



Draft resolution for possible consideration by County Commissioners Courts

Resolution in Support of Timely Approval of the Texas Section 1115 Waiver Renewal and Medicaid Managed Care Directed Payment Programs

WHEREAS, [INSERT Governmental Entity] and its local providers collectively provide substantial Medicaid and uncompensated care to indigent persons annually;

WHEREAS, [INSERT Governmental Entity] and its local providers together serve as the health care safety net for Medicaid, low income and uninsured individuals in the community;

WHEREAS, [INSERT Governmental Entity] and its local providers desire to ensure that Medicaid and uninsured individuals have access to and receive health care services;

WHEREAS, [INSERT Governmental Entity] and its local providers understand that it is in the best interest of its underserved populations to increase funding for the Medicaid population and to secure ongoing supplemental funding through Medicaid supplemental payments and Medicaid managed care directed payment programs;

WHEREAS, [INSERT Governmental Entity] implemented and administers a Local Provider Participation Fund to support the non-federal share of Texas' Medicaid program;

WHEREAS, [INSERT Governmental Entity] recognizes that timely approval of the Texas section 1115 waiver renewal and pending Medicaid managed care directed payment program applications is essential to ensuring [INSERT governmental entity's] and its providers' ability to deliver cost efficient healthcare services to Medicaid and indigent patients in the community; and

NOW, THEREFORE, in consideration of the above, [INSERT Governmental Entity] supports the ongoing collaboration between the Texas Health and Human Services Commission (HHSC) and the federal Centers for Medicare & Medicaid Services (CMS) to reach an agreement on renewal of the 1115 waiver and timely approval of directed payment programs that are essential to the long term stability of the safety net providers that serve the Texas Medicaid and uninsured populations.

PASSED BY THE [COMMISSIONERS COURT/GOVERNING BOARD/CITY COUNCIL] of the [COUNTY/CITY/DISTRICT] this the [DATE].

[SIGNATURE]