



Regional Healthcare Partnership 18

Texas 1115 Medicaid Waiver

Plan Update Summary for Demonstration Years 7 and 8
2018 & 2019

Final Draft for Public Comment

April 10, 2018

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Public Comment is sought regarding this Plan Update Summary. Copy and paste this link or type it into your browser to complete the survey: <https://www.surveymonkey.com/r/RHP18PlanComments>

Introductory Notes:

The Texas 1115 Medicaid Waiver website is <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver>

The State of Texas is referred to as “the State” throughout with a capital letter designating its reference to Texas and not to just any state.

The Medicaid Waiver program is also known as the Delivery System Reform Incentive Program or DSRIP. This term is used in some places in this document.

Tables in this document are not uniform because some are taken directly from the Plan Update Template that is an Excel template used by the State to collect plan information from providers and the Anchor (the RHP administrative authority and liaison between the Regional Healthcare Partnership member counties and the State for the Waiver program).

In Demonstration Years 2 through 6 (DY1 was a planning year), Providers had projects associated with numerical goals with some population health outcome measures. Beginning in Demonstration Year 7, (with a performance year of 2018) providers will focus on population health outcomes.

This document presents the DSRIP program as it will be in 2018 and 2019. It is expected that 2020 and 2021 will have mostly the same features. There may be some modification in the measures, and there will be fewer funds in the DSRIP pool, dropping to zero in 2022.

THE WAIVER PROGRAM

The Texas 1115 Waiver Program started in 2012 after the first set of plans were submitted by all 20 Regional Healthcare Partnerships (RHP) and approved by the Texas Health and Human Services Commission (HSHC).

There is an “Anchor Entity” for each of the 20 RHPs in Texas. The Anchor is the administrative authority and the liaison between Participating Providers and HHSC. Each RHP has a different number of counties in its area.

RHP18 includes Collin, Grayson and Rockwall Counties. Collin County Government is the Anchor.

Texas received approval for a five year extension to the Waiver program from the Centers for Medicaid and Medicare Services (CMS) on December 21, 2017. This extension includes a phasing out of all Federal funding for these programs by the end of 2020.

HHSC and the RHPs and their Participating Providers have been working on a “Plan Update” that establishes the programs that will operate under the Waiver for 2018 and 2019, referred to as Demonstration Years (DY) 7 and 8. Each provider’s plan and the RHP area-wide plan are summarized in this document for public review.

The Providers have selected areas of focus that are associated with specific outcome measures that are listed in “Measure Bundle Protocols” or “Menus,” provided by HHSC and CMS. The details of these Menus of Measures are lengthy. For example, one document has approximately 436 pages. This Plan Update Summary provides the names of those measures only. There are the Measure Bundle Protocol and the Program Funding & Mechanics Protocol at the following HHSC website page. <https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/waiver-renewal>

Hospitals & Physician Practices, Community Mental Health Centers (CHMCs), and Local Health Departments (LHD) have separate menus with a different quantity of measures from which to select: Hospitals have 24 Measure Bundles (groups of measures), CMHCs have 48 measures, and LHDs have 32. Providers must select enough measures or initiatives to meet a Minimum Point Threshold according to the total value of their program. The total value is the amount a provider may earn according to the extent to which they perform the activities that support the initiatives and achieve the prescribed outcome targets. Each provider has a different outcome target for each measure.

The Anchor completes a template that includes:

- ❖ Community Needs Assessment
- ❖ Use of Previously Unallocated Funds
- ❖ Learning Collaborative Plans
- ❖ Participating Providers’ Plan Updates
- ❖ Stakeholder engagement
- ❖ Public Comment

Each of these topics is addressed in the following sections of the Plan Update Summary.

COMMUNITY NEEDS ASSESSMENT

The Anchor team used a multi-step process to update the Community Needs Assessment conducted in 2012.

RHP18 is called a Tier IV RHP. This means it is small, with among the lowest available pool of funds to allocate to providers that successfully meet certain criteria. For more information about this you can go to:

<https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver>

The US Census Bureau estimated the combined population for RHP 18 increased from 1,014,935 to 1,161,798. These counties become more dense and diverse in population with this rapid growth. With growth comes additional physical and behavioral health issues in RHP 18 to address. The available estimates for 2018-2020 indicate a likely rapid population growth, with some racial/ethnic groups growing faster than others.

Collin County is among the highest ranked Texas counties for health outcomes, at 4th out of 242. Rockwall County, among the smallest Texas counties, ranked 7th out of 242 in health outcomes. Grayson County that is far more rural than either of the other two, and ranked 114th out of 242 for health outcomes.

We did not use a formal process to involve non-DSRIP healthcare providers in the process of updating our community needs assessment. We did have conversations with key leadership at other healthcare systems with whom we work in other projects including for example, Texas Health Plano Presbyterian Hospital, the DFW Hospital Council Foundation for which a member of our Anchor team serves on the Community Health Needs Assessment committee and workgroup, Baylor Scott & White, Medical City McKinney, the Region 10 Education Service Center, the North Central Texas Council of Government, the Area Agency for Aging and Disabilities, the CRCG, and others.

In the 2012 RHP 18 Community Needs Assessment, 14 needs were identified.

1. Primary care for adults
2. Primary care for children
3. Prenatal care
4. Urgent and emergency care
5. Co-morbid medical and behavioral health conditions for all ages
6. Health professions shortage
7. Preventable acute care admission
8. Diabetes
9. Cardiovascular disease
10. Elderly at home and nursing home patients
11. Behavioral health for all ages
12. Other special populations at-risk
13. Communicable disease
14. Obesity and its co-morbid risk factors

The data collected in 2018 indicate that little or no change in the original 14 priorities needs to be made for RHP 18.

The process we used is as follows.

- We returned to the original sources of data and updated those statistics.
- We solicited information from current and new providers.
- We drilled down through the layers of information on reliable and official websites for State and County and Zip Code level statistics associated with health status.
- Reports were reviewed for recent statistics, policy changes, new initiatives in health improvement, and trends.

We did not use other consultants. This list below contains some examples of the data sources we used.

- "The Joint Biennial Report of the Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report, as required by Chapter 34, Texas Health and Safety Code, Section 34.015, Department of State Health Services July, 2016

- The US Census Bureau www.census.gov multiple data points
- County Health Rankings and Roadmaps from Robert Wood Johnson Foundation
- Potentially Preventable Admissions (PPA) Data - Texas Department of State Health Services (DSHS) Warehouse
- DSHS web site selected data: <http://www.dshs.state.tx.us/wellness/data.shtm>
- Emergency Department data DFW Hospital Council Foundation
- Federal Government Health Indicators Warehouse website

Maternal mortality and morbidity and post-partum health risks for obesity and hypertension among others expands community needs #3 above. While two of the RHP18 Counties are currently among the healthiest in this regard broadly speaking, the Black and Hispanic populations continue to grow, may be at greater risk for these complications, and may be using services in the Dallas system due to limited local access to care. In Collin County, the infant mortality rate, as an indication of overall health status is lower than the statewide rate, but among Black babies it is the same, indicating an important need to address. To better address prenatal and maternal health care and follow up, a new provider in Collin County, McKinney OGGYN, has been added in RHP 18.

One other specific special population that has become more clearly in focus because of registries and other data collected by our providers, is the population with Cancer One additional need, prevention and intervention for cancers, has been added. Baylor Scott & White is addressing this through their Douglass Clinic in Collin County.

USE OF PREVIOUSLY UNALLOCATED FUNDS

RHP18 was approved to use approximately \$1.3 million in previously un-used funds for new or expanded healthcare initiatives. To determine how to allocate those funds, we offered all current participating providers the opportunity to submit a proposal to the Anchor. We contacted all providers who had been interested in, but not funded for Waiver participation in 2011. We also contacted other providers referred to us or who contacted us by phone and email.

We constructed an electronic proposal form, provided assistance in completion of the form, constructed a scoring methodology, established a review committee, reviewed and ranked 8 proposals. The top four providers in the ranking, exhausted the \$1,318,286 available in RHP18. The providers receiving new or additional funds include Brock L. Pierce, MD operating a Women's Health Clinic in Collin County, Rockwall County Helping Hands Health Center, Baylor Scott & White for a primary care clinic in Collin County the Douglass Clinic, and Texoma Community Center for expanded integrated care.

One of our special initiatives for DYs 7 through 9 will be an examination of the population health statistics with our providers on a county-by-county basis.

Collin County increased the amount of local funds provided to match the federal portion of the amount providers may earn.

RHP 18 might have expanded these programs for Medicaid, Low Income and Uninsured patients further if unallocated funds unused in other RHPs would have been made available to this RHP.

LEARNING COLLABORATIVE PLANS

Every Regional Healthcare Partnership is responsible for continuous learning activities to support and inform the Participating Providers.

For RHP18, there are three events planned annually. The topics are selected from both required topics (as prescribed by HHSC) and topics of timely interest to providers. Between May, 2018 and December 2020, topics will include the following.

- Alternative Payment Models
- Sustainability
- Forming Community Partnerships for improved health outcomes
- Youth at risk for self-harm, Resilience in Youth
- Quality Improvement strategies,
- Innovation in management systems

Dates planned are tentatively: (given that the DY7 is off to a very late start) - May 22-23, 2018, September 28, 2018, February 22, 2019, May 17, 2019, September 27, 2019

We hold our LC events at one of the Participating Provider sites except unless we have a joint LC with RHPs 9 and 10 at the Hurst Conference Center in Hurst Texas. Anticipate in 2018 and 19 we will hold LCs at Texoma Community Center or the Grayson County Health Clinic, at LifePath Systems in McKinney or in Plano, Rockwall Helping Hands Health Center in Rockwall Texas, and Baylor Scott & White in Frisco or McKinney

We typically invite or otherwise engage with non DSRIP providers in our LC events such as the DFW Hospital Council, reps from MCOs and ACOs, state agency and state agency personnel. Anyone is welcome to attend and participate. We assess the learning of our participants after each LC to improve on how we support and assist them in strategic DSRIP issues. Primary takeaways could be for example, a creative solution to a management or administrative problem not previously tested or adopted, or being more informed about policy trends or modifications that might affect how they conduct future planning.

Some providers have formed partnerships, relationships and services/programs in other areas of RHP18 that might not otherwise have occurred.

We do not have the capability of web-based learning in this Tier IV RHP.

PARTICIPATING PROVIDERS' PLAN UPDATES

The following sections of the plan provide information about the Plan Update for each Participating Provider for 2017 and 2018. There are nine Participating Providers in RHP18.

1. Collin County MHMR, dba LifePath Systems serving Collin County in multiple locations
2. Texoma Community Center, an MHMR serving Grayson, Fannin and Cooke Counties
3. Rockwall County Helping Hands Health Center serving Rockwall County
4. UHS Texoma, Inc., dba Texoma Medical Center, a private hospital contracting with the Grayson County Health Clinic, serving Grayson County and surrounding areas
5. Dr. Brock Lawson Pierce, operating a Women's Health Clinic in McKinney, serving Collin County
6. Tenet Frisco, Ltd., dba Baylor Scott & White Centennial Medical Center, serving Collin County at the contracted Douglass Clinic in Plano
7. Lakes Regional MHMR in Rockwall County locations

8. Children’s Health, operating clinics and hospitals serving Collin County, and services in Grayson County
9. UT Southwestern operating clinics in Collin County

The first six Provider organizations listed above, submitted program plans through the RHP18 Anchor. The other three Providers submitted their plans through RHP9.

HHSC allowed Providers to submit their plans through RHP9 (referred to as the “home RHP”) for reporting purposes. When providers have services programs in multiple counties, it is more expensive and difficult for them to report on population health outcomes multiple times. Lakes Regional MHMR, Children’s Health and UT Southwestern have RHP9 as their “home RHP” because they have Medicaid Waiver programs in multiple counties. They will continue to participate in RHP18 Learning Collaborative and other events related specifically to RHP18. The healthcare initiatives for those three Providers are included in this section.

Texoma Community Center in Sherman selected RHP18 as its “home” RHP for all counties served by that mental health center. The same Measures apply in all of their counties.

Core Activities

Providers achieve the outcome goals associated with each initiative (referred to as “measures”) through “Core Activities.” There are 12 prescribed areas of Core Activities and an optional “other” that must be justified. No Provider in RHP18 selected “other.”

The Core Activities are associated with one or more of the measures. They are the strategies and specific actions providers will use and perform to accomplish the measure goals. Examples are provided below. You may explore those Core Activities in the document Measure Bundle Protocol at www.TX-RHP18.net

The list below provides examples of the Core Activities that Providers in RHP18 have selected to achieve the outcomes associated with each measure.

- Access to Specialty Care Services: Improvement in access including for example expanded hours, easier appointment scheduling, more rapid response and follow-up, expanded outreach.
- Maternal and Infant Health Care: Early and repeated screening for medical and psychological/psychiatric conditions and risks, with appropriate interventions.
- Access to Primary Care: Expanded availability of hours and appointments; Chronic Care Management and prevention of complications. Integrated behavioral and medical healthcare at appropriate levels with increased frequency of screening and development of referrals for treatment.
- Chronic Care Management: Increased screening to prevent complications and secure stable conditions.
- Patient Centered Medical Home: Provide care teams, improve access to screening and follow-up care.

There are more specific details in exactly how each provider intends to complete the Core Activities. Some examples include staff training, new assessment practices, use of evidence-based practices, and expanded access to other systems of care as needed.

In the following pages we provide information on the funds and the measures by provider. In reference to “local dollars,” referred to as Intergovernmental Transfer Funds (IGT funds), each provider identifies its own source for those funds. Some funds are provided by county governments, some by other approved sources. The following URL provides more information. <https://hhs.texas.gov/sites/default/files/documents/laws...rules/.../IGT-Principles.pdf>

The State requires that private hospitals participate in each RHP to a specified level of value. For RHP18 this value was met as shown below in the table on the left.

In the table below on the right, the amount that each provider can earn each year based on achieving the outcomes associated with each measure selected in the next table, is under the last column “RHP Plan Update Submission.” Local dollars (IGT) represent approximately 43.12% of the total amount. The other 56.88% represents Federal funds. All funds received by a provider are intended for use to operate the programs, provide services, and expand or enhance all aspects of healthcare for Medicaid, Low-Income and Uninsured adults and children (referred to as the MLIU population).

Required Regional Amount	Total Private Hospital Valuation
\$5,151,709.00	\$5,781,297.00

Performing Provider	Total DY7
Collin County MHMR dba LifePath Systems	\$12,294,144.00
Texoma Community Center	\$4,473,523.00
Rockwall County Helping Hands, Inc.	\$185,529.00
UHS Texoma, Inc. dba Texoma Medical Center	\$5,000,000.00
Dr. Brock Lawson Pierce	\$412,500.00
Tenet Frisco Ltd dba Centennial Medical Center	\$781,297.00
Lakes Regional MHMR	\$2,342,584.00
UT Southwestern	\$1,662,760.00
Children's Health	\$7,959,459.00

Each Provider participating in the DSRIP program must report the proportion of the total population served by their system who are MLIU. This table provides the previous Goals for DYs 7 and 8 for the MLIU population, the average total population served for the immediate two years preceding this plan update, and the MLIU population proportion of the total population.

		Goals: MLIU PPP			
Performing Provider Name	DY7	DY8	Average Total PPP	MLIU Proportion of Total PPP	
Collin County MHMR dba LifePath Systems	4,973	4,973	6,222	80%	
Texoma Community Center	4,239	4,239	4,458	95%	
Rockwall County Helping Hands, Inc.	2,750	2,750	3,500	79%	
UHS Texoma, Inc. dba Texoma Medical	14,190	14,190	14,190	100%	
Dr. Brock Lawson Pierce	115	115	458	25%	
Tenet Frisco Ltd dba Centennial Medical	3,920	3,920	13,713	29%	
	PPP	Patient Population by Provider			

On the following three pages, tables contain the Measure or Measure Bundle menu number for all nine providers with program initiatives in RHP18. Measure and Measure Bundle menu references are provided for your use if you wish to explore the Measure and Measure Bundle menus using the link below.

Participating Provider, Measure Numbers from the prescribed menu of options, and the Measure Names

Collin County MHMR dba LifePath Systems	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
Collin County MHMR dba LifePath Systems	M1-124	Medication Reconciliation Post-Discharge
Collin County MHMR dba LifePath Systems	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Collin County MHMR dba LifePath Systems	M1-160	Follow-Up After Hospitalization for Mental Illness
Collin County MHMR dba LifePath Systems	M1-259	Assignment of Primary Care Physician to Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-262	Assessment of Risk to Self/ Others
Collin County MHMR dba LifePath Systems	M1-263	Assessment for Psychosocial Issues of Psychiatric Patients
Collin County MHMR dba LifePath Systems	M1-265	Housing Assessment for Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia
Collin County MHMR dba LifePath Systems	M1-305	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)
Collin County MHMR dba LifePath Systems	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Collin County MHMR dba LifePath Systems	M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)
Collin County MHMR dba LifePath Systems	M1-342	Time to Initial Evaluation: Evaluation within 10 Business Days
Collin County MHMR dba LifePath Systems	M1-385	Assessment of Functional Status or QoL (Modified from NQF# 0260/2624)
Collin County MHMR dba LifePath Systems	M1-386	Improvement in Functional Status or QoL (Modified from PQRS #435)
Collin County MHMR dba LifePath Systems	M1-390	Time to Initial Evaluation: Mean Days to Evaluation
Collin County MHMR dba LifePath Systems	M1-400	Tobacco Use and Help with Quitting Among Adolescents

Continued:

Participating Provider, Measure Numbers from the prescribed menu of options, and the Measure Names

Texoma Community Center	M1-103	Controlling High Blood Pressure
Texoma Community Center	M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
Texoma Community Center	M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
Texoma Community Center	M1-160	Follow-Up After Hospitalization for Mental Illness
Texoma Community Center	M1-317	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
Rockwall County Helping Hands, Inc.	A1	Improved Chronic Disease Management: Diabetes Care
UHS Texoma, Inc. dba Texoma Medical Center	A1	Improved Chronic Disease Management: Diabetes Care
Dr. Brock Lawson Pierce	E1	Improved Maternal Care
Tenet Frisco Ltd dba Centennial Medical Center	C2	Primary Care Prevention - Cancer Screening

Continued on the following page

These providers have RHP9 as a “home” RHP. All measures apply in program initiatives in RHP18

Measure Menu ID	Lakes Regional MHRM: Measure Title
M1-103	Controlling High Blood Pressure
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation
M1-146	Screening for Clinical Depression & Follow-Up Plan
M1-147	Preventive Care and Screening: BMI Screening & Follow-Up
M1-160	Follow-Up after Hospitalization for MI
M1-165	Depression Remission at 12 Months [4]
M1-257	Care Planning for Dual Diagnosis
M1-261	Assessment for SA Problems of Psychiatric Patients
M1-262	Assessment of Risk to Self/Others
M1-263	Assessment for Psychosocial Issues of Psychiatric Patients
M1-264	Vocational Rehabilitation for Schizophrenia [1]
M1-265	Housing Assessment for Individuals with Schizophrenia
M1-266	Independent Living Skills Assessment for Individuals with Schizophrenia
M1-286	Depression Remission at 6 Months
M1-305	Child & Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment [2]
M1-317	Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
M1-319	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
M1-385	Assessment of Functional Status or QoL
M1-386	Improvement in Functional Status or QoL

Measure Menu ID	CHILDREN'S HEALTH: Measure Title
D1	Pediatric Primary Care
D4	Pediatric Chronic Disease Management: Asthma
H1	Integration of Behavioral Health in a Primary or Specialty Care Setting
<p>Children's Health will select specific measures from each of these main categories. More information may be obtained at: http://www.texasrhp9.com/main/home.aspx</p>	

Measure Menu ID	UT SOUTHWESTERN: Measure Title
A2	Chronic Disease
B1	Care Transitions
C1	Primary Care Prevention: Healthy Texans
C2	Primary Care Prevention: Cancer Screening
E1	Improved Maternal Health
G1	Palliative Care
H1	Integration of Behavioral Health in a Primary Care Setting
<p>UT Southwestern will select specific measures from each of these main categories. More information may be obtained at: http://www.texasrhp9.com/main/home.aspx</p>	

STAKEHOLDER ENGAGEMENT

The State and CMS require every RHP to hold “Stakeholder Forums” and to seek public input on the Plan Update.

In RHP18 Stakeholder Forums have been held to 1. Involve interested providers in the unallocated funds available for the extension period, 2. Involve providers and the general public in discussions of plans for Demonstration Years 7 -8. The first event was held on August 28, at 4 PM at 1515 Heritage Drive, McKinney. There were 3 provider organizations in attendance, LifePath Systems, Baylor Scott & White Centennial Medical Center, and Dr. Brock Pierce (OBGYN private practice). The agenda included an overview of the anticipated structure of the Extension DY_s and a review of the anticipated schedule. A Q&A session was included.

The Anchor team also held individual meetings with both current and interested potentially new providers describing the anticipated structure of the Extension.

A second Stakeholder Forum event was held March 13, 2018 at noon, at 2300 Bloomdale Road, McKinney, Texas. A press release and notice on the Collin County website on February 28th was also distributed to current and prospective new providers and to county governments in Grayson and Rockwall Counties.

A separate Stakeholder Forum and Public Comment session was held in Sherman at the County Health Department on March 23, 2018. Five provider agencies participated. The agenda included presentations on preliminary selections of Measures and a discussion of the planning process and schedule for submitting plans.

Unfortunately, there has been limited non-DSRIP stakeholder or public participation in these events. We anticipate improving this by more widely promoting them. One of our Learning Collaborative events in the upcoming 12 months will include time on the agenda for other stakeholders to participate. Stakeholders who have provided input, are interested in what will happen after 2020 – the last year that the Waiver initiatives are fully funded - for the underinsured and low income or un-insured population in our three counties. Providers what to know more about how waiver projects are successfully administered in other states and policies and plans for the Medicaid program in Texas.

It is also important to note that these stakeholder meetings were announced to the general public through public websites and publication.

RHP 18 has three strategies for improving ongoing public engagement.

1. The Anchor will provide update reports to the Counties and Provider one month after the completion of each reporting cycle. Each county and provider will post these reports on their respective websites.
2. The Anchor (Collin County Government) will host one public forum each demonstration year following the completion of the October reporting cycle. The public form will be widely announced through email lists and websites starting in August. We will assist each of the counties to hold separate forums for their geographic area, with assistance, and to issue press releases periodically updating the community on the DSRIP program initiatives.
3. Once each calendar year, during the summer, each county will post a questionnaire seeking public input on community health needs. The results will be included in the post-October reporting cycle report.

We are engaging community stakeholders who are not DSRIP providers, in the upcoming Collaborative Connections event "Impacting Care" A Learning Collaborative Summit in which RHP 9, 10 and 18 pool resources to bring it top speakers and preferred resources for our providers. The first joint LC with RHPs 9 and 10 was February, 2017. Feedback from our providers and stakeholders was positive.

PUBLIC COMMENT

Beginning April 10, 2018 the final draft RHP18 Plan Update Summary was announced and posted for 5 days, on the RHP18 website, the three County websites, and every provider website. The link to the Plan and to the comment survey was distributed by participating providers to local stakeholders including any private citizens engaged in local advisory or governing boards. Rockwall County does not have a full time Health Department. However, the Grayson County and Collin County Health Departments also posted the information. The Anchor distributed the links by email to local hospitals and any known community clinics.

Using Survey Monkey, the Anchor has collected input and summarized it in the final Plan submission.

This concludes the presentation of the RHP18 DY 7 & 8 Plan Update Summary.

To provide comments please go to this link for our brief questionnaire.

<https://www.surveymonkey.com/r/RHP18PlanComments>

Revised 4.10.18 – corrections of typographical errors