



**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 2019

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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 shall 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-2019.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 Texas Health and Human Services Commission (HHSC). The programs assessed 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 2020:

- Diabetes Self-Management Education and Support Enrollment;
- Evidence-Based Prevention Program Engagement;
- Gestational Diabetes Screening and Follow-up;
- Provider Ability to Treat people with Diabetes and Improve Outcomes;
- Address Obesity and Prediabetes in Our School Aged Children; and
- Transparency in Insulin and Drug Pricing for Diabetes Treatments.

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 Health and Human Services (HHS) agencies, Texas Workforce Commission (TWC) Vocational Rehabilitation, Employee Retirement System of Texas (ERS), and Teacher Retirement System of Texas (TRS).

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 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 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 increased 40 percent over the past decade. Today, more than 2.5 million (11.9 percent) of adult Texans have been diagnosed with diabetes.¹ Another 1.7 million (9.5 percent) Texans have prediabetes, and 36.6 percent of 9th-12th grade students are overweight or obese.² Millions of Texans are likely to have prediabetes but are not diagnosed.² These conditions make them more likely to develop type 2 diabetes and increase their risk for heart disease and stroke.³

According to the Texas Demographic Center, the number of persons with diabetes is projected to quadruple to nearly 8 million people by 2040, while the prevalence may double to 23.8 percent.³ Texas is among one of 12 states collectively responsible for over 60 percent of the national cost of diabetes.⁴ 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.⁵

The 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),

¹ Texas Department of State Health Services, Diabetes Factsheet-Texas, 2019.

² Centers for Disease Control and Prevention. Diabetes Report Card 2017. <https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2017-508.pdf>

³ Texas Demographic Center. Summary Report on Diabetes Projections in Texas, 2007 to 2040. http://demographics.texas.gov/Resources/Publications/2008/2008_SummaryReportDiabetes.pdf

⁴ American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2017. Diabetes Care. 2018 May; 41(5): 917-928. Epub 2018 Mar. <https://www.ncbi.nlm.nih.gov/pubmed/29567642>

⁵ American Diabetes Association. The Burden of Diabetes in Texas. <http://main.diabetes.org/dorg/assets/pdfs/advocacy/state-fact-sheets/Texas2018.pdf>

Employees Retirement System of Texas (ERS), Teacher Retirement System of Texas (TRS), and Texas Workforce Commission (TWC) Vocational Rehabilitation.

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 Texas Health and Human Services Commission (HHSC). Both agencies have programs geared towards 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 Texas 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 February 2019, 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:

- (1) the numbers of Texans served by each agency who can be identified as having diabetes; and
- (2) (2) 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 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 in February 2019. 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 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 2017 or 2018 (dependent on availability of final data). Additional information is available for each program in the appendices. A map of the eight public health regions (PHR) 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	3,007	PHR 2, 4, 6, 10	Not applicable
DSHS Maternal and Child Health	97	PHR 2, 3	Not applicable
DSHS Office of Border Health	Unable to determine	PHR 8	Not applicable
HHSC Area Agency on Aging	2,710	PHR 2, 3, 4, 5, 6, 7, 8	Not applicable
HHSC Children with Special Health Care Needs	90	Statewide	Unable to determine
HHSC Children's Health Insurance Program ⁱ	14,229	Statewide	1,669

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	5,107	Statewide	Unable to determine
HHSC Medicaid ⁱ	329,623	Statewide	22,694
HHSC Primary Health Care Services Program	Unable to determine	PHR 2,3,4,5,6,7,8	Not applicable
HHSC Healthy Texas Women 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 six priorities.

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

- Addressing the enrollment gap in Diabetes Self-Management Education and Support with the goal of reducing diabetes related hospital admissions and readmissions;
- Supporting evidence- and community-based prevention programs, such as the National Diabetes Prevention Program (NDPP), that can provide cost-saving potential for employers, insurers, and government agencies;
- Focusing on screening and follow-up 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;
- Address obesity and prediabetes in our school aged children to help prevent the progression to diabetes; and
- Requiring transparency in the pricing of insulin and other prescription medications for diabetes patient to ensure that insulin and other important medications are available and affordable.

For more detailed information, see the State Plan for Diabetes and Obesity Treatment, located at dshs.texas.gov/Legislative/Reports-2019.aspx.

5. Conclusion

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

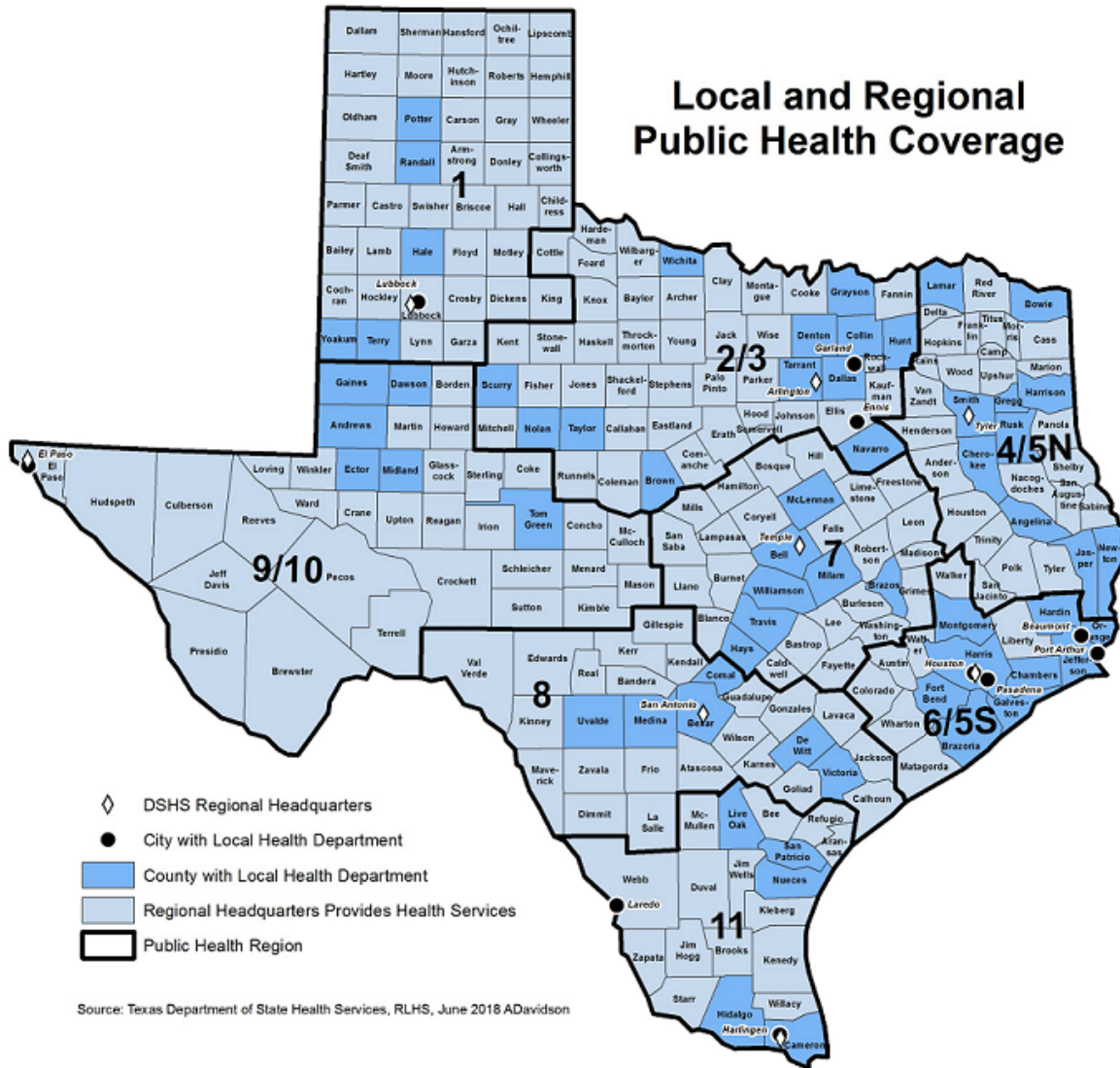
Given that the diabetes prevalence is projected to significantly increase over the next 10-25 years, the opportunities identified in this assessment are vital to improve data, service delivery, and ultimate health outcomes. More information on these opportunities and TDC's recommendations are in the TDC State Plan for Diabetes and Obesity Treatment and Education found at dshs.texas.gov/Legislative/Reports-2019.aspx.

The Texas Diabetes Council 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
BMI	Body Mass Index
CATCH	Coordinated Approach to Child Health
CDEP	Community Diabetes Education Programs
CHIP	Children’s Health Insurance Program
DSHS	Department of State Health Services
DSMES	Diabetes Self-Management Education and Support
FPL	Federal Poverty Limit
FY	Fiscal Year
HHS	Health and Human Services
HHSC	Health and Human Services Commission
ISD	Independent School District
KTTT	Kickapoo Traditional Tribe of Texas
NDPP	National Diabetes Prevention Program
PHR	Public Health Region
TDC	Texas Diabetes Council
TMHP	Texas Medicaid and Healthcare Partnership

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 divisions: Community Health Improvement (CHI), Regional and Local Health Operations (RLHO), Consumer Protection (CP), and Laboratory and Infectious Disease Services (LIDS).

The DSHS CHI promotes improved community health outcomes through maternal and child health initiatives; reducing chronic disease, tobacco use, and injury prevention; ensuring safe environments through disease surveillance and investigation; and overseeing the vital events registration system for the state. The DSHS Maternal and Child Health Program and Diabetes Prevention and Control Program are in this division.

The DSHS RLHO supports high quality essential public health services at the regional and local level. Texas is divided into eight public health regions (PHR). A map is provided in Appendix A. RLHO consists of the Center for Health Emergency Preparedness and Response, the Texas Center for Infectious Disease, Office of Border Public Health, Public Health Nursing, and Preventive Medicine Residency Program. Regional staff coordinate with the DSHS Maternal and Child Health program to provide population-based services including communicable and chronic disease prevention and control.

Three DSHS programs contributed information for this assessment:

- Diabetes Prevention and Control Program;
- Maternal and Child Health Program; and
- Office of Border Public Health Program

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.

Diabetes Prevention and Control

Total FY 2018 Program Expenditures: \$1,508,291

Source of Funds:

- 73 percent State
- 27 percent Federal

Eligibility/Population Served: The DSHS Diabetes Prevention and Control Program 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 2018 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Community Diabetes Education Program	564
Employer-based Diabetes Prevention Program	2,443

FY 2018 Services/Activities:

Community Diabetes Education Program - The DSHS Diabetes Prevention and Control Program partnered with three local health departments and one community-based organization to provide diabetes self-management education and support (DSMES) and diabetes prevention classes in their communities. A minimum of four series of DSMES classes with each organization were conducted focusing on people living with type 2 diabetes, including racial/ethnic minority groups, low-socioeconomic populations, uninsured/under-insured individuals, and their families in areas with a significant prevalence of diabetes.

Employer-based Diabetes Prevention Program - The DSHS Diabetes Prevention and Control Program partnered with the University of Texas Medical Branch at Galveston to engage employers, business groups, and other stakeholders around offering diabetes prevention activities as a covered benefit to employees in the Greater Houston area. The National Diabetes Prevention Program (NDPP) is the framework for the intervention, which is a 52-week program consisting of 16 weeks of facilitated instruction and ongoing support. Nine employers implemented NDPP as a covered benefit, representing 60,548 covered employees. Out of these, 2,443 individuals enrolled in the employer-sponsored programs, facilitated online and in-person.

FY 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Community Diabetes Education Program	PHR 2, 4, 6, 10
Employer-based Diabetes Prevention Program	PHR 6

The DSHS Diabetes Prevention and Control Program partnered with five organizations in FY 2018 to implement these projects.

- El Paso Diabetes Association, Inc. – Community Diabetes Education Program
- Houston Health Department – Community Diabetes Education Program
- Northeast Texas Public Health District – Community Diabetes Education Program
- University of Texas Medical Branch at Galveston - Employer-based Diabetes Prevention Program
- Wichita Falls-Wichita County Public Health District – Community Diabetes Education Program

Number of health care providers treating individuals with diabetes under the program: The DSHS Diabetes Prevention and Control Program does not provide direct medical services. Participants of DSHS-funded projects are referred to healthcare providers and connected with resources in their respective communities.

Maternal and Child Health

Diabetes-Related Expenditures: The activities described below support general chronic disease prevention efforts. As such, it is not possible to identify diabetes-related expenditures.

Source of Funds: 100 percent Federal

Eligibility/Population Served:

The DSHS Maternal and Child Health Unit is committed to improving the health of women of childbearing age, adolescents, children, infants, and children with special health care needs.

FY 2018 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
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5-2-1-0 Program	97
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FY 2018 Services/Activities:

The DSHS Maternal and Child Health Unit provides support to independent school districts (ISD) in implementing the 5-2-1-0 program for elementary school-aged children. The purpose of the 5-2-1-0 program is to improve the health of children and their families using a social marketing message that encourages children to eat fruits and vegetables, participate in active play, reduce screen time, and eliminate consumption of sugary beverages. DSHS staff conduct 5-2-1-0 training among students, ISD administration and staff.

FY 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
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5-2-1-0 Program	PHR 2, 3
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The DSHS Maternal and Child Health Unit partnered with independent school districts (ISD) in two counties during FY 2018 to provide services: Johnson County and Parker County.

Number of health care providers treating individuals with diabetes under the program: The DSHS Maternal and Child Health Unit does not provide direct medical services through the 5-2-1-0 Program.

Office of Border Public Health

Diabetes-Related Expenditures: The activities described below support general chronic disease prevention efforts. As such, it is not possible to identify diabetes-related expenditures.

Source of Funds: 100 percent State

Eligibility/Population Served: The DSHS Office of Border Public Health Program works with organizations along the Texas-Mexico border to develop and implement chronic disease prevention initiatives. Initiatives promote healthy eating habits and increased physical activity among elementary school-aged children and the Kickapoo Traditional Tribe of Texas (KTTT).

FY 2018 Individuals Served: These programs were conducted at a population level to support chronic disease prevention efforts. As such, data concerning current diabetes/prediabetes status was not recorded and the number of individuals with diabetes/prediabetes served is unknown.

FY 2018 Services/Activities:

Rural School Obesity Prevention Health Projects - The DSHS Office of Border Public Health Program partners with three ISDs to develop and implement initiatives that promote healthy eating habits and increased physical activity for elementary students. Interventions include school gardens, nutrition ambassador education sessions, cafeteria salad bars, and shared-use agreements.

School District	Number of Student Participants
Brackett ISD	310
Eagle Pass ISD	449
San Felipe-Del Rio Consolidated ISD	623

Chronic Disease Prevention Efforts at KTTT - The DSHS Office of Border Public Health Program partnered with the KTTT to implement chronic disease prevention efforts such as fun runs, healthy eating education sessions, and planning for a tribal community garden.

Coordinated Approach to Child Health Training - In May 2018, DSHS regional staff organized a Coordinated Approach to Child Health (CATCH) training for physical education coaches and administrative staff from three ISDs and the KTTT Wellness Center. Participants were taught strategies to implement the CATCH curriculum in their school districts for the 2018-2019 school year.

FY 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Rural School Obesity Prevention Health Projects	PHR 8
Chronic Disease Prevention Efforts at KTTT	PHR 8
Coordinated Approach to Child Health Training	PHR 8

DSHS Office of Border Public Health Program partnered with four organizations in FY 2018 to provide services.

- KTTT Wellness Center and Clinic
- Maverick County Hospital District
- United Medical Centers
- Val Verde Regional Medical Center

Number of health care providers treating individuals with diabetes under the program: The DSHS Office of Border Public Health does not provide direct medical services.

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

The Texas Health and Human Services Commission (HHSC) provides oversight to the Texas Health and Human Services System, which includes the Texas Department of State Health Services, and its support functions. The HHSC mission is to improve the health, safety, and well-being of Texans through good stewardship of public resources.

Eight HHSC programs contributed information for this assessment.

- Area Agency 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
- Women, Infants, and Children Program

Please note that figures provided below 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.

Office of Area Agencies on Aging/Access and Eligibility Services – Diabetes Support Programs

Diabetes-Related Expenditures: Due to data constraints, program cannot determine which expenditures were associated with diabetes-related activities.

Source of Funds: 100 percent Federal

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 Chronic Disease Self-Management Program (CDSMP) who wants to complete the Diabetes Self-Management Program.

FY 2018 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Area Agency on Aging	2,710

FY 2018 Services/Activities: 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.

CDSMP (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.

FY 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Area Agency on Aging	PHR 2, 3, 4, 5, 6, 7, 8

Number of health care providers treating individuals with diabetes under the program: The Office of Area Agencies on Aging/Access and Eligibility Services does not provide direct medical services.

Children with Special Health Care Needs Services Program

Diabetes-Related Expenditures: The Children with Special Health Care Needs 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:

- 29.4 percent Federal
- 70.6 percent State

Eligibility/Population Served: The HHSC Children with Special Health Care Needs Services Program serves individuals birth to 21 years and individuals of any age with Cystic Fibrosis. Individuals must have a chronic medical condition which is expected to last at least 12 months. Their income must be at or below 200 percent of the Federal Poverty Limit, and they must reside in Texas.

FY 2018 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
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Healthcare Benefits	90
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The number of individuals with diabetes served represents clients who were eligible—those with active benefits and those on the waiting list—for the HHSC Children with Special Health Care Needs Services Program with a primary diagnosis of diabetes as of January 31, 2019.

FY 2018 Services/Activities: The HHSC Children with Special Health Care Needs Services Program 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 2018 Geographic Reach:

Project/Intervention Name

Public Health Region(s) Services were Provided

Healthcare Benefits

Statewide

DSHS regional staff support the HHSC 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: The Children with Special Health Care Needs Services Program does not have the ability to determine the number of providers treating individuals with diabetes.

Children's Health Insurance Program (CHIP)

FY 2017 Diabetes-Related Expenditures: \$7.2 million in reimbursements⁶

Source of Funds:

- 92 percent Federal
- 8 percent State

Eligibility/Population Served:

- A U.S. citizen or legal permanent resident;
- A Texas resident;
- Under age 19;
- Uninsured for at least 90 days, with some exceptions;
- Living in a family whose income is at or below 200 percent of federal poverty level; and
- 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 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 5 percent of on the family's income.

⁶ 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.

FY 2017 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes Served ⁷
Healthcare Benefits ⁸	14,229

FY 2017 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 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 in Texas:

- 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);
- Case management and care coordination services;

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 or in any of the subsequent 10 diagnoses.

⁸ Includes acute care services only. Prescription drug benefits are not included.

- 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 2017 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
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Children’s Health Insurance Program (CHIP)	Statewide
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Number of health care providers treating individuals with diabetes under the program: 1,669

County Indigent Health Care Program (CIHCP)

Diabetes-Related Expenditures: The CIHCP Program provides clients with primary health care services. Reimbursement for services is provided by 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;⁹
- Has resources less than \$2,000; and
- Isn't eligible for Medicaid.

FY 2018 Individual's Served: Unable to determine the number of individuals with diabetes or prediabetes served by the program.

FY 2018 Services/Activities: The CIHCP provides primary health care to Texas residents who could not otherwise receive such care.

Reimbursement for services are provided to indigent clients are provided by 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 practitioner services, counseling services, diabetic equipment and supplies, colostomy

⁹ Federal poverty level information can be found at thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843.

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 2018 Geographic Reach:

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

There are over 300 programs that administer the CIHCP in the 254 counties of Texas. All programs must cover services that are listed under basic services. 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: Unable to determine the number of providers treating those with diabetes.

Family Planning Program

FY 2017 Diabetes-Related Expenditures: \$41,543 in reimbursements¹⁰

Source of Funds

- 95 percent State
- 5 percent Federal

Eligibility/Population Served:

- Age 64 years and younger;
- Live in Texas; and
- Income at or below 250 percent of the Federal Poverty Level

FY 2017 Individuals Served: FPP served 8,270 clients with a diabetes-related service. These services are for screening, and those clients may have received a negative diagnosis.

Services/Activities: Clients receive comprehensive medical assessment, including diabetes screening (blood glucose testing). Contractors should assist clients 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, 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 cancer 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:

¹⁰ 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 2017 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 2017 Geographic Reach

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

Statewide

In FY 2017, the HHSC Family Planning Program contracted with 53 contractors that are non-profits, local health/hospital districts, and FQHCs. In FY 2017 there were 258 clinic sites.

Number of health care providers treating individuals with diabetes under the program: HHSC Family Planning Program provided funding to 53 contractors at 258 clinic sites in FY 2017.

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 2018 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes or Prediabetes Served
Kidney Health Care Program	5,107

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.

FY 2018 Services/Activities: KHC assists people with end-stage renal disease (ESRD) obtain health care services. KHC 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.

FY 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Kidney Health Care Program	Statewide

Number of health care providers treating individuals with diabetes under the program: There are approximately 147 physician providers serving KHC clients in Texas. However, the KHC Program does not have the ability to determine the specific number of providers treating individuals with diabetes.

Medicaid

FY 2017 Diabetes-Related Expenditures: \$144.8 million in reimbursements¹¹

Source of Funds:

- 57 percent Federal
- 43 percent State

Eligibility/Population Served: 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). These groups include 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 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 incomes or resources above Medicaid thresholds may be eligible for the Texas CHIP program.

¹¹ Based on 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 \$537 million was paid for services to individuals with diabetes listed as a non-primary diagnosis. These services are not necessarily directly related to diabetes.

FY 2017 Individuals Served:

Project/Intervention Name	Number of Individuals with Diabetes Served ¹²
Medicaid ¹³	329,623

FY 2017 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 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 (LTSS) for people age 65 and older and those with disabilities. LTSS includes 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 six different pharmacy benefits managers (PBM). 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).

¹² 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.

¹³ Includes acute care services only. Long Term Services and Supports and prescription drug benefits are not included.

FY 2017 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Medicaid	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 2017, approximately 22,694 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. 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.

FY 2018 Individuals Served: Although the program may potentially impact persons with diabetes, there is not a mechanism for identifying persons with diabetes served.

FY 2018 Services/Activities: The PHC Program provides primary 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 (FQHCs), 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 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
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Primary Health Care Services Program

PHR 1, 2/3, 4/5N, 6/5S, 7, 8, 9/10, 11

Number of health care providers treating individuals with diabetes

under the program: The PHC Program awarded funds to 72 distinct contractors in approximately 225 clinic sites in 157 counties. However, the program does not have the ability to determine the number of providers treating individuals with diabetes.

Healthy Texas Women

FY 2017 Diabetes-Related Expenditures: \$15,325 in reimbursements¹⁴

Source of Funds: 100 percent State

Eligibility/Population Served:

- Are age 15 through 44 (women age 15 through 17 must have parental or legal guardian consent to apply and receive services);
- Are U.S. citizens or eligible immigrants;
- Have an income at or below 200 percent FPL;
- Reside in Texas; and
- Do not have health insurance, Medicaid, or CHIP; and are not pregnant.

FY 2017 Individuals Served: The HTW program served 5,466 clients for a diabetes-related service.¹⁵ These services are for screening, and those clients may have received a negative diagnosis.

FY 2017 Services/Activities: Healthy Texas Women 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).

¹⁴ 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.

¹⁵ This client count represents medical claims only and does not include prescription drug benefits.

FY 2017 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
Healthy Texas Women	Statewide

Number of health care providers treating individuals with diabetes under the program: There were 2,894 billing providers throughout the state in fiscal year 2017. However, some diabetes-related services under the Healthy Texas Women Program 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 WIC program 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: To apply for WIC benefits, applicants must first call or walk in to their local WIC clinic during business hours to schedule an in-person appointment. At their appointment, applicants must meet all four eligibility requirements to be certified.

- Categorical eligibility: pregnant, breastfeeding, postpartum, infant, or child under 5 years of age
- Residential eligibility: must be a Texas resident
- Income eligibility: at or below 185 percent of the federal poverty level or eligible for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Medicaid
- Nutrition risk eligibility: have 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 2018 Individuals Served: The WIC program 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 2018 Services/Activities:

- Supplemental nutritious food benefits from their approved WIC 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 2,245 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 2018 Geographic Reach:

Project/Intervention Name	Public Health Region(s) Services were Provided
WIC	Statewide

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.