide assessment of existing state programs for the prevention and treatment of diabetes. Not later than November 1 of each odd-numbered year, the TDC must submit to the Governor, the Lieutenant Governor, and the Legislature a written report containing the findings of the assessment.

Additionally, the TDC developed a state plan to complement the statewide assessment in accordance with Chapter 103. The state plan, which includes TDC recommendations and priorities, is available as a separate report at dshs.texas.gov/Legislative/Reports-2021.aspx.

The assessment includes information collected from agencies within the Texas Health and Human Services (HHS) system: Texas Department of State Health Services (DSHS) and Health and Human Services Commission (HHSC). Programs have addressed diabetes prevention and treatment in different ways, covering the entire state for some programs while targeting specific regions and counties for others.

In assessing existing programs, the TDC identified the following priorities for 2021:

- Increasing Transparency in Insulin and Drug Pricing for Diabetes Treatments;
- Reducing Therapeutic Interference in Hospital Settings;
- Making Telehealth a Permanent Benefit;
- Decreasing Identified Health Disparities for All Persons with Diabetes; and
- Expanding Use of Automated Diabetes Technologies.

1. Introduction

The Texas Diabetes Council (TDC) was established by the Legislature per Texas Health and Safety Code, Chapter 103. It is composed of 11 members appointed by the Governor, as well as nonvoting members from Texas Department of State Health Services (DSHS), Texas Health and Human Services Commission (HHSC), Texas Workforce Commission Vocational Rehabilitation, Employee Retirement System of Texas (ERS), and Teacher Retirement System of Texas.

Texas Health and Safety Code, Chapter 103, requires the TDC to assess existing HHS diabetes prevention and treatment programs in conjunction with developing a state plan for treatment, education, and training. Not later than November 1 of each odd-numbered year, the TDC must submit to the Governor, the Lieutenant Governor, and the Legislature a written report containing the findings of the assessment. The state plan must also be distributed to HHS agencies by November 1 of each odd-numbered year and is available to the public in a separate report.

Section 103.0131 requires that this assessment include:

- The number of individuals served by the programs;
- The areas where services to prevent diabetes and treat individuals with diabetes are unavailable; and
- The number of health care providers treating individuals with diabetes under the programs.

This assessment also includes an explanation of the methodology used to collect agency data, an overview of the types of services each agency provides, and opportunities for improvement identified by the TDC.

2. Background

The prevalence of diabetes in Texas has nearly doubled over the past decade (6.2 percent to 12.2 percent).¹ Today, more than 2.5 million (12.2 percent) Texas adults have been diagnosed with diabetes, and nearly 2.2 million (10.1 percent) Texas adults have prediabetes.^{2,3} (Prediabetes increases the likelihood of developing type 2 diabetes and heart disease/stroke.⁴)

According to the Texas Demographic Center, the number of persons with diabetes is projected to increase to nearly 8 million people by 2040, while the prevalence may rise to 23.8 percent.³ Texas is one of 21 states collectively responsible for over 40 percent of the national cost of diabetes.⁵ The annual financial toll on Texas due to diabetes is \$26 billion dollars, including \$18.9 billion in direct medical costs and \$6.7 billion in indirect costs.⁶

The Texas Diabetes Council (TDC) was established to address the growing prevalence-associated costs of diabetes in Texas. TDC is composed of 11 governor-appointed members from the public, including healthcare providers and consumers with expertise or demonstrated commitment to diabetes, and one representative each from Texas Department of State Health Services (DSHS), Texas Health and Human Services Commission (HHSC), Employees Retirement System of Texas (ERS), Teacher Retirement System of Texas (TRS), and Texas Workforce Commission (TWC) Vocational Rehabilitation.

¹ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2019.

² Texas Department of State Health Services, Prevalence of Diagnosed Diabetes Among Adults by Demographic Characteristics, Risk Factor/Comorbid Conditions, and Place of Residence, Texas, 2019.

³ Centers for Disease Control and Prevention. Diabetes Report Card 2017. [cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf](https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf).

⁴ Centers for Disease Control and Prevention. Diabetes and Prediabetes, 2019. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm>.

⁵ Economic Costs Attributable to Diabetes in Each U.S. State. Diabetes Care 2018; 41:2526-2534. care.diabetesjournals.org/content/diacare/41/12/2526.full.pdf.

⁶ American Diabetes Association. The Burden of Diabetes in Texas. [main.diabetes.org/dorg/docs/state-factsheets/ADV_2020_State_Fact_sheets_TX.pdf](https://www.diabetes.org/dorg/docs/state-factsheets/ADV_2020_State_Fact_sheets_TX.pdf).

The mission of the TDC is to address current issues affecting prevention, detection, management, and treatment of diabetes and obesity in the state. The TDC advises state agencies and the Legislature on these matters, can set priorities, and makes recommendations. The two state agencies that TDC works with the most are the Texas Department of State Health Services (DSHS) and the Health and Human Services Commission (HHSC). Both agencies have programs geared toward either the prevention or treatment of diabetes and obesity.

Both DSHS and HHSC fall under the umbrella agency of Health and Human Services, whose mission is to improve the health, safety, and well-being of Texans with good stewardship of public resources. DSHS performs its mission with a focus on core public health functions, whereas HHSC does so through the provision of health services and related policies.

3. Assessment of State Programs for the Prevention and Treatment of Diabetes

Methodology

In April 2021, the Diabetes Prevention and Control Program (DPCP) at the Department of State Health Services (DSHS) initiated routine collection of data from Health and Human Services (HHS) System state agencies regarding:

- The numbers of Texans served by each agency who can be identified as having diabetes; and
- The cost associated with providing those services.

In addition to this ongoing biennial assessment of state diabetes services, DSHS continues to collect data in accordance with Texas Health and Safety Code, Section 103.0131. The data collected are the number of individuals served by the program, areas where services to prevent diabetes and treat individuals with diabetes are unavailable, and the number of health care providers treating individuals with diabetes under the programs.

Additional data was collected using a template that allowed program administrators and data analysts of HHS agencies to define “health care provider” in the manner that applies to the services they offer, as well as describe the geographic location of service providers. This template was sent to the HHS agency programs identified as providing services for persons with diabetes. Program administrators were asked to provide data for the most recent fiscal year that is available.

A map of the eight public health regions (PHR) in Texas is provided in [Appendix A](#). The specific requirements of Texas Health and Safety Code, Section 103.0131, related to state agency diabetes services, are addressed through the information provided in [Appendix B](#) and [Appendix C](#). Individual program descriptions include methods used to calculate numbers served and related expenditure estimates for that program.

HHS State Agency Programs

Table 1 includes an overview of HHS programs for the prevention and treatment of diabetes in either Fiscal Year 2019, or 2020 (dependent on availability of final data). Additional information is available for each program in the appendices. A map of the eight PHRs in Texas is provided in [Appendix A](#). Detailed program information for DSHS and the Health and Human Services Commission (HHSC) is provided in [Appendix B](#) and [Appendix C](#), respectively.

Table 1. Overview of Texas State Agency Programs for the Prevention and Treatment of Diabetes

Agency and Program Name	Number of Individuals with Diabetes Served	Areas where Services to Prevent and Treat Diabetes Are Available	Number of Health Care Providers Treating Individuals with Diabetes
DSHS Diabetes Prevention and Control	5,175	PHR 2/3, 4/5N, 6/5S, 8, 9/10, 11	Not applicable
HHSC Area Agencies on Aging	857	PHR 2/3, 4/5N, 6/5S, 7, 8, 9/10	Not applicable
HHSC Children with Special Health Care Needs	70	Statewide	Unable to determine
HHSC Children's Health Insurance Program ⁱ	14,516	Statewide	1,610

Agency and Program Name	Number of Individuals with Diabetes Served	Areas where Services to Prevent and Treat Diabetes Are Available	Number of Health Care Providers Treating Individuals with Diabetes
HHSC County Indigent Health Care Program	Unable to determine	Statewide	Unable to determine
HHSC Family Planning Program	Unable to determine	Statewide	Unable to determine
HHSC Kidney Health Care Program ⁱⁱ	5,129	Statewide	139
HHSC Medicaid ⁱ	320,916	Statewide	18,632
HHSC Primary Health Care Services Program	Unable to determine	Statewide	Unable to determine
HHSC Healthy Texas Women Program	Unable to determine	Statewide	Unable to determine

Agency and Program Name	Number of Individuals with Diabetes Served	Areas where Services to Prevent and Treat Diabetes Are Available	Number of Health Care Providers Treating Individuals with Diabetes
HHSC Title V Maternal and Child Health Fee-for-Service Program	Unable to determine	Statewide	Unable to determine
HHSC Women, Infants and Children Program	Unable to determine	Statewide	Not applicable

ⁱ Based on designation of an individual with a paid claim with type 1, type 2, unknown, or gestational diabetes listed as the primary diagnosis or in any of the subsequent 10 diagnoses.

ⁱⁱ If the individuals did not include the ICD code on the application, they are not included in the count of individuals served with diabetes.

4. Summary of TDC Priorities Based on Assessment Findings

The Texas Diabetes Council (TDC) identified opportunities for improved state services for diabetes prevention and treatment through a review of relevant research. TDC members' professional experience spans decades and includes expertise in the treatment of diabetes, diabetes education and training, nutrition education, and public health policy. TDC and TDC Workgroup meetings served as opportunities to review and discuss topics, which assisted in the identification of the five priorities.

TDC has identified five opportunities for improvement that build on national, state, and local efforts already underway to improve diabetes education and management in Texas. The five identified priorities involve the following:

- Increasing transparency in insulin and drug pricing for diabetes treatments to ensure medications for persons with diabetes are available and affordable;
- Reducing therapeutic interference in hospital settings from formularies prohibiting patients access to the medications their treating physicians prescribe;
- Making telehealth and telemedicine permanent to increase access to healthcare and improve patient outcomes;
- Decreasing identified health disparities for all persons with diabetes and obesity to provide equal access to quality healthcare, education, medication, and equipment regardless of socioeconomic factors; and
- Expanding use of automated diabetes technologies to increase access to and utilization of continuous sugar monitoring systems and other diabetes-related technological advancements to improve self-management outcomes for the health and well-being of people with diabetes.

For more detailed information, see the State Plan for Diabetes and Obesity Treatment, located at dshs.texas.gov/Legislative/Reports-2021.aspx.

5. Conclusion

This assessment demonstrates that Texas state agencies have numerous programs actively engaged in the prevention, screening, and treatment of diabetes.

Given that diabetes prevalence is projected to significantly increase over the next 10-25 years, the opportunities identified in this assessment are vital to improve data, service delivery, and ultimately health outcomes. More information on these opportunities and Texas Diabetes Council (TDC) recommendations are in the TDC State Plan for Diabetes and Obesity Treatment and Education found at dshs.texas.gov/Legislative/Reports-2021.aspx.

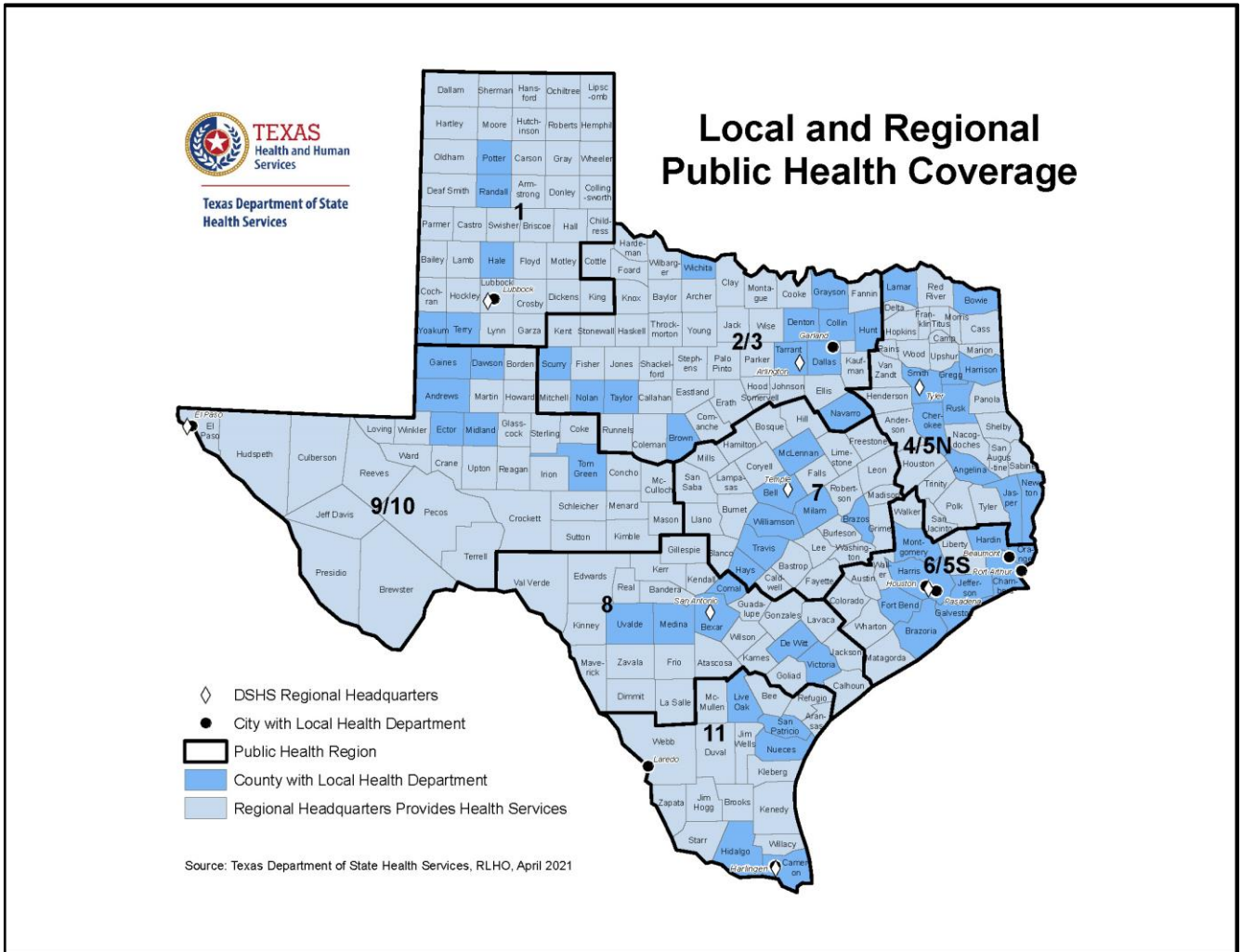
TDC is dedicated to continuing to identify ways to simultaneously reduce overall expenditures while improving the delivery of evidence-based, cost effective prevention and health services that improve population health.

List of Acronyms

Acronym	Full Name
AAA	Area Agencies on Aging
CDC	Centers for Disease Control and Prevention
CDSMP	Chronic Disease Self-Management Program
CHD	Child Health and Dental
CHI	Community Health Improvement
CHIP	Children’s Health Insurance Program
CIHCP	County Indigent Health Care Program
CP	Consumer Protection
CSHCN	Children with Special Health Care Needs Services Program
DPCP	Diabetes Prevention and Control Program
DSHS	Department of State Health Services
DSMP	Diabetes Self-Management Program
ERS	Employee Retirement System
ESRD	End Stage Renal Disease
FFS	Fee-for-Service
FPL	Federal Poverty Level
FPP	Family Planning Program
FY	Fiscal Year
HHS	Health and Human Services
HHSC	Health and Human Services Commission

HTW	Healthy Texas Women
ICF	Intermediate Care Facilities
IID	Individuals with an Intellectual Disability
ISD	Independent School District
KHC	Kidney Health Care Program
LIDS	Laboratory and Infections Disease Services
LTSS	Long-Term Services and Supports
MCH	Maternal and Child Health
MCH FFS	Maternal and Child Health Fee-for-Service Program
MCO	Managed Care Organization
National DPP	National Diabetes Prevention Program
PBM	Pharmacy Benefit Manager
PHC	Primary Health Care Program
PHR	Public Health Region
PMD	Prenatal Medical and Dental
RLHO	Regional and Local Health Operations
TDC	Texas Diabetes Council
TMHP	Texas Medicaid and Healthcare Partnership
WIC	Women, Infants and Children

Appendix A: Map of Public Health Regions



Appendix B: Programs for the Prevention and Treatment of Diabetes at the Texas Department of State Health Services

The Texas Department of State Health Services (DSHS) provides leadership to improve the health, safety, and well-being of Texans through good stewardship of public resources and a focus on core public health functions. DSHS is comprised of four programmatic divisions: Community Health Improvement (CHI), Regional and Local Health Operations (RLHO), Consumer Protection (CP), and Laboratory and Infectious Disease Services (LIDS).

The DSHS CHI division promotes improved community health outcomes through maternal and child health initiatives; reducing chronic disease, tobacco use, and injuries; ensuring safe environments through disease surveillance and Diabetes Prevention and Control Program (DPCP) are in this division.

The DPCP contributed information for this assessment.

Please note that figures provided below are estimates. In many cases, exact numbers for expenditures, individuals with diabetes served, and number of providers treating individuals with diabetes could not be determined.

In previous years, the DSHS Maternal and Child Health Unit and the Regional and Local Health Operations division, Office of Border Public Health, have provided data for this report. However, due to circumstances related to the COVID-19 pandemic, these programs were unable to provide current data. As such, the most recent data from these programs can be found in the 2019 assessment.

Diabetes Prevention and Control

Total FY 2020 Program Expenditures: \$1,034,774

Source of Funds:

- 47 percent State
- 53 percent Federal

Eligibility/Population Served: The DSHS DPCP works extensively with statewide stakeholders (including local health departments, community-based organizations, and health care partners) to implement programs for the prevention and self-management of type 2 diabetes in community- and employer-based settings.

The primary target populations for community-based activities are individuals and families disproportionately affected by prediabetes and type 2 diabetes as well as those with limited access to health care. The primary target populations for employer-based prevention activities are employees with prediabetes.

FY 2020 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Diabetes Education and Control Program	5,175

FY 2020 Services/Activities:

The DSHS DPCP partnered with five local health departments and six academic/research institutions to provide diabetes self-management education and support (DSMES) and diabetes prevention services. Participants included people living with type 2 diabetes, racial/ethnic minority groups, low-socioeconomic populations, uninsured/under-insured individuals, and their families in areas with a significant prevalence of diabetes.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
Diabetes Education and Control Program	PHR 2/3, 4/5N, 6/5S, 8, 9/10, 11

The DSHS DPCP partnered with eleven organizations in FY 2020 to implement the Diabetes Prevention and Control Program.

- Dallas-Fort Worth Hospital Council Education and Research Foundation
- El Paso Department of Public Health
- Houston Health Department
- Laredo Health Department
- Northeast Texas Public Health District
- San Antonio Metropolitan Health District
- Texas A&M AgriLife Extension Service
- University of Texas at Austin College of Pharmacy
- University of Texas Health Science Center at Houston
- University of Texas Health Science Center at Tyler
- University of Texas Medical Branch

Number of Health Care Providers Treating Individuals with Diabetes under the Program: The DSHS DPCP does not provide direct medical services. Participants of DSHS-funded programs are referred to healthcare providers and connected with resources in their respective communities.

Appendix C: Programs for the Prevention and Treatment of Diabetes at the Health and Human Services Commission

The mission of the Texas Health and Human Services Commission (HHSC) is to improve the health, safety, and well-being of Texans through good stewardship of public resources through the vision of making a positive difference in the lives of the people served.

Eleven HHSC programs contributed information for this assessment.

- Area Agencies on Aging
- Children with Special Health Care Needs
- Children’s Health Insurance Program
- County Indigent Health Care Program
- Family Planning Program
- Kidney Health Care Program
- Medicaid
- Primary Health Care Services Program
- Healthy Texas Women Program
- Title V Maternal and Child Health Fee-for-Service Program
- Women, Infants, and Children Program

Please note that figures provided are estimates. In many cases, exact diabetes-related expenditures, numbers of individuals with diabetes served, and number of providers treating individuals with diabetes could not be determined.

Area Agencies on Aging

Diabetes-Related Expenditures: Due to data constraints, the Area Agencies on Aging (AAA) cannot determine which expenditures were associated with diabetes-related activities.

Source of Funds:

- 98 percent Federal
- 2 percent other local funds and local cash

Eligibility/Population Served: The 28 AAAs provide services to assist eligible individuals locate and access community services. The program is available to anyone who is:

- Sixty years of age and older, but can also serve caregivers of persons age 60 or over;
- Referred by a physician or has a verbal confirmation of the diagnosis of diabetes; or
- A participant of the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), or National Diabetes Prevention Program (National DPP).

FY 2020 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Area Agencies on Aging	857

FY 2020 Services/Activities: CDSMP is a six-week workshop (two hours per week) for adults with at least one chronic health condition. CDSMP enables participants to build self-confidence to take part in maintaining their health and managing their chronic health conditions, such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. The target audience is adults age 60 and older with chronic health conditions. Workshops are facilitated from a highly detailed manual by two trained leaders, one or both of whom are peer leaders with a chronic disease. Participants receive a CDSMP book and relaxation tape/CD.

DSMP is a six-week program (2.5 hours a week) that teaches the skills needed for the self-management of diabetes and to maintain and/or increase life's activities. The target

audience is individuals with type 2 diabetes. DSMP is tailored to individual needs, goals, and life experiences and is guided by evidence-based standards. Participants learn how to eat healthy, be physically active, monitor blood sugar levels, take medication, problem solve, reduce risk for other health conditions, cope with the emotional side of diabetes, and improve their health and quality of life. The program was developed by Stanford University and is delivered by two trained leaders, one or both of whom are peer leaders with diabetes.

National DPP runs for a year (first six months meet weekly for one hour/second six months meet monthly for one hour) and is an initiative to provide evidence-based, cost effective interventions in communities to prevent or delay type 2 diabetes and improve overall health. The National DPP is a Centers for Disease Control and Prevention (CDC) recognized lifestyle change program that includes a trained lifestyle coach, a CDC-approved curriculum, and group support over the course of a year. The program teaches participants to make lasting lifestyle changes, such as eating healthier, adding physical activity into their regular routine, and improving their coping skills.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
Area Agencies on Aging	2/3, 4/5N, 6/5S, 7, 8, 9/10

Number of Health Care Providers Treating Individuals with Diabetes under the Program: AAA does not provide direct medical services.

Children with Special Health Care Needs Services Program (CSHCN)

Diabetes-Related Expenditures: The Children with Special Health Care Needs Services Program (CSHCN) provides clients with comprehensive medical coverage and does not have the ability to determine if expenditures are specific to diabetes-only treatment.

Source of Funds:

- 18.2 percent Federal
- 81.8 percent State

Eligibility/Population Served: CSHCN serves individuals 20 years or younger and individuals of any age with cystic fibrosis. The program is available to anyone who also:

- Lives in Texas;
- Has a medical condition that is expected to last at least 12 months, will limit one or more major life activities, requires a higher level of health care, and has physical symptoms; and
- Has an income level at or below 200 percent of the federal poverty level.

FY 2020 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Healthcare Benefits	70

The number of individuals with diabetes served represents clients who were eligible — those with active benefits and those on the waiting list — for the CSHCN with a primary diagnosis of diabetes as of August 31, 2020.

FY 2020 Services/Activities: CSHCN supports family-centered, community-based strategies for improving the quality of life for children with special health care needs and their families.

Available services include: primary, preventive, and specialist care; medical equipment and supplies; medical transportation; medications and immunizations; case management; Insurance Premium Payment Assistance; and Family Support Services.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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Healthcare Benefits	Statewide
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DSHS regional staff support the Children with Special Health Care Needs Services Program by:

- Providing case management services to eligible individuals (both active and waitlisted); and
- Processing incoming program eligibility applications.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: CSHCN does not have the ability to determine the number of providers treating individuals with diabetes.

Children's Health Insurance Program (CHIP)

FY 2019 Diabetes-Related Expenditures: \$7.0 million in reimbursements⁷

Source of Funds:

- 93.73 percent Federal
- 6.27 percent State

Eligibility/Population Served: The Children's Health Insurance Program (CHIP) offers low-cost health coverage for children from birth through age 18. The program is available to children who are:

- Not eligible for Medicaid or Medicare,
- A U.S. citizen or a lawfully residing non-citizen with a valid proof of immigration status,
- A Texas resident,
- Under age 19,
- Uninsured for at least 90 days, with some exceptions, and
- Living in a family with a household income that is above the Medicaid income threshold for their age and at or below 201 percent of the federal poverty level.⁸

CHIP covers children in families who have too much income or too many assets to qualify for Medicaid but cannot afford to buy private insurance. Most families in CHIP pay an annual enrollment fee to cover all children in the family. CHIP families also pay co-payments for doctor visits, prescription drugs, inpatient hospital care, and non-emergent care provided in an emergency room setting. CHIP annual enrollment fee and co-payments vary based on family income. In addition, the total amount that a family is required to contribute out-of-pocket toward the cost of health care services is capped at five percent of the family's income.⁹

⁷ Based on designation of an individual with a paid claim with type 1, type 2, unknown, or gestational diabetes listed as the primary diagnosis. An additional \$8 million was paid for services to individuals with diabetes listed as a non-primary diagnosis. These services are not necessarily directly related to diabetes.

⁸ If the child is living in a family below 133 percent of the federal poverty level, the child might be eligible for Medicaid instead.

⁹ In FY 2020, in response to the COVID-19 public health emergency, the Texas CHIP program was able to waive CHIP outpatient office visit copayments, lessening the economic burden on families. CHIP also extended certification periods, which relieved an administrative burden and allowed families to delay paying an enrollment fee. Both changes are temporary.

FY 2019 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes Served ¹⁰
Healthcare Benefits ¹¹	14,516

FY 2019 Services/Activities: Since 2012, individuals in CHIP have obtained their prescription drug benefits through a managed care plan. As of May 2018, 18 Medicaid and CHIP Managed Care Organizations (MCOs) have contracted with a total of 6 different pharmacy benefits managers (PBM). The Texas Medicaid/CHIP Vendor Drug Program website includes information on diabetes medications covered by Medicaid and PBMs serving Medicaid MCOs (txvendordrug.com).

The following services are covered under CHIP:

- Inpatient general acute and inpatient rehabilitation hospital services;
- Transplants;
- Skilled nursing facilities (including rehabilitation hospitals);
- Outpatient hospital, comprehensive outpatient rehabilitation hospital, clinic (including health center), and ambulatory health care center services;
- Physician and physician extender professional services (including well-child exams and preventive health services such as immunizations);
- Durable medical equipment, prosthetic devices, and disposable medical supplies;
- Home and community health services;
- Inpatient mental health services;
- Outpatient mental health services;
- Inpatient and residential substance abuse treatment services;
- Outpatient substance abuse treatment services;
- Rehabilitation and habilitation services (including physical, occupational, and speech therapy, and developmental assessments);
- Hospice care services;
- Emergency services (including emergency hospitals, physicians, and ambulance services);

¹⁰ Based on designation of an individual with a paid claim with type 1, type 2, unknown, or gestational diabetes listed as the primary diagnosis or in any of the subsequent 10 diagnoses.

¹¹ Includes acute care services only. Prescription drug benefits are not included.

- Case management and care coordination services;
- Prescription drugs;
- Dental services (provided through a separate program);
- Vision;
- Chiropractic services;
- Tobacco cessation;
- Prenatal care and pre-pregnancy family services and supplies;
- Birthing center services; and
- Services rendered by a certified nurse midwife or physician in a licensed birthing center.

FY 2019 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
Children’s Health Insurance Program (CHIP)	Statewide

Number of Health Care Providers Treating Individuals with Diabetes under the Program: There are 1,610 providers treating individuals with diabetes.

County Indigent Health Care Program (CIHCP)

Diabetes-Related Expenditures: The CIHCP provides clients with primary health care services. Reimbursement for services is provided to local municipalities, including counties, hospital districts, and public hospitals.

Source of Funds:

- 67 percent State
- 23 percent Federal

Eligibility/Population Served: The CIHCP helps low-income Texas residents who don't qualify for other state or federal health care programs have access to health care services. The program is available to anyone who:

- Lives in Texas;
- Has an income level at or below 21 percent of federal poverty level;¹²
- Has resources less than \$2,000; and
- Is not eligible for Medicaid.

FY 2020 Individuals Served: CIHCP is unable to determine the number of individuals with diabetes or prediabetes served by the program.

FY 2020 Services/Activities: CIHCP provides primary health care to Texas residents who could not otherwise receive care.

Reimbursement for services provided to indigent clients are provided to local municipalities, including counties, hospital districts, and public hospitals. Under [Title 25 Texas Administrative Code, Section 14.201](#), programs must provide the following basic services: inpatient hospital services, outpatient hospital services, physician services, up to three prescriptions a month, skilled nursing facility services, rural health clinic services, family planning services, laboratory and x-ray service, immunizations, medical screening services, and annual physical examinations.

Optional additional services may also be provided: Ambulatory surgical center services, federally qualified health center services, physician assistant services, advanced nurse

¹² Federal poverty level information can be found at thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843.

practitioner services, counseling services, diabetic equipment and supplies, colostomy medical supplies and equipment, durable medical equipment, home and community health care services, dental care, vision care, emergency medical services, physical therapy services, and occupational therapy.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
County Indigent Health Care Program	Statewide

There are over 300 programs that administer CIHCP in 254 counties. All county-administered programs must cover services that are listed under basic services. Public hospitals and hospital districts administering the program shall endeavor to provide the basic health care services county administered programs are required to provide. All local programs may choose to cover optional services, including diabetic equipment and supplies; however, it is not required.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: CIHCP does not have the ability to determine the number of providers treating individuals with diabetes.

Family Planning Program (FPP)

FY 2020 Diabetes-Related Expenditures: \$37,972.88 in reimbursements¹³

Source of Funds:

- 95 percent State
- 5 percent Federal

Eligibility/Population Served:

- Ages 64 years and younger;
- Men and women;
- Live in Texas; and
- Has an income at or below 250 percent of the federal poverty level.

FY 2020 Individuals Served: FPP served 8,270 clients with a diabetes-related service. These services are for screening and those clients may not have met the clinical guidelines for a diabetes diagnosis.

Services/Activities: Clients receive comprehensive medical assessment, including diabetes screening (blood glucose testing). Contractors assist clients to meet all identified health care needs directly or by referral. Contractors must have written policies and procedures for follow-up on referrals that are made because of abnormal physical examination or laboratory test findings.

For services determined to be necessary but are not provided by the contractor, clients must be referred to other resources for care. Contractors are expected to have established agreements with HHSC-funded organizations that provide primary care or breast and cervical cancer services for referral purposes if there are any such providers within their service area. Whenever possible, clients should be given a choice of referral resources from which to select. When a client is referred to another resource because of an abnormal finding or for emergency clinical care, the contractor must do the following:

¹³ Diabetes-related expenditures include four procedure codes: 82947 (Glucose, blood, except reagent strip), 82948 (Glucose, blood, reagent strip), 82950 (Glucose Test), and 82951 (Glucose Tolerance Test). The codes are reimbursed using a fee-for-service model and the data was collected and reported in a utilization review for fiscal year 2020 dates of service.

- Arrange to provide pertinent client information to the referral resource (obtain required patient consent with appropriate safeguards to ensure confidentiality, i.e., adhere to HIPAA regulations);
- Advise the client about his/her responsibility in complying with the referral;
- Follow-up to determine if the referral was completed; and
- Document the outcome of the referral.

FY 2020 Geographic Reach

Project/Intervention Name	Public Health Region(s) Where Services Provided
Family Planning Program	Statewide

In FY 2020, the FPP contracted with 53 contractors that are non-profit organizations, local health/hospital districts, and federally qualified health centers. In FY 2020 there were 258 clinic sites.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: FPP does not have the ability to determine the number of providers treating individuals with diabetes.

Kidney Health Care Program (KHC)

Diabetes Related Expenditures: The KHC Program does not have the ability to determine if expenditures are specific to diabetes-only treatment.

Source of Funds: 100 percent State

Eligibility/Population Served:

- Has a diagnosis of end-stage renal disease (ESRD) from a licensed physician;
- Gets regular dialysis treatments OR has received a kidney transplant;
- Lives in Texas;
- Has an income of less than \$60,000 per year; and
- Does not receive medical or drug Medicaid benefits.

FY 2020 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
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Kidney Health Care Program	5,129
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KHC does not require an ICD9 or ICD10 code for clients with ESRD. If the individual did not include the ICD code on the application, they are not included in the count of individuals served with diabetes.

FY 2020 Services/Activities: KHC assists people with end-stage renal disease (ESRD) obtain health care services. KHC helps clients with their dialysis treatments, access to surgery, drugs, travel to health care visits, and Medicare premiums. ESRD is usually the result of years of chronic kidney disease caused by inherited conditions, medical conditions (such as diabetes and/or hypertension), or an injury to the kidneys.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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Kidney Health Care Program	Statewide
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Number of Health Care Providers Treating Individuals with Diabetes under the Program: There are approximately 139 physician providers serving KHC clients as of

March 31, 2021. KHC does not have the ability to determine the specific number of providers treating individuals with diabetes.

Medicaid

FY 2019 Diabetes-Related Expenditures: \$192.4 million in reimbursements¹⁴

Source of Funds:

- 58.19 percent Federal
- 41.81 percent State

Eligibility/Population Served: Medicaid is a jointly funded state-federal health care program administered by HHSC. The program covers mandatory eligibility groups and some optional eligibility groups.

Individuals with income or resources above predefined limits are ineligible for Medicaid. The Texas Medicaid program covers a limited number of optional groups, which are eligibility categories that states are allowed, but not required, to cover under their Medicaid programs. For example, Texas chooses to extend Medicaid eligibility to pregnant women and infants up to 198 percent of the federal poverty level (FPL) (the federal requirement for pregnant women and infants is 133 percent of the FPL). Another optional group that Texas covers is known as the “medically needy” group. This group consists of individuals whose income exceeds Medicaid eligibility limits but who do not have the resources required to meet their medical expenses. A “spend down” amount is calculated for these individuals by subtracting their incomes from the medically needy income limit for their household sizes. If their medical expenses exceed the “spend down” amount, they become Medicaid eligible. Medicaid then pays for those unpaid medical expenses and any Medicaid services provided after they are determined to be medically needy. Children with family income or resources above Medicaid thresholds may be eligible for the Children's Health Insurance Program (CHIP).

¹⁴ Cost of services to clients with type 1, type 2, unknown, or gestational diabetes listed as a primary diagnosis on a paid acute medical care claim or encounter. About an additional \$657 million was paid for services to clients with diabetes listed as a non-primary diagnosis. These services were not necessarily directly related to diabetes.

FY 2019 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes Served ¹⁵
Medicaid ¹⁶	320,916

FY 2019 Services/Activities: Services under the Medicaid state plan are considered an entitlement, and the state cannot limit the number of eligible people who can enroll to receive those services. About 4.3 million Texans rely on Medicaid for health insurance or long-term services and supports.

Medicaid pays for acute health care (physician, inpatient, outpatient, pharmacy, lab, and x-ray services), and long-term services and supports (LTSS) for people age 65 and older and persons with disabilities that meet income requirements. LTSS include home and community- based services, nursing facility services, and services provided in intermediate care facilities for individuals with an intellectual disability or related conditions (ICFs/IID).

Guidance regarding coverage of equipment and supplies (insulin pumps, syringes, testing strips, etc.) for persons with diabetes is found in the Texas Medicaid Provider Procedures Manual at tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx.

Since 2012, most Medicaid clients have obtained their prescription drug benefits through a managed care plan. Outpatient prescription drugs are a benefit of each Medicaid managed care program. Across the state, 18 Medicaid MCOs have contracted with a total of 6 different PBMs. Some PBMs contract with multiple MCOs. The Texas Medicaid/CHIP Vendor Drug Program website includes information on diabetes medications covered by Medicaid and PBMs serving Medicaid MCOs (txvendordrug.com).

¹⁵ Based on designation of an individual with a paid claim with type 1, type 2, unknown, or gestational diabetes listed as the primary diagnosis or in any of the subsequent 10 diagnoses.

¹⁶ Includes acute care services only. Long-term services and supports and prescription drug benefits are not included.

FY 2019 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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Medicaid	Statewide
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Number of Health Care Providers Treating Individuals with Diabetes under the Program: Providers from a variety of health-service and allied health fields offer services to the Medicaid eligible population. In FY 2019, approximately 18,632 providers served clients with any diabetes diagnosis for some sort of medical condition.

Primary Health Care Program

Diabetes-Related Expenditures: Although the program may potentially impact persons with diabetes, there is no mechanism for identifying the costs attributed to diabetes.

Source of Funds: 100 percent State

Eligibility/Population Served: The Primary Health Care (PHC) Program is intended to ensure that needy Texas residents have access to primary health care services. PHC serves all eligible Texas residents with a gross income at or below 200 percent of the FPL and who are not a beneficiary of other state or federal health care assistance programs. Most PHC patients are women, but men and children are also served.

FY 2020 Individuals Served: Although the PHC may potentially impact persons with diabetes, there is not a mechanism for identifying persons with diabetes served.

FY 2020 Services/Activities: PHC provides primary health care, including preventive health services and education to Texas residents who would not otherwise receive care. Services are provided through contracts with local health departments, universities, hospitals, hospital districts, Federally Qualified Health Centers, and private non-profit organizations.

Under [Title 25 Texas Administrative Code, Section 39.3](#), contractors must provide six priority primary care services: diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, X-rays, nuclear medicine, or other appropriate diagnostic services. Nine additional services may also be provided: nutrition services; health screening; home health care; transportation; environmental health; dental care; prescription drugs, devices, and durable supplies; podiatry services; and social services.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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Primary Health Care Services Program	Statewide
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For fiscal year 2021, PHC awarded funds to 52 distinct contractors in approximately 225 clinic sites that provide PHC services to clients residing in 183 counties.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: PHC does not have the ability to determine the ability to determine the number of providers treating individuals with diabetes.

Title V Maternal and Child Health Fee-for-Service Program (Title V MCH FFS)

Diabetes-Related Expenditures: Although the program may potentially impact persons with diabetes, there is no mechanism for identifying the costs attributed to diabetes.

Source of Funds:

- State – Prenatal Medical and Dental (PMD) is 100 percent state
- Federal – Child Health and Dental (CHD) is 100 percent federal

Eligibility/Population Served: The Title V Maternal and Child Health Fee-for-Service (MCH FFS) program is intended to ensure that Texas residents have access to primary and maternal health care services. The Title V MCH FFS program serves all eligible Texas residents who are not eligible for other health care plans and whose gross income is at or below 185 percent of the federal poverty level.

The Title V MCH FFS grant program is administered within two programs, PMD and CHD. Prenatal services for pregnant women are provided while the applicant is awaiting CHIP Perinatal or Medicaid assistance, and medically necessary post-partum visits are provided for up to three months. Dental services are provided for pregnant women up to three months post-partum. Child health and dental services are provided to youth 21 and younger.

FY 2020 Individuals Served: Although the program may potentially impact persons with diabetes, there is not a mechanism for identifying persons with diabetes served.

FY 2020 Services/Activities: The Title V MCH FFS Program provides primary and perinatal health care, including preventive health services and education to Texas residents who cannot otherwise receive such care. Services are provided through contracts with local health departments, universities, hospitals, hospital districts, Federally Qualified Health Centers, and private non-profit organizations.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
Title V Maternal Child and Health Fee-for-Service Program	Statewide

The Title V MCH FFS program awarded funds as listed:

- PMD awarded funds to 23 distinct contractors in 24 counties in 9 Texas regions.
- CHD awarded funds to 41 distinct contractors in 100 counties in 8 Texas regions.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: Program does not have the ability to determine the number of providers treating individuals with diabetes.

Healthy Texas Women Program (HTW)

FY 2019 Diabetes-Related Expenditures: \$656,459 in expenditures¹⁷

Source of Funds: 100 percent State¹⁸

Eligibility/Population Served: Healthy Texas Women Program (HTW) offers women's health and family planning services at no cost to eligible women. The program is available to anyone who:

- Is age 15 through 44 (women age 15 through 17 must have parental or legal guardian consent to apply and receive services);
- Is a U.S. citizen or eligible immigrant;
- Has an income at or below 200 percent of the federal poverty level;
- Resides in Texas;
- Does not have health insurance, Medicaid, or CHIP; and
- Is not pregnant.

FY 2019 Individuals Served: HTW served 8,256 clients for a diabetes-related service.¹⁹ These services are for screening, and those clients may have received a negative diagnosis.

FY 2019 Services/Activities: HTW provides comprehensive medical assessment for clients including diabetes screening (blood glucose testing). Providers should assist patients to meet all identified health care needs either directly or by referral. Pharmaceutical treatment for diabetes is also available through HTW. Outpatient prescription drugs are a benefit of Healthy Texas Women. The Texas Vendor Drug Program website includes information on diabetes medications covered by Healthy Texas Women (txvendordrug.com).

¹⁷ Diabetes related fee-for-service expenditures include four procedure codes: 82947 (assay, glucose, blood quantity), 82948 (reagent strip/blood glucose), 82950 (glucose test), and 82951 (glucose tolerance test). The codes are reimbursed using a fee-for-service model through TMHP.

¹⁸ In June 2017, HHSC submitted a Section 1115(a) Medicaid Demonstration Waiver application to the CMS to move the GR-funded HTW program into Medicaid. CMS approved the HTW 1115 demonstration waiver on January 22, 2020, to provide comprehensive women's health services for women ages 18-44 and to operate the HTW demonstration program as a Medicaid program. HHSC began drawing down federal matching funds in February 2020.

¹⁹ This client count represents medical claims only and does not include prescription drug benefits.

FY 2019 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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Healthy Texas Women	Statewide
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Number of Health Care Providers Treating Individuals with Diabetes under the Program: There were 143 billing providers throughout the state in FY 2019. However, some diabetes-related services under HTW are for screening, and those screened may receive a negative diagnosis.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Diabetes-Related Expenditures: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is not designed to prevent diabetes and clinics do not provide treatment for diabetes. As such, the program is unable to assess diabetes-related expenditures.

Source of Funds: 100 percent Federal

Eligibility/Population Served: WIC is a nutrition program for eligible individuals in Texas. To apply for WIC benefits, applicants may start their application online at www.TexasWIC.org/apply or may call or walk in to their local WIC clinic during business hours to schedule an in-person appointment. An in-person appointment is required to complete the WIC certification process, and applicants must meet all four eligibility requirements to be certified:

- Is pregnant, breastfeeding, postpartum woman or infant, or child under five years of age;
- Is a Texas resident;
- Has an income at or below 185 percent of the federal poverty level or eligible for the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or Medicaid; and
- Has a medical or dietary risk (e.g., history of poor pregnancy outcome, underweight, iron-deficiency anemia, or poor eating habits leading to poor nutrition or health status).

FY 2020 Individuals Served: WIC is not designed to prevent diabetes and clinics do not provide treatment for diabetes. As such, the program is unable to determine the number of individuals with diabetes or prediabetes served.

FY 2020 Services/Activities:

- Supplemental nutritious food benefits from the WIC-approved food package
- Nutrition education and counseling at WIC clinics, including breastfeeding support
- Screening and referrals to other health and social services

In Texas, WIC participant benefits are loaded onto a Texas WIC card that can be used at any WIC-authorized vendor to purchase approved items included in their WIC food package. There are approximately 2,200 authorized WIC vendor outlets across Texas.

Food packages are designed to supplement the nutritional needs of pregnant, breastfeeding and/or postpartum women, infants, and children.

FY 2020 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Where Services Provided
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WIC	Statewide
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Although the WIC program is not designed to prevent diabetes and clinics do not provide treatment for diabetes, participation in WIC may improve diabetes-related risk factors. WIC benefits are available in all 254 Texas counties through 64 contracted local agencies.

Number of Health Care Providers Treating Individuals with Diabetes under the Program: WIC does not provide direct medical services.