



# **Assessment of Programs to Prevent and Treat Diabetes**

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

**Department of State Health  
Services**

**Texas Diabetes Council**

**November 2017**



**TEXAS**  
Health and Human  
Services

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# 1. 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 shall submit to the governor, the lieutenant governor, and the legislature a written report containing the findings of the assessment.

Additionally, the TDC also developed a state plan to compliment the statewide assessment in accordance with Chapter 103. The state plan, which includes TDC recommendations and priorities, will be available in a separate document.

The assessment includes information collected from the Health and Human Services Commission (HHSC), Department of State Health Services (DSHS), Department of Aging and Disability Services (DADS), and the Department of Assistive and Rehabilitative Services (DARS). Because of the transformation process required by Senate Bill 200, 84<sup>th</sup> Legislature, Regular Session, 2015, some of these programs have transferred to HHSC, DSHS, and the Texas Workforce Commission.

The programs assessed approach diabetes prevention and treatment in different ways, covering the entire state for some programs while targeting specific regions and counties for others.

Assessments of state agency programs and services show that, in 2016, over 349,000 Texans with diabetes received diabetes-related services through state Health and Human Services (HHS) programs, with identified costs reaching \$144,874,990.<sup>1</sup>

In assessing existing programs, the TDC identified the following priorities to be addressed:

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<sup>1</sup> Diabetes-related expenditures were not available for all programs.

- Addressing the enrollment gap in Diabetes Self-Management Education and Support with the goal of reducing diabetes related hospital admissions and readmissions.
- Continuing to evaluate approaches to diabetes prevention and control identified through projects associated with the Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver
- Supporting evidence- and community-based prevention programs, such as the National Diabetes Prevention Program, that can provide cost-saving potential for employers, insurers, and government agencies.
- Focusing on screening for gestational diabetes and education as a prevention effort for pregnant women and their newborns.
- Enhancing provider ability to treat Medicaid/Children's Health Insurance Program (CHIP) patients with diabetes.

## 2. Introduction

The Texas Diabetes Council (TDC) was established in 1983. It is composed of 11 members appointed by the governor, as well as nonvoting members from Health and Human Services (HHS) system agencies.

[Chapter 103, Texas Health and Safety Code](#), 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 shall 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. It will also be available to the public in a separate document.

Section 103.0131 requires that the Assessment include:

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

The 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.

## 3. Background

The statewide assessment of the diabetes status in Texas shows that the prevalence of diabetes has increased 44 percent over the past decade and is on a projected course to quadruple in the next 25 years.

Today, more than 2.3 million (11.4 percent) of adult Texans have been diagnosed with diabetes, and another 1.3 million (7.5 percent) have prediabetes—a condition that makes them more likely to develop type 2 diabetes within the next 10 years, and more likely to have a heart attack or stroke.<sup>2</sup>

That’s just part of the story, because millions more Texans are likely to have prediabetes but aren’t diagnosed.<sup>3</sup>

For pregnant women, the prevalence of diabetes is even higher: an estimated 11.5 percent of pregnant women in Texas develop gestational diabetes, compared to 1.9 percent who had diabetes before pregnancy.<sup>4</sup>

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<sup>2</sup> 2015 Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, for persons 18 years of age and older. Data include both type 1 and type 2 diabetes. Persons with diabetes include those who report that they have been told by a doctor or other healthcare professional that they have diabetes. Persons with prediabetes include those who have been told by a doctor or other healthcare professional that they have prediabetes or borderline diabetes. Women and girls who report diabetes or prediabetes only during pregnancy are not included in prevalence.

<sup>3</sup> Results of national studies indicate that as many as 37 percent of U.S. adults have prediabetes (diagnosed and undiagnosed), a condition that makes them more likely to develop type 2 diabetes within the next 10 years, and more likely to have a heart attack or stroke. Centers for Disease Control and Prevention. Diabetes Report Card 2014. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2015.

<sup>4</sup> Texas Department of State Health Services Diabetes Prevention and Control Branch. Texas Pregnancy Risk Assessment Monitoring System (PRAMS) Estimate of Pre-existing and Gestational Diabetes, 2004-2009. *Texas Diabetes, the Newsletter of the Texas Diabetes*



The State Demographer projects a quadrupling of the number of adult Texans with diabetes to almost 8 million in the next 25 years.<sup>5</sup>

In 2012, the annual financial toll on Texas because of diabetes was \$18.5 billion, including \$12.3 billion in direct medical costs and \$6.2 billion in indirect costs.<sup>6</sup> Texas was (and remains) among the 10 states collectively responsible for over 60 percent of the national cost of diabetes.<sup>7</sup> As the number of Texans with diabetes quadruples over the next 25 years, the annual cost to the state can be expected to increase as well.

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*Council*, Spring 2011. Publication No. 45-11004.

<http://www.dshs.texas.gov/diabetes/PDF/newsletter/spring11.pdf>

5 Texas, Office of the State Demographer, Texas State Data Center. Summary Report on Diabetes Projections in Texas, 2007 to 2040.

[http://demographics.texas.gov/Resources/Publications/2008/2008\\_SummaryReportDiabetes.pdf](http://demographics.texas.gov/Resources/Publications/2008/2008_SummaryReportDiabetes.pdf)

6 Texas Health and Human Services Commission. Report on Direct and Indirect Costs of Diabetes in Texas as Required by S.B. 796, 82nd Legislature, Regular Session, 2011. December 2012

<https://hhs.texas.gov/sites/default/files/direct-indirect-costs-diabetes-texas.pdf>

7 American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2012. *Diabetes Care*. 2013 Apr; 36 (4):1033-46. Epub 2013

Mar 6. <http://www.diabetes.org/advocacy/news-events/cost-of-diabetes.html>

## 4. Assessment Collection Overview and Findings

### Methodology

In March 2017, the Diabetes Prevention and Control Program at DSHS initiated routine collection of data from state agencies regarding 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 line with Senate Bill 796 (82R), which established additional requirements for data collection. DSHS receives information related to areas of the state where diabetes services are not available, and the number of providers involved in the delivery of services.

The additional data collected using a template that allowed program administrators and data analysts of HHSC 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 HHSC agency programs identified as providing services for persons with diabetes in March 2017. Appendix A: [Texas State Agency Diabetes Programs](#) summarizes specific requirements of Section 103.0131 of the Texas Health and Safety Code related to state agency diabetes services. Refer to individual program descriptions for methods used to calculate numbers served and related expenditures.

## Overview of Texas State Agency Diabetes Programs

Table 1 includes an overview of Texas State Agency diabetes programs data that was collected for fiscal years 2014 and 2016. Additional information, including units served and related expenditures, is available on each program in the Appendix.

Table 1. Texas State Agency Diabetes Programs

Agency and Program Name	Fiscal Year	Expenditures / Source	# of Individuals with Diabetes Served*	# of Health-Care Providers Treating Individuals w/ Diabetes	Areas Where Diabetes Services Are Available
DADS Area Agency on Aging Evidence-based Programs for Diabetes**	2016	\$1,247,626 100% Federal	Not available	Not available	77 Counties
DARS <a href="#">Independent Living Services to Texans with Disabilities</a> Impacted by Diabetes**	2014	\$11,672,250 90% Federal 10% State	1,145	Contracts for medical services as needed from providers in the community.	124 offices located throughout the state
DARS <a href="#">Vocational Rehabilitation Services</a>	2014	\$277,846,096 80% Federal 20% State	5,021	Contracts for medical services as needed from providers in the community.	124 offices located throughout the state
DSHS <a href="#">Children with Special Health Care Needs Services Program</a>	2016	\$27,407,673 49% Federal 51% State	83	29,078	Statewide
DSHS <a href="#">Kidney Health Care Program</a> **	2016	\$17,603,229 100% State	8,199	161	Statewide

<b>Agency and Program Name</b>	<b>Fiscal Year</b>	<b>Expenditures / Source</b>	<b># of Individuals with Diabetes Served*</b>	<b># of Health-Care Providers Treating Individuals w/ Diabetes</b>	<b>Areas Where Diabetes Services Are Available</b>
DSHS <a href="#">Diabetes Prevention and Control Program</a> <a href="#">Community Diabetes Education Programs</a>	2016	\$798,746 100% State	691	Not applicable	Counties: El Paso, Wichita, Harris, Smith, Cherokee, Wood
DSHS <a href="#">Diabetes Self-Management Education Campaign</a>	2016	\$118,986 100% Federal	Not available	12,455	Statewide
DSHS <a href="#">Primary Health Care Program</a>	2016	\$10,377,842 100% State	Not available	The PHC Program awarded funds to 60 distinct contractors in approximately 235 clinic sites in 111 counties.	Statewide by Health Service Region
DSHS <a href="#">Family Planning Program</a> **	2016	\$16,855,655 5% Federal 95% State	Not available	Family Planning provided funding to 22 contractors at 126 clinic sites.	Clinic sites in Health Service Regions 1, 2/3, 6/5S, 5N, 7, 8, 11
HHSC <a href="#">Texas Women's Health Program</a>	2016	\$15,143,203 100% State	Not available	TWHP had 5,342 clinics throughout the state enrolled in the program and eligible to provide TWHP services.	5,342 clinics throughout the state
HHSC <a href="#">Medicaid</a>	FY 2016	\$28.8 billion 57% Federal 43% State	326,298	23,450	Statewide

<b>Agency and Program Name</b>	<b>Fiscal Year</b>	<b>Expenditures / Source</b>	<b># of Individuals with Diabetes Served*</b>	<b># of Health-Care Providers Treating Individuals w/ Diabetes</b>	<b>Areas Where Diabetes Services Are Available</b>
HHSC <a href="#">Children's Health Insurance Program</a>	FY 2016	\$856.7 million 91% Federal 9% State	14,077	1,621	Statewide
Agency and Program Name	Fiscal Year	Expenditures / Source	# of Individuals with Diabetes Served*	# of Health-Care Providers Treating Individuals w/ Diabetes	Areas Where Diabetes Services Are Available
DADS Area Agency on Aging Evidence-based Programs for Diabetes**	2016	\$1,247,626 100% Federal	Not available	Not available	77 Counties
DARS <a href="#">Independent Living Services to Texans with Disabilities</a> Impacted by Diabetes**	2014	\$11,672,250 90% Federal 10% State	1,145	Contracts for medical services as needed from providers in the community.	124 offices located throughout the state

\*For methods used to calculate numbers served and related expenditures, refer to the individual program descriptions in Appendix A: Programs for the Prevention and Treatment of Diabetes.

\*\*Effective fiscal year 2017, September 1, 2016, some programs were moved to a different agency. For more details, see the footnotes in Appendix A: Programs for the Prevention and Treatment of Diabetes.

## **Summary of TDC Priorities based on Assessment Findings:**

Opportunities were identified based on reviews and discussions of diabetes prevention and control cost savings studies and evidence-based diabetes research studies. TDC members' professional experience span collective decades and includes expertise in the treatment of diabetes, diabetes education and training, nutrition education, and public health policy. TDC and Committee meetings served as opportunities to review and discuss topics, which assisted in the identification of the five priorities.

The 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:

- Addressing the enrollment gap in Diabetes Self-Management Education and Support with the goal of reducing diabetes related hospital admissions and readmissions.
- Continuing to evaluate approaches to diabetes prevention and control identified through projects associated with the Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver
- Supporting evidence- and community-based prevention programs, such as the National Diabetes Prevention Program, that can provide cost-saving potential for employers, insurers, and government agencies.
- Focusing on screening for gestational diabetes and education as a prevention effort for pregnant women and their newborns.
- Enhancing provider ability to treat Medicaid/CHIPS patients with diabetes.

For more detailed information, see the State Plan to Prevent and Treat Diabetes, located at <http://dshs.texas.gov/Legislative/Reports-2017.aspx>.

## 5. Conclusion

The Assessment demonstrates that Texas has a number of programs available for assessing, treating, and preventing diabetes. In 2016, 349,000 Texans with diabetes received diabetes-related services through state Health and Human Services (HHS) programs. Given the significant increase projected for diabetes prevalence in the next 10-25 years, the opportunities to improve data and service delivery are a vital part to the improvement of health outcomes.

The Texas Diabetes Council is strongly committed 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.

# Appendix A. Appendix A -Programs for the Prevention and Treatment of Diabetes

## Texas Department of Aging and Disability Services (DADS)

**Program Name:** Area Agency on Aging Section/Access & Intake Division (AAAs)<sup>8</sup>

**Total Program Expenditures:** \$1,247,626 (FY 2016)

### Units of Service Provided:

	Total	With Diabetes
FY 2016	4,227*	Not Available

\*Each time a person attends a session is one unit.

**Diabetes-Related Expenditures:** Not Available

### Source of Funds:

Federal	State	Other
100 percent		

### Eligibility/Population Served:

Sixty years of age and older but can serve caregivers of persons age 60 or over; referred by a physician or verbal confirmation of the diagnosis of diabetes; or participant of the CDSMP program who wants to complete the Diabetes Self-Management Program

### Services/Activities:

Chronic Disease Self-Management (six week classes, 2.5 hours each) enables participants to build self-confidence to take part in maintaining their health and

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<sup>8</sup> Program name as of fiscal year 2016. In fiscal year 2017, the program moved to HHS and name was changed to Area Agency on Aging Section Evidenced-based Chronic Disease Self-Management Program (CDSMP).



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.

Diabetes Self-Management (six week classes, 2.5 hours each) teaches the skills needed in the self-management of diabetes and to maintain and/or increase life's activities. The target audience is adults age 60 and older with type-2 diabetes. Workshops are facilitated from a highly detailed manual by two trained leaders, one or both of whom are peer leaders with diabetes. Participants receive a book, audio relaxation tape/CD and audio exercise tape/CD.

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are available:**

Anderson, Angelina, Austin, Bastrop, Bell, Bexar, Blanco, Brazoria, Brazos, Brown, Burleson, Burnet, Caldwell, Callahan, Chambers, Coleman, Collin, Colorado, Comanche, Coryell, Dallas, Denton, Eastland, El Paso, Fayette, Fisher, Fort Bend, Galveston, Gregg, Grimes, Guadalupe, Hamilton, Harris, Haskell, Hays, Houston, Jasper, Johnson, Jones, Kent, Kerr, Knox, Lampasas, Lee, Leon, Liberty, Llano, Madison, Matagorda, Maverick, McLennan, Milam, Mills, Mitchell, Montgomery, Nacogdoches, Newton, Nolan, Polk, Robertson, Runnels, Sabine, San Saba, Scurry, Shackelford, Smith, Starr, Stephens, Stonewall Tarrant, Taylor, Throckmorton, Travis, Walker, Waller, Washington, Webb, Wharton, Williamson

**Number of health-care providers treating individuals with diabetes under the program:**

Not available

## Texas Department of Assistive and Rehabilitative Services (DARS)

### Program Name: Independent Living Services to Texans with Disabilities Impacted by Diabetes<sup>9</sup>

**Total Program Expenditures\*:** \$11,672,250 (FY 2014)

#### Individuals Served:

	Total*	With Diabetes**
FY 2014	5,019	1,145

**Diabetes-Related Expenditures\*\*:** \$1,055,895 (FY 2014)

\*Total individuals served and payments from each fiscal year's funds for Independent Living Services

\*\*Individuals served and payment from that fiscal year's funds for Independent Living Services for consumers with a cause code of Diabetes:

#### Source of Funds:

Federal	State	Other
90 percent	10 percent	

Federal and state portions apply to the entire body of program expenditures over a year in roughly these ratios.

#### Eligibility/Population Served:

DARS Independent Living (IL) Services are geared toward adults with significant disabilities with the goal of improving independence at home and in the community, rather than at a nursing care facility. Program requirements include: a significant disability resulting in a substantial impediment to functioning independently in the

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<sup>9</sup> Agency name as of fiscal year 2016. In fiscal year 2017, DARS programs for adults moved to the Texas Workforce Commission. Fiscal year 2016 information was not provided.

family and/or in the community, and a reasonable expectation that IL Services assistance will result in the ability to function more independently.

### **Services/Activities:**

DARS provides services for Texans impacted by the complications of diabetes. These complications include heart disease, stroke, amputations, blindness, and kidney disease. DARS IL services help people with significant disabilities achieve greater self-sufficiency by assisting them to improve mobility, communication, personal adjustment, and self-direction. Services include counseling and guidance, home modification, assistive devices and equipment, communication technology, mobility training, and other services. DARS counselors refer to community resources to promote consumers' responsible self-management of diabetes, which is necessary to slow the progression of the disability and help reduce the quantity and/or severity of complications.

DARS has 124 offices across the state where it administers services to Texans with diabetic eye disease, heart disease, stroke, amputations, and kidney disease, as well as other disabilities. Texans with disabilities can contact their local DARS office to initiate services. Experienced diabetes educators and programs are difficult to find in the rural areas of the state, including Abilene, Odessa, Waco, Harlingen, Victoria, Corpus Christi, Del Rio, and San Angelo.

### **Number of health-care providers treating individuals with diabetes under the program:**

DARS does not have health care providers or diabetes educators on staff, but contracts for medical services as needed from providers in the community. DARS also contracts with registered nurses, registered dieticians, and certified diabetes educators who specialize in diabetes education and have knowledge of the unique challenges consumers with disabilities, especially blindness, face when self-managing their diabetes. These diabetes educators participate in training on strategies when working with people with disabilities. They provide assessment, self-management education and follow-up services to DARS consumers. DARS employs a Diabetes Program Specialist who is responsible for recruiting and training diabetes educators in blind services and for addressing the concerns identified by DARS caseworkers for adaptive equipment and accommodations that may be needed by the consumer.

**Program Name: Vocational Rehabilitation Services to Texans with Disabilities Impacted by Diabetes**

**Total Program Expenditures\*:** \$277,846,096 (FY 2014)

**Individuals Served:**

	Total	With Diabetes
FY 2014	78,746*	5,021**

**Diabetes-Related Expenditures\*\*:** \$10,769,365 (FY 2014)

\*Total individuals served and payments from each fiscal year's funds for Vocational Rehabilitation Services

\*\*Individuals served and payment from that fiscal year's funds for Vocational Rehabilitation Services for consumers with a cause code of Diabetes:

**Source of Funds:**

Federal	State	Other
80 percent	20 percent	

Federal and state portions apply to the entire body of program expenditures over a year in roughly these ratios.

**Eligibility/Population Served:**

The Vocational Rehabilitation (VR) program at DARS helps Texans with disabilities prepare for, find, and keep employment. The eligibility criteria for this program is: 1) the presence of a physical, mental, or cognitive impairment; 2) the impairment results in a substantial impediment to employment; 3) the individual (consumer) requires vocational rehabilitation services to be employable; and 4) the individual (consumer) is presumed to be capable of employment.

**Services/Activities:**

DARS provides vocational rehabilitation (VR) services to Texans impacted by the complications of diabetes. Complications include heart disease, stroke, amputations, blindness, and kidney disease. Through the VR program, DARS provides consumers with individualized, work related services which may include

counseling and guidance, training, physical restoration, prostheses and orthoses, assistive devices and equipment, job placement assistance, and other services.

This report identifies DARS consumers with a documented disability of diabetes mellitus. DARS VR services help to remove the person's impediment to employment. DARS also promotes responsible diabetes self-management to slow the progression of the condition and reduce and/or prevent complications through referral to community resources. In addition, DARS works closely with employers who hire DARS consumers to address any questions they may have about the consumer's work productivity.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:

DARS has 124 offices across the state that administer vocational rehabilitation (VR) services to Texans with diabetic eye disease, heart disease, stroke, amputations, and kidney disease, as well as other disabilities. As such, we do not specifically address Texans with heart disease, stroke, amputations, kidney disease, or other disabilities unless the disability presents an impediment to employment as determined by a qualified Vocational Rehabilitation Counselor. Texans with disabilities can contact their local DARS office to initiate services.

Experienced diabetes educators and programs are difficult to find in the rural areas of the state including Abilene, Odessa, Waco, Harlingen, Victoria, Corpus Christi, Del Rio, and San Angelo.

### **Number of health-care providers treating individuals with diabetes under the program:**

DARS does not have health care providers or diabetes educators on staff, but contracts for medical services as needed from providers in the community. DARS also contracts with registered nurses, registered dietitians, and certified diabetes educators who specialize in diabetes education and have knowledge of the unique challenges consumers with disabilities face when trying to self-manage diabetes. They provide assessment, self-management education and follow-up services to DARS consumers.

DARS employs a Diabetes Program Specialist who is responsible for recruiting and training diabetes educators in blind services and for addressing the concerns identified by DARS counselors for adaptive equipment and accommodations that may be needed by the consumer.

## Texas Department of State Health Services (DSHS)

### Program Name: Children with Special Health Care Needs (CSHCN) Services Program

**Total Program Expenditures:** \$ 27,407,673\* (FY 2016)

#### Individuals Served:

	Total	With Diabetes
FY 2016	1,797	83

**Diabetes-Related Expenditures:** \$548,551\*\* (FY 2016)

\*Program expenditures reported are the total expenditures for client services.

\*\*The Children with Special Health Care Needs (CSHCN) Services Program 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:

Federal	State	Other
49 percent	51 percent	

#### Eligibility/Population Served:

The program is available to anyone who:

- Has a medical problem that:
- Is expected to last at least 12 months
- Will limit one or more major life activities
- Needs more health care than what children usually need
- Has physical symptoms (The program does not cover clients with a mental, behavioral, or emotional condition, or a delay in development.)
- Lives in Texas
- Is under 21 years old (or any age with cystic fibrosis)
- Has a certain level of family income.

## **Services/Activities:**

The Children with Special Health Care Needs (CSHCN) Services Program helps children with special health care needs and people of any age with cystic fibrosis. The program covers health care benefits for children with extraordinary medical needs, disabilities, and chronic health conditions. Health care benefits include a broad array of medical care and related services. The program helps clients with their medical, dental and mental health care, drugs, special therapies, case management, family support services (e.g., home modifications, van lifts), travel to health care visits, insurance premiums, and transportation of deceased clients.

## **Areas of the state where services to prevent diabetes and treat individuals with diabetes are unavailable:**

- CSHCN Services Program services are available statewide.
- Number of health-care providers treating individuals with diabetes under the program:
- As of August 31, 2014, there were 29,078 providers that could potentially treat CSHCN Services Program clients with diabetes.

**Program Name: Kidney Health Care Program (KHC)<sup>10</sup>**

**Total Program Expenditures: \$17,603,229\* (FY 2016)**

**Individuals Served:**

	<b>Total</b>	<b>With Diabetes</b>
FY 2016	19,777	8,199**

**Diabetes-Related Expenditures: \$6,483,128.30\*\*\* (FY 2016)**

**Source of Funds:**

<b>Federal</b>	<b>State</b>	<b>Other</b>
	100 percent	

\*Program expenditures reported are the total expenditures for client services.

\*\*Program 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.

\*\*\*The KHC Program does not have the ability to determine if expenditures are specific to diabetes-only treatment.

**Eligibility/Population Served:**

- The program is available to anyone who:
- 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
- Does not receive medical or drug Medicaid benefits

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<sup>10</sup> Information as of fiscal year 2016. In fiscal year 2017, the program moved to HHS.



**Services/Activities:**

The Program helps get health care services for people with end-stage renal disease (ESRD). It helps clients with their dialysis treatments, access 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.

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are unavailable:**

Services are available statewide.

**Number of health-care providers treating individuals with diabetes under the program:**

There are approximately 161 physician providers serving KHC clients in Texas.

**Program Name: Diabetes Prevention and Control Program (DPCP) Community Diabetes Education Programs (CDEPs)**

**Total Program Expenditures:** \$798,746 (FY 2016)

**Individuals Served:**

	Intervention Type	With Diabetes or Prediabetes
FY 2016	Diabetes Prevention and Support Classes	208
FY 2016	Diabetes Self-Management Education and Support (DSMES)	483

The number of persons with diabetes or prediabetes represents unique/unduplicated individuals served by each intervention type. A total is not presented for all intervention types because individuals can participate in one or more of the interventions. For example, an individual can be enrolled in a cooking class, an exercise class, and a self-management class, and will be represented in each category/intervention type.

**Diabetes-Related Expenditures:** \$798,746 (FY 2016)

**Source of Funds:**

Federal	State	Other
	100 percent	

**Eligibility/Population Served:**

The DPCP contracts with local health departments and community-based organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes. Community Diabetes Education Programs (CDEPs) target Texans who are disproportionately affected by diabetes, and have limited access to health services.

**The goals of CDEPs are to:**

- Increase opportunities for physical activity and better nutrition;

- Increase access to ADA-recognized and/or AADE-accredited diabetes self-management education and support;
- Collect and analyze data on waist circumference, BMI, tobacco status/cessation and blood pressure and other indicators;
- Improve capacity of a CDEP advisory board to design, implement, and engage in program quality improvement of diabetes interventions;
- Increase public and provider knowledge of the symptoms, risk factors and target goals of diabetes, prediabetes and gestational diabetes, and the importance of physical activity and healthy eating in preventing, delaying, or managing diabetes and its complications; and
- Increase health care provider, payer, and patient knowledge and use of the TDC Tool Kit.
- Participants are predominately middle-aged (average 59 years of age), female, and obese, based on self-report data collected from 169 participants who had never been diagnosed with diabetes and who participated in a CDEP DSME class series between January 2016 and March 2017. Anyone with diabetes or at risk for diabetes in the communities where CDEPs are located may participate in program activities, including diabetes prevention, physical activity, and nutrition classes.

### **Services/Activities:**

DSME classes are conducted for persons with diabetes and their families. A minimum of four series of DSME classes are conducted annually focusing on populations living with type 2 diabetes, including racial/ethnic minority groups, low-income, and uninsured/under-insured individuals and families in areas with a significant prevalence of diabetes. These classes are held at least once a week for four weeks. The participant and instructor together develop a personalized follow-up plan for ongoing self-management support.

Diabetes Prevention (physical activity and nutrition) classes are conducted for persons with prediabetes or at high-risk for developing type 2 diabetes. A minimum of two series are conducted annually. These classes are held at least once a week for 12 weeks.

In 2016, the four CDEPs in Texas collected data related to the outcome indicators below from participants diagnosed with diabetes attending DSME classes.

- Decrease in average waist circumference, body mass index (BMI), A1c, fasting blood glucose, blood pressure, cholesterol, and triglycerides

- Percent of participants receiving recommended exams (foot, eye, dental) and immunizations
- Number of participants identified as tobacco users referred to cessation activities/services

CDEP enrollees complete Participant Information Forms at various points during their participation in DSMES interventions. Outcomes indicated favorable changes, based on 338 records filled out by 169 adults between January 2016 and March 2017.

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:**

- During 2016, DSHS contracted with the following organizations to offer community diabetes project interventions:
  - ▶ El Paso Diabetes Association–El Paso County
  - ▶ Wichita Falls-Wichita County Public Health District–Wichita County
  - ▶ Houston Health Department–Harris County
  - ▶ Northeast Texas Public Health District–Smith, Cherokee, Wood Counties

**Number of health-care providers treating individuals with diabetes under the program:**

- The programs do not provide direct medical services. However, participants are referred to health care providers and connected with resources in their respective communities.

**Program Name: Diabetes Self-Management Education (DSME) Campaign**

**Total Program Expenditures:** \$118,986 (FY 2016)

**Individuals Served:**

FY 2016	Online Impressions	Website visits
DSME Campaign for FY 2016	4,538,068 (encountered online advertising)	57,100 preventtype2.org prevenirtipo2.org
Health-Care Professional Education (tdctoolkit.org)	NA	12,455 tdctoolkit.org

**Diabetes-Related Expenditures:** \$118,986 (FY 2016)

**Source of Funds:**

Federal	State	Other
100 percent		

**Eligibility/Population Served:**

The fiscal year 2016 campaign focused on health care professionals who treat people with type 2 diabetes, especially family practitioners, endocrinologists, internists, nurses, pharmacists, certified diabetes educators, and nutritionists.

**Services/Activities:**

Goals of the fiscal year 2016 “Diabetes Self-Management Education (DSME) Campaign” were to:

- Target health care providers who work with people with type 2 diabetes, particularly the high-risk audience of Hispanics and African Americans.
- Raise awareness among Texas physicians and other providers about the importance of screening patients for prediabetes and type 2 diabetes.
- Increase provider referrals to accredited and recognized DSMES programs.
- Increase patient participation in accredited and recognized DSMES programs and in National Diabetes Prevention Program (NDPP) sites.
- Encourage physicians and other health-care providers to use the TDC Tool Kit.

The campaign was implemented over three years, from August 14, 2015, through June 29, 2017. The phase implemented in fiscal year 2016 (beginning September 1, 2015) expanded the reach of provider materials through creation of a tool kit and outreach to promote DSMES. Outreach was done by contacting nine professional associations and 36 county medical societies in Texas to request that they promote the DSMES tool kit. Articles were placed in the newsletters for the Bexar County Medical Society and Dallas County Medical Society. DSMES tool kit samples were mailed to approximately 260 accredited diabetes education programs in Texas. Online advertising promoted the DSMES tool kit via [TDCtoolkit.org](http://TDCtoolkit.org) and included ads on Facebook and Google Paid Search. Advertisements were placed in the summer issues of Texas Medicine and Texas Family Physician.

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are available:**

- The reach of DSME Campaign messaging was statewide.

**Number of health-care providers treating individuals with diabetes under the program:**

- Approximately 12,455 health care professionals visited [TDCtoolkit.org](http://TDCtoolkit.org) to review, download, or order DSMES materials.

**Program Name: Primary Health Care Program**

**Total Program Expenditures:** \$10,377,842\* (FY 2016)

**Individuals Served:**

	Total*	With Diabetes**
FY 2016	114,263 unduplicated	Not available

\*Expanded Primary Health Care (EPHC) data is aggregately included in the Primary Health Care (PHC) Program; however, due to issues related to transformation and agency integration, the data is either not obtainable or incomplete. Data integrity should be taken into consideration when using to affirm any metrics.

\*\*Although the program may potentially impact persons with diabetes, there is not a mechanism for identifying persons with diabetes served. There is no mechanism for identifying the costs attributed to diabetes.

**Diabetes-Related Expenditures:** Not available\*\* (FY 2016)

**Source of Funds:**

Federal	State	Other
	100 percent	

**Eligibility/Population Served:**

The Primary Health Care (PHC) Program is intended to ensure that needy Texas residents have access to primary health care services. The PHC program serves all eligible Texas residents whose gross income is at or below 200 percent of the federal poverty level (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.

**Services/Activities:**

The PHC Program provides primary health care, including preventive health services and education, to Texas residents who could not otherwise receive such care. Services are provided through contracts with local health departments, universities, hospitals, hospital districts, Federally Qualified Health Centers (FQHCs), and private non-profit organizations.

Under Title 25 Texas Administrative Code, Chapter 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.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available and number health-care providers treating individuals with diabetes under the program:

**DSHS Health Service Regions (HSR) provide PHC services.**

<b>Health Service Region</b>	<b>Number of PHC Contractors</b>	<b>Number of Counties Served</b>
HSR 1	6	16
HSR 2/3	10	14
HSR 4/5N	12	15
HSR 6/5S	18	10
HSR 7	4	10
HSR 8	7	15
HSR 9/10	8	18
HSR 11	6	13
Total	71*	111

\*Because a contractor can have clinics in multiple regions, the total number of contractors is greater than what is shown in this table.

**Number of health-care providers treating individuals with diabetes under the program:**

The PHC Program awarded funds to 60 distinct contractors in approximately 235 clinic sites in 111 counties.



## Texas Health and Human Services Commission (HHSC)

### Program Name: Texas Women's Health Program (TWHP)<sup>11</sup>

#### Total Program Expenditures: \$15,143,203 (FY 2016)

	Total	With Diabetes
FY 2016	70,336	N/A (Unknown)*

\*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 2016 dates of service. This program terminated on June 30, 2016, so all data provided is up until that point.

#### Diabetes-Related Expenditures: \$7,294 (FY 2016)

#### Source of Funds:

Federal	State	Other
	100 percent	

#### Eligibility/Population Served:

Females may qualify for free family planning services if they:

- Are ages 18 to 44
- U.S. citizens or qualified immigrants
- Live in Texas
- Are not sterilized or pregnant
- Have income up to 185 percent of the Federal Poverty Level.

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<sup>11</sup> Program name as of fiscal year 2016. In fiscal year 2017, the name was changed to Healthy Texas Women.

## **Services/Activities:**

Texas Women's Health Program (TWHP) 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. For services determined to be necessary—but are not provided by the contractor—patients must be referred to other resources for care.

Areas of the state where services to prevent diabetes and treat individuals with diabetes are available and number health-care providers treating individuals with diabetes under the program:

- TWHP had 5,342 clinics throughout the state enrolled in the program and were eligible to provide TWHP services for fiscal year 2016.

## **Number of health-care providers treating individuals with diabetes under the program:**

- TWHP had 5,342 clinics throughout the state enrolled in the program and were eligible to provide TWHP services for fiscal year 2016.

**Program Name: Medicaid**

**Total Program Expenditures:** Approximately \$28.8 billion (FY 2016)

**Individuals Served:**

	Total	With Diabetes
FY 2016	5.1 million*	326,298**

\*Unduplicated full benefit clients enrolled yearly

\*\*Designation of an individual with a paid acute care claim with type 1, type 2, unknown, or gestational diabetes listed as any primary or non-primary diagnosis code on the claim

**Diabetes-Related Expenditures:** \$130 million\*\*\* (FY 2016)

\*\*\*Designation of an individual with a paid acute care claim with type 1, type 2, unknown, or gestational diabetes listed as the primary diagnosis. An additional \$500 million was paid for services to individuals with diabetes listed as a non-primary diagnosis. These services are not necessarily directly related to diabetes.

**Source of Funds:**

Federal	State	Other
57 percent	43 percent	

**Eligibility/Population Served:**

Low-income families, children, related caretakers of dependent children, pregnant women, people age 65 and older, and adults and children with disabilities.

Individuals with incomes 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 Texas covers is known as the “medically needy” group. This group consists of children and pregnant women 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 incomes or resources above Medicaid thresholds may be eligible for the Texas CHIP program.

### **Services/Activities:**

Medicaid is a jointly funded state-federal health care program administered by HHSC. Texas covers certain population groups (mandatory eligibility groups) and has the flexibility to cover other population groups (optional eligibility groups). Medicaid is an entitlement program, which cannot limit the number of eligible people who can enroll, and Medicaid must pay for any services covered under the program. About one in seven Texans relies 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 (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) for people age 65 and older and those with disabilities.

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

[http://www.tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.asp](http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.asp)  
[X](#)

On March 1, 2012, most Medicaid clients and all Children’s Health Insurance Program (CHIP) clients began obtaining their prescription drug benefits through a managed care plan. Outpatient prescription drugs will be a benefit of each Medicaid managed care program. CHIP is also a managed care program for which outpatient drugs are a benefit. Across the state, 19 MCOs have contracted with a total of six different pharmacy benefits managers (PBM)—some PBMs are contracted with multiple MCOs. The Texas Medicaid/CHIP Vendor Drug Program website includes

information on diabetes medications covered by Medicaid and PBMs serving Medicaid MCOs: <http://www.txvendordrug.com/managed-care/index.shtml>.

Texas Medicaid Managed Care Quality Strategy: 2012-16 The Texas Legislature, through the 2012-13 General Appropriations Act and Senate Bill 7, instructed HHSC to expand its use of risk-based Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals. Under the Special Terms and Conditions of the Medicaid Transformation and Quality Improvement (1115) waiver, HHSC is required to develop a comprehensive quality strategy that reflects all managed care plans operating under the programs proposed through the waiver and submit to the Centers for Medicare & Medicaid Services (CMS) for approval. The Texas Healthcare Transformation and Quality Improvement Strategy can be viewed at <http://www.hhsc.state.tx.us/medicaid/about/QIS-1115.pdf>.

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:**

- Services are available statewide.

**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 fiscal year 2016, approximately 23,450 providers served clients with any diabetes diagnosis for some sort of medical condition.

**Program Name: Family Planning Program<sup>12</sup>**

**Total Program Expenditures: \$16,855,655 (FY 2016)**

**Individuals Served:**

	Total	With Diabetes
FY 2016	60,571	N/A (Unknown)*

\*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 2016 dates of service.

**Diabetes-Related Expenditures: \$18,285 (FY 2016)**

**Source of Funds:**

Federal	State	Other
5 percent	95 percent	

**Eligibility/Population Served:**

Both males and females may qualify for free or low-cost family planning services if they:

- Live in Texas, and
- Are not sterilized or pregnant, and
- Have income up to 250 percent of the Federal Poverty Level.

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<sup>12</sup> Information as of fiscal year 2016. In fiscal year 2017, the program moved from DSHS to HHSC.

## **Services/Activities:**

Clients receive comprehensive medical assessment for clients including diabetes screening (blood glucose testing). Contractors should assist patients to meet all identified health care needs either 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—patients must be referred to other resources for care. Contractors are expected to have established communications with Federally Qualified Health Centers (FQHCs) or HHSC-funded organizations that provide primary care or breast cancer and cervical cancer services for referral purposes, if there are any such providers within their service area. Whenever possible, patients should be given a choice of referral resources from which to select. When a patient is referred to another resource because of an abnormal finding or for emergency clinical care, the contractor must:

- Arrange to provide pertinent patient information to the referral resource (obtain required patient consent with appropriate safeguards to ensure confidentiality, i.e., adhere to HIPAA regulations);
- Advise the patient 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.

## **Areas of the state where services to prevent diabetes and treat individuals with diabetes are available and number health-care providers treating individuals with diabetes under the program:**

- HHSC Family Planning contracts with 22 contractors that are non-profits, local health/hospital districts, and FQHCs. In fiscal year 2016 there were 126 clinic sites. Below is a list of contractors and health service regions:
  - ▶ Region 1
  - ▶ South Plains Rural Health Services
  - ▶ Coalition of Health Services, Inc.
  - ▶ Region 2/3
  - ▶ Community Health Service Agency, Inc.
  - ▶ North Texas Area Community Health Centers, Inc.

- ▶ Collings Family Planning Clinic
- ▶ Region 6/5SN 2/3
- ▶ Baylor College of Medicine - Teen Health Clinic
- ▶ Harris County Public Health & Environmental Services
- ▶ University of Texas Medical Branch at Galveston
- ▶ Region 7 6/5S
- ▶ Brazos Valley Community Action Agency, Inc.
- ▶ Central Texas Community Health Centers dba CommUnityCare
- ▶ Lone Star Circle of Care
- ▶ Region 8
- ▶ Bexar County Hospital District dba University Health System
- ▶ Community Health Centers of South Central Texas, Inc.
- ▶ Community Health Development, Inc.
- ▶ El Centro del Barrio, Inc. dba CentroMed
- ▶ South Texas Rural Health Services, Inc.
- ▶ United Medical Centers
- ▶ Region 11
- ▶ Brownsville Community Health Center
- ▶ Su Clinica Familiar
- ▶ Women's & Men's Health Services of the Coastal Bend
- ▶ Cameron County Department of Health and Human Services
- ▶ City of Laredo Health Department

**Number of health-care providers treating individuals with diabetes under the program:**

- DSHS Family Planning provided funding to 22 contractors at 126 clinic sites in fiscal year 2016.



**Program Name: Children’s Health Insurance Program (CHIP)**

**Total Program Expenditures:** \$856.7 million (FY 2016)

**Individuals Served:**

	Total	With Diabetes
FY 2016	700,000*	14,077**

\*Unduplicated clients enrolled yearly

\*\*Designation of an individual with a paid claim with type 1, type 2, unknown, or gestational diabetes listed as any primary or non-primary diagnosis code on the claim

**Diabetes-Related Expenditures:** \$6.9 million\*\*\* (FY 2016)

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

**Source of Funds:**

Federal	State	Other
91 percent	9 percent	

**Eligibility/Population Served:**

To qualify for CHIP, a child must be:

- A U.S. citizen or legal permanent resident
- A Texas resident
- Under age 19
- Uninsured for at least 90 days
- Living in a family whose income is at or below 200 percent of federal poverty level
- Living in a family that passes an asset test if family income is above 150 percent of the federal poverty level

CHIP covers children in families who have too much income or too many assets to qualify for Medicaid but who 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 amounts 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 based on family income.

### **Services/Activities:**

The following services are covered under CHIP in Texas:

- Inpatient general acute and inpatient rehabilitation hospital services
- Surgical 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)
- Laboratory and radiological services
- Durable medical equipment, prosthetic devices, and disposable medical supplies
- Home and community-based health services
- Nursing care 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)
- Emergency medical transportation (ground, air, or water)
- Care coordination

- Case management
- Prescription drugs
- Dental services
- Vision
- Chiropractic services
- Tobacco cessation

**Areas of the state where services to prevent diabetes and treat individuals with diabetes are available/unavailable:**

- Services are available statewide.

**Number of health care providers treating individuals with diabetes under the program:**

- Providers from a variety of health service and allied health fields provide services to the CHIP eligible population. In fiscal year 2016, approximately 1,621 providers served clients with any diabetes diagnosis for some sort of medical condition.