STAR Kids Managed Care Advisory Committee Report

As Required by
Title 1, Part 15,
Texas Administrative Code,
Section 351.833(d)

STAR Kids Managed Care Advisory Committee

January 2020
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Disclaimer

This report was not authored by and does not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff. For a full roster of representatives, please see Appendix A.
Executive Summary

The STAR Kids Managed Care Advisory Committee was established by Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013 and in compliance with Texas Government Code Section 533.00254 to advise the Texas Health and Human Services Commission (HHSC) on the establishment and implementation of the STAR Kids managed care program.

Members of the committee include a variety of stakeholders including families of children with disabilities receiving services under STAR Kids, physicians, home health providers, managed care organizations (MCO), school personnel and organizations representing children with disabilities. The diversity of the committee lends a unique perspective on how the program is functioning across Texas and generates ideas and recommendations for improvements. The committee has been a critical partner to HHSC and has identified and advised HHSC on issues that have led to policy changes and improvements to the program.

The committee established three subcommittees each tasked with developing the recommendations contained in this report. All of the recommendations are aimed at improving the program for children and families.

**Subcommittee 1:** Health Homes and Quality Measures

**Subcommittee 2:** Screening and Assessment Instrument (SK-SAI), Prior Authorizations, Medically Dependent Children Program (MDCP), and Intellectual and Developmental Disabilities (IDD) Waivers

**Subcommittee 3:** Transition from Pediatric System to Adult System
Introduction

The STAR Kids Managed Care Advisory Committee was originally set to expire December 2017, one-year post STAR Kids implementation. In 2017 under the authority granted the HHSC Executive Commissioner by Texas Government Code Section 531.012, the committee was extended until December 31, 2019. Senate Bill 1207, 86th Texas Legislature, Regular Session, 2019 extends the committee until December 2023.

HHSC has directed the committee to provide a formal report with recommendations for improving the program including advice and recommendations on:

1. The optimization of the STAR Kids Screening and Assessment Instrument
2. Options for enhancing service coordination requirements and delivery including the development of health homes
3. Development of quality measures appropriate to the STAR Kids population
4. The development of sound transition processes for children aging out of STAR Kids and entering adult provider networks
5. The development of a plan for inclusion of other long-term services and supports waivers into STAR Kids; and
6. Other recommendations the committee deemed necessary to the overall improvement of the program.

The committee established three subcommittees to develop improvement recommendations. This is the second annual report of the committee. The first report was submitted to the Executive Commissioner in January 2019.

It is important to recognize that since the submission of last year’s report, a significant amount of work has been initiated by HHSC based on our recommendations as well as internal agency improvement projects, feedback from other stakeholders and legislative direction from the 86th Texas Legislature. This report contains new recommendations or clarified recommendations from the previous report, recommendations from the last report where work is in progress and recommendations that are still important to the committee, but for which no work is in progress.
The STAR Kids Advisory Committee continues to be an active stakeholder in the process. Members of our committee serve as liaisons to other HHSC Advisory Committees including the State Medicaid Managed Care Advisory Committee’s subcommittees on administrative simplification, clinical oversight, network adequacy, and service coordination, and the Intellectual and Developmental Disabilities System Redesign Advisory Committee. We are committed to continuing our work with HHSC to improve the STAR Kids service delivery system and to making sure the system results in meaningful outcomes for children.
Committee Activities

List of Meeting Dates

The STAR Kids Managed Care Advisory Committee met on the following dates:

- January 16, 2019
- April 17, 2019
- August 14, 2019
- December 11, 2019

Committee Members’ Attendance Records

A quorum was present for all the meetings during this reporting period. The committee is made up of 17 members. Five members rotated off the committee in 2018 and new appointments were not made until August of 2019 when four new members joined the committee. Even with the delay in the appointment of new members, a quorum was maintained. A copy of committee members’ attendance records is available in Appendix B, as part of the meeting minutes.

Brief Description of the Actions Taken by the Committee

Below is a high-level list of actions taken by the committee at each meeting. A more detailed summary is available for review in each meeting’s official minutes, Appendix B.

January 16, 2019

- Discussion of the Health Insurance Premium Payment program and its cost effectiveness in a STAR Kids Managed Care environment. HHSC is looking at how other states are addressing cost effectiveness.
The committee provided HHSC with feedback on the optimization of the STAR Kids Screening and Assessment Instrument to reduce assessment burden on families, improve data integrity, produce more actionable Individual Service Plans, and reduce potential for assessor error. The committee continues to provide feedback to the state on assessment issues and improvements.

Review and discussion of the Quarterly Therapy Access Monitoring Report as required by General Appropriations Act, SB 1, 85th Legislature, Regular Session, Article II, HHSC Rider 57. Committee members commented on availability of providers in rural areas, subspecialists, open and closed panels, wait lists for specialty services, outcome of therapy assistant reductions, and whether the numbers of children receiving therapy are in line with national norms for the population.

Discussion of subcommittee work and approval of recommendations for the annual report.

Review and discussion of MDCP assessment and reassessment, Personal Care Services, Private Duty Nursing, and therapy data.

Review and feedback to HHSC on STAR Kids Pay for Quality Measures. HHSC requested feedback from the committee on 2020 measures by January 31, 2019. The committee did submit written feedback and recommendations to HHSC. See Pay for Quality feedback beginning on page 7.1.

April 17, 2019

Panel presentation from the Texas Association of Health Plans and the Texas Medical Association on potential improvements to prior authorizations, coordination of benefits and care coordination.

Review and discussion of data related to the number of children receiving Private Duty Nursing, Therapy, and Personal Care Services and the average number of hours delivered. Also, reviewed data on Medically Dependent Children’s Program eligibility assessments and reassessments. Committee members asked about the tracking of children who have been denied MDCP at reassessment and whether the children were accessing other services. HHSC said they would look at pulling the data.
• Discussion of subcommittee work and the development of recommendations.

August 14, 2019

• Review and discussion of HHSC’s Response to LBB STAR Kids Recommendations including potential feedback from the committee to a Request for Information about moving to a statewide service delivery area instead of regional service delivery areas.

• Review and discussion of capitation rates and the need to capture the complexity of a child who receives private duty nursing perhaps by placing them in the same capitation group as children who receive MDCP.

• Review and discussion of the SK-SAI. The subcommittee on SK-SAI met with HHSC to provide feedback and recommendations on SK-SAI improvements. Comments are due by September 13th, which may not be enough time to provide meaningful input.

• Discussion with HHSC on opportunities for Texas to participate in the Advancing Care for Exceptional (ACE) Kids Act. HHSC will work closely with the Advisory Committee when guidance is issued by CMS.

• Presentation and discussion of the work of the Collaborative Improvement and Innovation Networks (CoIIN) project to improve health homes for children with medical complexities.

• Subcommittee updates and discussion of development of recommendations for the annual report.

December 11, 2019

• Subcommittee updates and review of the draft recommendations. Committee members will submit any changes to the Chair in early January. The committee will meet again on January 28, 2020 to vote on the final report recommendations.

• The subcommittee on SK-SAI made a recommendation in a subcommittee meeting that HHSC not move forward with the development of a new
Private Duty Nursing Tool, but instead work with the Managed Care Organizations on the use of the current PDN assessment guidelines to ensure consistency across plans. This recommendation was inadvertently left off the recommendations that were voted on by the committee in January of 2020 but will be included in the recommendations required in December of 2020. HHSC did solicit feedback from the subcommittee on this matter.

- The committee received and discussed implementation of key STAR Kids related legislation from the 86th Texas Legislature including External Medical Review, Interest List Study, Prior Authorizations, Streamlining of SK-SAI, the development of a Private Duty Nursing Assessment Tool, MDCP Escalation Helpline and statewide MCOs.

- Review and discussion of the new Autism Services benefit.

**Feedback to HHSC on 2020 Pay for Quality Measures**

Thank you for the opportunity to provide input to the proposed STAR Kids Pay-for-Quality Measures. While we understand there is limited opportunity to substantially change the 2020 measures, we would like to work closely with HHSC on the development of 2021 measures by incorporating measures that focus on incentivizing health plans and providers to improve value for this population.

The current proposed measures are understandably heavy on process as opposed to outcomes. The CMC CoIIN to Advance Care for Children with Medical Complexity project is working on the development of detailed tracking measures and has landed on the attached measures which can be used as a starting point for our discussions. Texas is unique in having a Screening and Assessment Instrument that can serve as an opportunity to ask questions that truly get at outcome rather than just process. This will provide an incredible body of information to other states who are further behind in designing value-based care for this population.

We offer the following recommendations for the proposed 2020 STAR Kids Pay-for-Quality Measures.
**Proposed At-Risk Measures**

**Potentially Preventable Emergency Room Visits**

The measure related to Potentially Preventable Emergency Room Visits (PPVs) is a process measure. This measure is problematic and may inappropriately penalize for STAR Kids unless it is risk adjusted. The process of risk-adjustment may not be easy. Acute respirator events in children with chronic lung disease or complex congenital heart disease need to be excluded.

However, ER visits that could be easily preventable through the provision of timely equipment, therapy or supplies such as a visit to the ER because the child has not received their g-tube supplies is an important measure. There should be a mechanism to capture unnecessary visits and set distinct benchmarks for these preventable ER visits. Did the emergency room visit occur because other services had been denied? Did the emergency room visit occur because the plan failed to determine the member needed additional services? If the emergency room visit is directly or indirectly related to denials for other services, this must be part of the performance benchmark.

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) - Sub measure counseling for nutrition:**

*The percentage of members 3—17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.*

This is also a process measure. Weight counseling for STAR Kids population, many of whom must be plotted on specialized growth charts and are on G-tube feeds, is different and at times requires a dietitian.

**Follow-up After Hospitalization for Mental Illness (FUH)**

This is an important measure for children in STAR Kids and perhaps could be expanded to include the percentage of children who received wrap-around and community-based mental health services following a hospitalization that served to prevent readmission.

**Proposed Bonus Pool Measures**

**Access to special therapy (e.g., physical, occupational, speech):**

*Percentage of caregivers who said it was always easy to get special*
therapy such as physical, occupational, or speech therapy for their child in the last 6 months

This is a good measure, but HHSC must develop a method of obtaining this information outside of solely being reported by the plan. In addition, it is critical to determine adequate networks for therapy in micro and rural counties. Additional input from therapy providers is needed to make the measures effective.

Transition to care as an adult: Percent of caregivers who say any of their child’s doctors have talked to them about eventually seeing doctors or other health care providers who treat adults

This is a good measure but could be strengthened by implementing the Committee’s recommendations regarding transition planning for members. Transition from STAR Kids to STAR Plus must begin earlier than is currently required in contract and in the STAR Kids manual. The plan networks must include concurrent visits to pediatric and adult practitioners during the transition period and successful transition outcomes for the young adult.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): The percentage of children and adolescents 1-17 who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year

This may be problematic for many of the children with IDD/Autism Spectrum Disorder and severe aggression, self-injury. There is no standardized protocol and children often require two or more antipsychotic medications for appropriate treatment.

Potential New Bonus Pool Measures

Potentially Preventable Admission to a Long-Term Care Facility

Texas has worked hard at developing alternatives to the institutionalization of children in long-term care facilities by providing children access to Medicaid funded long-term services and supports in their homes and communities including Medicaid waivers. A bonus measure that could be added to STAR Kids is the potentially preventable admission of a child to a long-term care facility such as a nursing home or intermediate care facility.
**Care Coordination/MCO Performance**

- Both CHIP and STAR include a bonus measure for caregiver rating of their child’s MCO. HHSC should consider using the same measure in STAR Kids: Percent of caregivers who rated their child’s MCO a 9 or 10 (on a scale of 0-10) when surveyed.

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Child Medicaid Questionnaire for children with chronic conditions includes a caregiver question about how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan. HHSC should consider a bonus measure such as: Percent of caregivers who said it was usually or always easy to get the care, tests, or treatment they thought their child needed through his or her health plan. [https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/survey4.0-docs/1155a_engchildmed_40.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/survey4.0-docs/1155a_engchildmed_40.pdf)

- HHSC’s Rider 51 initiative aimed at adding long-term service and support measures into managed care, included the following measure that could be captured as a STAR Kids Bonus Measure: C3 Consumer Measure: Number and percent of children whose services and supports change when the family’s needs change.

- MCOs must be held accountable for care coordination. In the areas outside the metropolitan cities, care coordination is lacking. Many children in these areas only get care coordination if the parents really push and demand it. Most parents don't know they can do this.

**Access to Services**

- The National Core Indicators’ Child and Family Survey on Access and Support Delivery question regarding the proportion of families who report that services/supports are available when needed is a good measure that could be included.

- HHSC must develop a way to measure outcomes related to access to therapy and durable medical equipment services and supplies. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Child Medicaid Questionnaire for children with chronic conditions includes questions related to specialized services that could be used, such as CC9: Percent of families who report that is was usually or always easy to get special medical equipment or devices for their child, and CC 12: In the last 6 months, the percent of families who report it is usually or always easy to get therapy for their child. [https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/survey4.0-docs/1155a_engchildmed_40.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/survey4.0-docs/1155a_engchildmed_40.pdf)
**Satisfaction**

- HHSC’s Rider 51 initiative added the following measure that could be captured as a STAR Kids Bonus Measure: C4 Consumer Measure: Number and percent of families who report services and supports improved their ability to care for their child.
- It is important to have a mechanism to measure satisfaction that involves direct contact with family members as opposed to just surveys. Surveys can be problematic based on lack of response or confusion with the questions.
Recommendations

Subcommittee on Health Homes and Quality Measures

The ideal model of service delivery for children with complex healthcare needs is one where the Primary Care Physician (PCP) and parents engage in a person-centered process of goal setting and shared decision making to allow appropriate allocation of resources and services. To achieve this in this population, we need to encourage close collaboration and integration of processes between providers, parents and MCOs. This was specifically stated as a desired goal by HHSC when STAR Kids was being designed and is the goal of this subcommittee’s recommendations. We have reviewed the literature on examples of similar approaches to innovation.

1.1 Topic/Issue: Problems related to heterogeneity of STAR Kids population and the need to define population sub-groups

Background: The STAR Kids program includes approximately 162,000 children with special healthcare needs including children who are medically fragile, children with IDD and children who have mental health conditions. Thus, it includes a heterogeneous population of children with varying degrees of complexity and need which likely require different approaches to care.

Recommendation: We recommend HHSC use data from the SK-SAI to identify distinct subpopulations and where there is insufficient data, change the SK-SAI to better identify subpopulations (Examples – 1) A medically fragile subgroup of children on MDCP and/or children who have PDN. 2) A behaviorally complex subgroup of children with IDD/Behavioral disorders/Autism Spectrum Disorders (ASD) 3) Children with serious and persistent mental illness.
Standardized sub-stratification will allow for more homogeneous care pathways; meaningful outcome tracking and potentially value-based contracting.

1.2 **Issue/Topic: Problems related to an unsustainable increase in administrative paperwork and administrative costs to providers**

**Background:** The process of delivering care as it exists is fraught with redundant assessments and evaluations by different entities; (See graphics below for a representation of some of the assessments a single individual may undergo over the course of a year.

Assessment, Assessment, Assessment

Many of the assessments are done by disparate entities that operate as silos and have no mechanism for data sharing and operational integration.

In addition, repeated requests for justification of care and letters of medical necessity result in several hours a week of parent and provider time spent complying with these paperwork requirements. The following graph represents the contact points for a single patient receiving care at a comprehensive care clinic over the course of two years. As the graph indicates, of the more than 200 contact points, much of the time is spent on paperwork to justify care than actual care delivery.
PCPs have experienced an overwhelming increase in paperwork- dealing with multiple MCOs processes for prior authorization. In addition, many of the MCO’s have subcontracted their prior authorization process to multiple outside entities which has led to a frustrating situation to providers. PCPs sometimes must do peer-to-peer consultations with MCO medical directors, many of whom do not have any specific expertise with this population.

Since the submission of our last report, several of our recommendations related to administrative simplification were initiated and are currently underway at HHSC. For example, HHSC is piloting with an MCO a mechanism to decrease administrative burdens related to medical supplies through a process of streamlined and longer prior authorization periods for children whose needs have not changed. See recommendation 1.2.i below. In addition, Senate Bills 1207 and 1096 as well as House Bill 3041 from the 86th Texas Legislature, Regular Session, 2019 required MCOs to annually review
prior authorization requirements for relevance. See recommendation 1.2.ii below.

**Recommendation**: We recommend HHSC encourage and facilitate simplification of administrative paperwork as it relates both from provider to MCO as well as MCO to HHSC and continue to include committee representation in the discussion. For example:

1. Amend the SK-SAI to allow for the identification of children where certain services and supplies will be needed for the duration of the child’s life. There should be a provision to auto-renew orders for incontinence supplies, supplies for enteral nutrition etc. without requirement for frequent paperwork and letters of medical necessity. Expand the medical supplies pilot currently underway at HHSC to other MCOs and regions.

2. Similarly, for a child with progressive condition with tracheostomy/ventilator – if stable, and the clinical condition deemed unlikely to change within the next year, waive the requirement to submit the nursing plan of care every 60-90 days and space out the intervals.

3. HHSC, MCOs and Providers should review and revise prior authorization requirements for appropriateness for this population. Example: An MCO requires a hearing test and developmental screens before authorizing for speech therapy. This may be a reasonable requirement for the typical STAR population but for children who already have a diagnosis of moderate to severe cognitive impairment the screening is unnecessary. This recommendation is supported by SB 1207 which requires an annual review of prior authorization processes.

4. HHSC should require MCOs to engage provider groups in value-based arrangements where trusted providers will have their orders (for labs, imaging and hospitalization) fast tracked without the need for extra justification provided there are periodic audits to keep each party accountable.
1.3 **Issue/Topic:** Improved care coordination through the development of health homes for children with medical fragility and serious mental health care needs

**Background:**

In communities where there are enhanced health homes – dedicated to the medically fragile children as defined as subgroup 1 of our first recommendation, (Austin, San Antonio, Dallas, Houston), the opportunities for better integration of care coordination services with the MCO have not been adequately explored, utilized and incentivized. These clinics have a longitudinal relationship with the families and provide care coordination, social services and are well networked with the local specialist panels and children’s hospitals. However, there is no template on how to fold this existing resource into a viable center of excellence. These centers could serve as bright spots for evidence generation on best practices. Absent any template for collaboration and no direction or incentivization from the state, leaders of most of these clinics spend a lot of time and energy trying to craft contracts with multiple MCOs. Reimbursement from MCOs for services in these centers covers only a small fraction of the center’s budget. As most are supported by a combination of grants and subsidies, their financial viability is tenuous and will likely jeopardize care for hundreds of members.

**Recommendations:**

i. Incentivize value-based payment arrangements that are designed to address the special effort required to meaningfully develop comprehensive person-centered care plans and adequately reimburses providers for non-encounter-based processes that lead to better outcomes.

ii. Incentivize MCOs to create fast tracking processes for trusted provider groups to certain service coordination and case management functions. Specifically, this may involve embedding service coordinators in health homes or delegating service coordination to health homes with adequate capacity.

iii. Pay providers a higher rate for caring for children with complex medical needs and children with serious and persistent mental illness. Some mechanisms for this payment may involve -designating consult level billing or an extra payment category for preparing and producing a detailed care plan. Care Plan preparation and discussion is largely a
non-reimbursed service currently even though it takes more than two hours of time; a large part of it may not be a face-to-face encounter.

iv. Promote this collaboration through statewide pilot projects; participating actively in national innovative projects and focusing PIPs to address some of these processes.

1.4 **Issue/Topic: Limited pool of qualified direct service workforce**

*Background:* PCPs who have longitudinal relationships with families caring for children with complex needs recognize that health care outcomes are largely dependent on having quality home care services. Unfortunately, there is very little effort to improve the pool of qualified direct service workers. The two options offered to families are – Medicaid Private Duty Nursing which is expensive and increasingly limited or attendant care – which, while cheaper is difficult to access as there are very few qualified individuals willing to work for such low pay. PCPs and health homes can engage families in conversations about the most appropriate home health services, but this is not possible because the appropriate workforce is not available in most communities.

Many families of children with medical complexities would be amenable to delegation of nursing tasks to a direct service worker through personal care services or Community First Choice if they were provided attendant care that was reliable and qualified. The current rate of $8.11 an hour for a direct service worker is too low to support delegation. In addition, families of children with significant behavioral support needs had hoped that Community First Choice would provide opportunities for support and a decrease in episodes of crises that lead to hospitalization and institutionalization. However, it incredibly difficult to find someone who will provide the support needed for $8.11 an hour.

*Recommendations:*

i. HHSC should closely evaluate through data collection whether individuals are being assessed for Community First Choice and Personal Care Services.
ii. HHSC should closely evaluate through data collection whether individuals who are receiving CFC or PCS are receiving the number of hours they have been assessed as needing.

iii. HHSC should include the following recommendations as strategies in the Rider 157 strategic plan related to the recruitment, retention and access to community attendants due to the legislature on November 1, 2020.
   a. Facilitate/incentivize the creation of community attendant registry to help families find direct service workers.
   b. Encourage value-based payment models that incentivize the development of specifically trained attendants to care for children who have medically complex conditions or who have behaviorally complex support needs by allowing for increased payment for individuals with more skills and certifications as well as increased administrative payments to home health agencies;
   c. Increase the Medicaid fee schedule for Personal Care Services and Community First Choice.

1.5 Issue/Topic: Measuring outcomes that matter

*Background*: The federal government mandates that State Medicaid Managed Care Programs be regularly evaluated by an External Quality Review Organization (EQRO). We appreciate the effort by HHSC and EQRO to come up with a set of outcome measures to track and assess the implementation of STAR Kids. Given the challenges in data collection, many of the measures rely on administrative and claims data and are focused on process measures derived from a universe of validated measures used in other populations.

Texas is unique among states in mandating a standardized comprehensive assessment of the health status of all children served under this program. The STAR Kids Screening and Assessment Instrument (SK-SAI) offers an opportunity for longitudinal tracking and the development of robust measures of the health status of children and families.

*Recommendations*:

i. Include measures that are more focused on Outcomes than Process. The National Core Indicators (NCI) that are based on Child Family
Surveys of households with developmental disabilities is a good resource.

ii. HHSC should pay particular attention to include outcome measures that directly measure the capability/comfort/calm of members – in the next iteration of the SK-SAI. Collaboration with pilot projects such as COIIN (http://cahpp.org/project/CoIIN-CMC) and other groups working on improvement will be helpful.

iii. HHSC should promote evidence generation as to the best approach to service delivery by sponsoring and incentivizing statewide and national pilot projects to identify best practices. Some examples of such opportunities include https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/ and also http://cahpp.org/project/CoIIN-CMC.

iv. HHSC should participate in the implementation of the ACE-KIDS act (https://www.congress.gov/bill/116th-congress/senate-bill/317) and use opportunities such as the 1115 waiver to jump start innovation. The state should use existing complex care programs and transition programs in large urban centers as laboratories for innovation and experimentation to test best practices and build an evidence base. HHSC should begin mapping out what is needed prior to the next legislative session to avoid missed opportunities.

v. HHSC should investigate and sponsor pilots where the patient centered medical home is a community integrated “Behavioral Health Home” to bring together social services and behavioral health. This may require a collaboration with MCOs, local mental health authority and health homes. These health homes can utilize telemedicine to access psychiatric med management; utilize evidence-based family supports such as the Family Partner program by the National Alliance of Mental Illness (NAMI). Lessons from the two-year demonstration project for ‘Certified Community Behavioral Health Clinics (CCBHC) can serve as a model around which to organize the pilot.
Subcommittee on SK-SAI, Prior Authorizations, MDCP and IDD Waivers

The Texas Health and Human Services Commission contracted with Texas A&M University (TAMU) for a screening and assessment instrument to be used in STAR Kids. The STAR Kids Screening and Assessment (SK-SAI) instrument is divided into modules. All children must receive the core module. If triggered by the core, children are then assessed using one or more of the remaining modules; Personal Care Assessment Module (PCAM), Nursing Care Assessment Module (NCAM) and MDCP Module. The SK-SAI is intended to assess for eligibility for PCS, CFC for children who meet medical necessity for nursing facilities, PDN and the MDCP waiver. The assessment is also intended to serve as a trigger for referrals for additional services such as therapy, durable medical equipment (DME) and supplies, CFC for children with IDD or children with mental health conditions, IDD waiver services, and other mental health services.

HHSC has engaged in an optimization project to improve the SK-SAI with the goal of improving data integrity and reporting; creating a more actionable assessment; ensuring assessor accuracy; and reducing assessment burden on families. The committee has worked diligently with HHSC since August 2019 to offer feedback to proposed changes to the SK-SAI. HHSC is still reviewing our feedback including recommendations from MCOs before the changes are finalized. Our subcommittee is interested and committed to improving the assessment and reassessment of children and reducing assessment burden on families. We are committed to working with HHSC on improvements to the process and offer the following recommendations regarding the SK-SAI.

2.1 Topic/Issue: SK-SAI Tool Improvements

**Background:** HHSC has embarked on an internal review of the SK-SAI for optimization and improvement. The STAR Kids Advisory Committee has offered numerous improvement recommendations to the assessment and is planning to work with HHSC on changes to the reassessment process.

**Recommendations:**

i. Continue to work with the committee on improvements to the SK-SAI.
ii. Test the new assessment on a small sample of children including children with medical complexities, children with intellectual and developmental disabilities and children with significant mental health needs prior to implementing the new tool. Include MCO assessors in the testing of the assessment and revise based on testing.

iii. Ensure the revised tool contains solid triggers for referrals for Community First Choice, durable medical equipment, Personal Care Services, and therapy.

iv. Provide guidance to the SK-SAI assessor directly on the tool for questions that require judgement such as questions that are those using a scaling system.

v. Work with the committee on a reassessment tool that limits questions based on no change in condition and which focuses on assessing for improved outcomes for children.

vi. The SK-SAI should account for medical intervention as a contributor to how one answers the questions. For example, is he in pain, no “because of medical intervention?” The same could be said for being “stable,” due to medical intervention. The intervention must be accounted for because without it the child’s condition could deteriorate. Families should be asked to what they attribute the change.

vii. Expand the HHSC Utilization Review Department’s operational review of STAR Kids to include children who are not in MDCP such as children with IDD and MH conditions and evaluate whether changes are needed in the SK-SAI to capture a child’s need for services.

2.2 Topic/Issue: MDCP SK-SAI

Background: Since the inception of STAR Kids on November 1, 2016, the number of children on the MDCP waiver who were reassessed using the new SK-SAI and lost waiver eligibility increased from 3.1% in 2016 to 14.1% in 2017 and 8.7% in 2018. Initial reports for the period of November 2018 to October 2019 show the number to be approximately 5% which is a substantial improvement over 2017 and 2018. Many of the children who lost eligibility during the early implementation of STAR Kids are children who have been on the waiver for years and have not experienced a change in condition. With the loss of eligibility children are not only losing access to MDCP waiver services but are losing access to critical long-term services and supports and for some access to their health insurance, Medicaid.
Children who receive services under the MDCP waiver are required to meet the same medical necessity eligibility as children seeking admission to a nursing facility, adults seeking admission to a nursing facility, or adults seeking services under the STAR +Plus waiver. Prior to the implementation of STAR Kids, children in MDCP were assessed initially and reassessed annually using the Medical Necessity Level of Care (MN-LOC) tool. This is the same tool used for individuals over 21 years of age in the STAR + Plus nursing facility waiver. The MN-LOC tool was similar to the Minimum Data Set tool used to determine eligibility for adults and children in Texas nursing facilities. The new SK-SAI is a departure from the MN-LOC. The SK-SAI MDCP module only results in a determination of the MDCP budget based on the Resource Utilization Group. It does not determine nursing facility medical necessity. That determination is made using a variety of fields in other SK-SAI modules and is subject to interpretation by the state’s third-party contractor. In addition, the nurse assessors with the MCOs who are completing the assessment are not allowed to do a physical nursing assessment of the child and are only going by information provided to them by the child’s family or what is available through medical records.

**Recommendations:**

i. Consider alternative options for assessing children for eligibility for the MDCP waiver including requiring the assessment be done by a team of two and administered by an assessor who can do a hands-on nursing assessment, not the MCO nurse assessor who is prohibited from doing a thorough nursing assessment.

ii. Continue to monitor the number of MDCP denials at the annual reassessment and consider reverting to the MN-LOC tool to determine MDCP eligibility as opposed to the SK-SAI if the number increases.

iii. Investigate the status of children who have lost eligibility for MDCP and for those who have also lost Medicaid to determine if there are immediate services needed.

iv. Offer children who have lost eligibility for Medicaid due to loss of Medically Dependent Children Program eligibility in STAR Kids, access to another 1915(c) waiver such as Community Living Assistance and Support Services (CLASS) or Home and Community-based Services (HCS).

v. Allow children who have experienced a long-term hospital stay to be assessed for MDCP in the hospital prior to being discharged home with a follow-up home assessment scheduled within a week of their return.
vi. Because the MDCP waiver waives off both a hospital level of care and/or a nursing facility level of care, allow a child who meets the medical fragility eligibility for MDCP access to the waiver without a limited stay in a nursing facility. A child should not have to get discharged from a hospital setting to a nursing facility for a short stay and then to home. This is not good for the child’s health and safety and leads to increased costs and administrative burdens. SB 1207 states a child cannot be required to reside in a nursing facility for an extended period of time to meet MDCP eligibility. The committee wants to work with HHSC to come up with alternatives.

vii. Allow children enrolled in STAR Kids who have SSI and meet the MDCP waiver eligibility immediate access to waiver services with no wait.
   a. Create a similar allowance for children in STAR Health.

2.3 Topic/Issue: SK SAI and Improved Communication and Transparency for Families

Background: Families must be the drivers of their children’s health. For families to be actively involved and to ensure children achieve optimal outcomes, there must be clear, ongoing communication between the Star Kids MCOs and the families. Based on recommendations in last year’s report and legislative direction, HHSC added requirements in the STAR Kids contracts (8.1.39) that parents review the SK-SAI prior to submission. HHSC also instructed MCOs to train members in the navigation of member portals and required them to submit education materials to HHSC for review. We understand HHSC is embarking on a significant utilization review initiative of children receiving services through the Medically Dependent Children’s Program. We recommend that during the review HHSC monitor whether training on portal access is occurring.

Recommendations:

i. HHSC should monitor the MCOs to ensure MCOs have offered individualized training to families on how to access the health portal to:
   a. See the SK-SAI
   b. Review the Individual Service Plan (ISP)
   c. Track authorizations, view claims and find information on the child’s MDCP budget, and pending and final denials and reductions
   d. Request an internal appeal
ii. HHSC should require the MCOs to notify individuals via a text, email or call when a document has been uploaded to the member portal. Parent contact information including email addresses can be updated at every reassessment for accuracy.

iii. HHSC should develop a document that can be sent from the MCO to the family 120 days prior to the annual assessment informing them:
   a. What to expect at the assessment
   b. What documents to have ready

2.4 Topic/Issue: Clearer, Simpler and More Streamlined Authorization Process

Background: Certainty and clarity in the STAR Kids prior authorization process would not only benefit children and families but would ease administrative burdens currently experienced by physicians and other providers. Families and providers are working with multiple managed care organizations, each with their own set of authorization requirements and review processes, some of which are onerous and cause delays in authorization for needed services. Physicians, therapists, home health agencies, DME companies and others have reported an increase of up to 25% in their administrative costs due to paperwork requirements. DME companies have also reported a decrease in payment rates made by MCOs and a significant number of small providers closing their doors. According to the American Association for Homecare November 2019 position statement, there are currently 40% fewer DME providers throughout the US and access to DME has become problematic especially in rural areas.

Recommendations: The subcommittee on health homes and quality measures included some recommendations in 1.2 that go hand in hand with the following recommendations related to a more streamlined prior authorization process for PDN, therapies, DME, PCS and other services and procedures. The recommendations are currently being worked on in HHSC’s subcommittee on administrative simplification with representation and input from our committee.

i. Decrease administrative burdens, prevent gaps in services and delays in authorizations, and ensure children have access to medically needed services without discrimination and inconsistencies across plans
through the use of simpler, standardized forms and processes across MCOs.

a. Work with CMS to allow mid-level signatures on authorization requests where mid-level signatures are not allowed.

b. Do not require redundant letters of medical necessity be attached to every request when the condition or need has not changed.

ii. Increase authorization time frames for children with chronic conditions, which are not likely to change and decrease the frequency at which requests for authorizations must be made.

iii. Ensure continuation of prior authorization of nursing services and other services when a child and family are pending a fair hearing and do not allow a plan to end the authorization before the case has been heard.

iv. Allow some of the data on the SK-SAI to be completed from existing database (Claims, EMR) and encourage the use of the ISP in the MCO Utilization Review Process. This will decrease the paperwork burden and will also make the SK-SAI a more useful tool in the care delivery process.

2.5 Topic/Issue: Medical Necessity and Treating Physician

**Background:** Families and physicians in STAR Kids have voiced their concern about medical necessity determinations being made by the MCOs that are contrary to the determinations made by the child’s physician. Some children have experienced a reduction in authorizations for PDN, MDCP waiver eligibility, therapies and other benefits. HHSC has a definition of medical necessity and when there is a dispute, the determination and standard of medical necessity should default to the child’s physician.

Senate Bill 1207 required HHSC and the State Medicaid Managed Care Advisory Committee to develop a uniform process and timeline for reconsideration of an insufficient prior authorization request and allow for a peer-to-peer review. Two of our committee members are serving on the subcommittee charged with developing the recommendations. Senate Bill 1207 also requires an external medical review process when a family or their child’s treating professional disagree with an adverse benefit determination.
**Recommendations:**

i. Defer to the treating professional when determining medical necessity.

ii. Continue to develop uniform process and timeline for reconsideration of prior authorization requests prior to denial.

iii. Monitor the implementation and provision of external medical reviews as required by SB 1207. Publicly post data related to external medical reviews including number of denials overturned and number sustained.

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**2.6 Topic/Issue: Preferred Provider**

**Recommendations:** HHSC should retain the allowance in STAR Kids for a member to opt out of a preferred provider arrangement and choose a different provider. Members should continue to have a choice of providers for specialty services and DME, including non-preferred provider arranged services. HHSC should require in contract that:

i. MCO call center staff inform members of non-preferred providers along with preferred providers available in the network, to enable members to choose the most appropriate services, providers and equipment.

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**2.7 Topic/Issue: Notices of denials of services lack clarity and families need adequate notice of right to appeal**

**Background:** Families and providers report issues with timeliness and clarity in Medicaid appeal notices. For services to continue during the appeal process, an individual must request the appeal within 10 days from the date of the action notification letter. By the time the families receive the letter some of the 10 days have passed, leaving the family with a very small window of time for the actual filing of the appeal. In some cases, families have received notices well past the 10-day time frame.

It is imperative that the reasons cited in the appeal notice must be clear and written in plain language that is easily understood by families.

HHSC has undertaken several initiatives to improve notices of denials of benefits which were included in last year’s report. We will continue to work with HHSC and the State Medicaid Managed Care Advisory Committee’s subcommittees to ensure recommendations and on direction from the legislature.
Recommendations:

i. Provide families timely notice of their right to seek an internal MCO appeal and a Medicaid fair hearing when Medicaid services, including waiver services, nursing, PCS and therapy are reduced or denied.

ii. Monitor whether denial notices are being sent out the same day the determination was made, and if there are significant violations, consider requiring the notice to be delivered via registered mail to ensure the time frame is followed.

iii. Require MCO service coordinators to contact families when an adverse determination is being sent and remind the family of their right to appeal the denial.

iv. Ensure notices sent by HHSC and MCOs are written in plain language for families with detail on why the denial occurred, what is needed to meet medical necessity requirements, deadlines for the appeal, and information on maintaining the same level of service during the internal MCO appeal and Medicaid fair hearing process until a final determination is made.

v. Improve and coordinate MCO informal appeals and HHSC fair hearings, including consumer information that explains and assists with both processes and meets all state and federal due process requirements, such as proper notices and packets with complete and relevant information used to deny, suspend, or reduce services.

2.8 Topic/Issue: Transparency and timely response to member and provider complaints

Recommendations: Increase transparency and respond quickly, accurately and completely to issues generated through inquiries, complaints, conducting investigations, inspections and other contract compliance regulatory actions.

i. Require state agencies and MCOs to track all instances of access to care issues as a complaint

ii. Improve data integration and transparency to include information across systems relating to inquiries, complaints, informal MCO appeals, and Medicaid Fair Hearings that is publicly available.

2.9 Topic/Issue: Alternative service delivery model for children in Medically Dependent Children Program

Background: Some families of children in the STAR Kids MDCP waiver have reported a loss of providers, delays in authorizations, denials of service,
inability to see physicians and specialists in other service delivery areas, and issues with the coordination of benefits with third-party insurers. Approximately 50% of children receiving services through MDCP have third-party insurance.

**Recommendations:**

i. Investigate alternative models of service delivery for children in MDCP such as Primary Care Case Management, Fee for Service, or an Accountable Care Organization.

ii. Prioritize the development of clear and standard policies around coordination of benefits for those with third-party insurance.

iii. HHSC should work to develop a list of services that are rarely provided via commercial insurance and allow MCOs to authorize services without waiting on Explanation of Benefit from a commercial carrier.

### 2.10 Topic/Issue: Inclusion of IDD Waivers into STAR Kids

**Background:** The IDD System Redesign Advisory Committee created as part of SB7 by the 83rd Legislature is charged with advising HHSC on the implementation of acute care and long-term services and supports for individuals with IDD. The committee strongly recommended that HHSC delay the transition of IDD LTSS to a managed care model until necessary systems changes are accomplished. The committee requested HHSC evaluate the lessons learned from the STAR Kids IDD acute care carve-in and use those lessons to improve the system before any additional waivers are carved into Medicaid managed care.

**Recommendations:**

i. Delay inclusion of all additional IDD waivers such as Texas Home Living, Home and Community-Based Services (HCS), Community Living Assistance and Support Services (CLASS), and Deaf Blind Multiple Disabilities (DBMD) into STAR Kids unless and until related evaluations and the IDD assessment pilot are completed, and access to and quality of care are resolved in current managed care programs and operational systems and providers are in place for a successful transition.
### 2.11 Topic/Issue: Evaluation of whether to move to STAR Kids to statewide MCO

**Background:** HHSC recently released a Request for Information asking for feedback on whether STAR Kids should move to one statewide service delivery area served by 2 or 3 statewide MCOs.

**Recommendations:**

i. Do not implement a statewide service delivery region for STAR Kids. A statewide model would potentially prevent community-based plans and small plans from participating and have a potential negative impact on promising practices. HHSC should continue to encourage competition among non-profit and for-profit models and the development of quality standards of care for vulnerable children.
Subcommittee on Transition from Pediatric System to Adult System

According to the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians 2018 Clinical Report on supporting health care transition (HCT) from adolescence to adulthood, evaluation studies document beneficial outcomes of a structured transition process in terms of quality of care, appropriate service use, and improved patient and family experience.\(^1\) The goals of HCT are to 1) improve the ability of youth and young adults, including those who have special health care needs and those who do not, to manage their own health and effectively use health services, and 2) ensure a planned process for transition preparation, transfer of care, and integration into adult care. The recommended process called for by these medical professional organizations is the Six Core Elements of Health Care Transition, developed by Got Transition.\(^2\)

3.1 **Topic/Issue:** Medicaid fee schedule gaps impede the provision of recommended Health Care Transition services and collaboration between pediatric and adult providers for our STAR Kids population. It is important to have a mechanism to allow pediatric and adult providers to bill for collaborative office visits to review and discuss transition of care.

**Background:** The medical complexity of our STAR Kids population necessitates a formal structured transition process from pediatric to adult health care with corresponding payment to recognize the added work and collaboration involved. According to Texas’ 2019 fee schedule, the transition-related CPT codes that are currently covered for all patients include prolonged services with direct patient contact (99354, 99355). For physicians caring for patients under 21, covered


services include care plan oversight services (99339, 99340) and prolonged services before and/or after direct patient contact (99358, 99359). In addition, the current Texas Medicaid fee schedule does not allow a medically complex child to have both pediatric and adult providers for a limited period of time to ensure a smooth and continuous handoff nor does it allow for payment for joint visits with the pediatric and adult provider.

**Recommendations**

i. Recommend recognition of the following transition-related CPT codes in Texas’ Medicaid fee schedule.
   a. Health and behavior risk assessment (96160)
   b. Care plan oversight services for physicians caring for patients ages 21 and older (99339, 99340)
   c. Prolonged services before and/or after direct patient contact for physicians caring for patients ages 21 and older (99358, 99359)
   d. Interprofessional telephone/internet/electronic health record consultations (99446-99449, 99451, 99452)
   e. Care management services (99487, 99489, 99490, 99491)

ii. Allow for two assigned pediatric and adult providers to bill for the same patient to facilitate shared care management and a smooth handoff and also to allow for joint visits, if feasible.

3.2 **Topic/Issue:** Limited time to coordinate services with STAR Plus plans when a non-MDCP, PDN or Prescribed Pediatric Extended Care Center (PPECC) member ages out of STAR KIDS at age 21.

**Background:** Currently, members receiving MDCP, PDN or PPECC services receive STAR Plus Home and Community Based Services enrollment information approximately 6-9 months prior to their 21st birthday while all other STAR Kids members receive their STAR Plus enrollment information packets just 30 days prior to their 21st birthday. Members are given a 14-day window to make an MCO selection and then both the losing STAR Kids MCO and the gaining STAR Plus MCO learn of enrollment selections just days before the transition occurs. This does not allow for adequate collaboration and coordination of services to ensure there are no gaps in care.
**Recommendations:**

i. Update the age out process to allow all members to receive STAR Plus enrollment information packets 6-9 months prior to their 21st birthdays thus extending the window of opportunity for STAR Kids and STAR Plus MCO’s to collaborate and coordinate services to better prevent any gaps in care or services.

ii. The age out preselection of a STAR Plus plan should be transmitted to the receiving STAR Plus plan at the time of enrollment broker receipt. This early selection and notification to the current STAR Kids MCO and receiving STAR Plus plan can be used to allow the STAR Kids and STAR Plus plans to share HIPAA information by supporting coordination of transition of care prior to the STAR Plus effective date. This HIPAA barrier removal would be beneficial to the plans, families and physicians involved in the transition of care and allow more time to process transfer related requests prior to the age out effective date.

3.3 **Topic/Issue:** Limited coordination of services between STAR Kids and STAR Plus plans to ensure member receipt of recommended services for transition planning, transfer or care, and integration into adult care.

**Background:** Currently, STAR Kids contract has a requirement for the role of transition specialists in addition to and separate of the service coordination. The STAR Plus receiving plans do not possess like roles to help support the member/family upon 21st birthday. Further, STAR Kids and STAR Plus plans do not include contract provisions pertaining to defining additional HCT service responsibilities, such as clarifying and informing members about their HCT policy or approach, proactively tracking members ready to transfer to adult care, conducting periodic transition readiness/self-care assessments, ensuring that a medical summary and emergency care plan has been prepared, and tracking that initial and follow-up appointments with the adult providers are scheduled and kept. Research shows that when Youth with Special Health Care Needs do not have access to a planned transition process, they have a higher likelihood of gaps in care, higher ER and hospital use, high levels of worry and stress, and higher rates of morbidity and even mortality.
Recommendations:

i. Add transition specialists to the STAR Plus waivers to coordinate with the STAR Kids transition specialist and support the 21-year-old member up to age 23. The receiving transition specialist for STAR Plus can help the member navigate the changes of adulthood, employment, higher level education supports etc. and be the recipient of the plans of care from the STAR Kids transferring plan.

ii. Add additional HCT contract requirements for both STAR Kids and STAR Plus plans, consistent with the 2018 AAP/AAFP/ACP Clinical Report and the Six Core Elements of HCT.

3.4 Topic/Issue: Improve the healthcare transition of children from childhood to adulthood through the adoption of transition standards and best practices.

Background: Currently, only the STAR Kids contract has a requirement for the role of transition specialists. However, the standardization of Health Care Transition knowledge is not present to offer consistent direction and support to members across both STAR Kids and STAR Plus plans.

Recommendations

i. Adopt and implement the 2018 AAP/AAFP/ACP Clinical Report on transition and Got Transition’s Six Core Elements of HCT as best practices, as summarized in the side-by-side.3 This HCT approach can be customized for use by MCO plans and participating pediatric and adult provider networks. MCOs and provider networks can assess their level of HCT implementation using Got Transition’s easy-to-use, Current Assessment of HCT Activities.

ii. Require training of MCO transition specialists on:
   a. Got Transition’s Six Core Elements
   b. Alternatives to guardianship
   c. Supported decision making
   d. Creative housing options including shared living arrangements and host homes
   e. Supported employment
   f. Utilization of the Navigate Life web reference

3.5 Topic/Issue: Lack of Medicaid adult primary and specialty care providers available to care for complex patients aging out of pediatric care.

Background: The geographic size and rural composition of much of Texas has created barriers for some children transitioning from pediatric to adult physicians. Rural areas often lack physician availability to accept complex medical cases while those who do often have lengthy new patient wait times. These barriers have negatively impacted the member’s ability to receive care timely, make adult provider selections and have a seamless transition to adult services.

Recommendations:

i. Design, pilot, and evaluate innovative value-based transition payment pilots to 1) increase the availability of participating adult physicians in the geographic areas of concern, 2) strengthen the coordination and communication between pediatric-sending and adult-receiving practices, 3) expand the level of HCT support available to medically complex youth and young adults and their caregivers in both pediatric and adult sites, and 4) improve appropriate use of health care among this vulnerable population. Such innovative VBP transition pilots shall consider the payment and quality options in The National Alliance to Advance Adolescent Health’s Recommendations for Value-Based Transition Payment for Pediatric and Adult Health Care Systems: A Leadership Roundtable Report.4

ii. HHSC should require MCOs to regularly survey their adult provider network to assess the availability of open panels for transitioning youth/young adults with medical complexity, intellectual and developmental disability, and serious mental/behavioral health conditions.

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The STAR Kids Advisory Committee recognizes the work that has been done by HHSC and its employees to improve the STAR Kids program including improved communication to families through enhanced MCO member portals; the development of process improvements, policies, handbooks and training for the MCOs; and renovations to the complaint process.

While the recommendations offered in this report are largely recommendations that are focused on improving services and processes for a small subset of children with the most complex medical and behavioral needs, the changes would result in improved quality outcomes for all children served by STAR Kids.

- Access to comprehensive holistic integrated health homes and transition clinics for children with significant medical and behavioral health needs,
- Service coordination through integrated health homes whether delivered by the health home or embedded in the practice,
- Longer authorizations of long-term services and supports for children with chronic conditions that are not subject to frequent changes,
- Payment to providers that allow them to support children with complex needs,
- Improvements to the SK-SAI that will ensure the tool results in referrals and better access to care including access to CFC for children with mental health conditions,
- Strengthened transition processes for children as they enter adulthood.
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<th>Acronym</th>
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<td>Supplemental Security Income</td>
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Appendix A. STAR Kids Advisory Committee Membership

Elizabeth Tucker, (presiding chair), Austin, EveryChild, Inc.
Dr. Rahel Berhane, Austin, Pediatrician with Seton Health Care
Josh Britten, Amarillo, BritKare Home Medical
Rosalba Calleros, Austin, Texas Parent to Parent
Catherine Carlton, Arlington, MHMR of Tarrant County
Tara Hopkins, Austin, DentaQuest
Dr. Glen Medellin, San Antonio, The University of Texas Health Science Center
David Reimer, Dallas, Home Health Care Representative
Blake Smith, Denison, Steps2Strides Therapy Center
Angela Trahan, Houston, United Healthcare Community Plan
Terri Carriker, Austin, Parent Representative
Dr. Kathryn Ostermaier, Houston, Texas Children’s Health Plan
Alice Martinez, San Antonio, Clarity Child and Guidance Center
Shawnett Viani, Denton, Member Representative
Beanca Williams, Houston, Volunteers of America
Dr. Ricardo Mosquera, Houston, University of Texas Health Science Center
Jose Pereida, Robstown, Parent Representative
Appendix B. Minutes from Committee Meetings
Agenda Item 1, 2, and 3: Call to Order, Roll Call, and Welcome and Opening Remarks

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, called the 23rd meeting of the STAR Kids Managed Care Advisory Committee to order at 9:31 a.m. Ms. Tucker, Chair notified committee members that agenda item #5 would be tabled until the next meeting and that other agenda items would be switched around to accommodate with availability of presenters. Mr. John Chacón announced prior to each agenda topic the corresponding agenda item number to the posted meeting agenda. Mr. John Chacon, HHSC Stakeholder Relations Office conducted member roll call and announced the presence of a quorum and meeting logistics. Ms. Tucker, Chair, welcomed committee members and provided opening remarks. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the January 16, 2019 meeting

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No: Indicates did not attend the meeting

Agenda Item 4: Adoption of September 6, 2018 meeting minutes

Ms. Elizabeth Tucker, Chair referenced the draft of the September 6, 2018, meeting minutes and asked members if there were any changes. Asked for a motion.

Motion:

Dr. Rahel Berhane made a motion to approve the September 6, 2018, minutes as presented. Mr. David Reimer seconded the motion. The motion passed via unanimous voice vote with ten yea’s, no nay’s, and no abstentions.
Agenda Item 5: Health and Human Services Commission (HHSC) - Compounding drugs
Tabled until next meeting.

Agenda Item 6: HHSC - Health Insurance Premium Payment program and cost effectiveness
Ms. Stephanie Stephens, Deputy State Medicaid Director provided an update on HHSC’s - Health Insurance Premium Payment program and cost effectiveness. Highlights of update and committee member discussion are as follows:

- Ms. Stephanie Stephens stated that as HHSC moved from fee for service to managed care, there have been changes proposed where people in managed care can participate in HIPP and many are in STAR Kids. The two issues are:
  - Participants may participate in managed care now
  - HIPP must be cost effective for the state.
- Ms. Stephens stated that at this point the changes have not been implemented. HHSC has been looking at options for the state and what other states are doing. The assessment is currently ongoing and HHSC wants to be sure they are comparing appropriate costs for cost effectiveness.
- Ms. Diane Kearns inquired of the timeframe for implementation. Ms. Stephanie Stephens stated that they have been working on it for a while but no deadline exists at this time. She stated an update can be provided at the next meeting. She added there will be formal and informal processes for input. Stakeholders will be notified in advance.
- Elizabeth Tucker, Chair, inquired if other states have HIPP in a managed care environment or have carved out services from managed care for HIPP eligible families. Ms. Stephens stated that they have found information from 21 states on cost effectiveness. Most are comparing the managed care premium to the cost of HIPP. Projections and actual costs are compared.
- Mr. David Reimer inquired if the premium is paid by the state for Medicaid and for HIPP, and Ms. Stephens answered in the affirmative.
- Ms. Tucker, Chair, inquired if there are any states doing a hybrid. Ms. Stephens clarified her statement regarding other states paying the managed care premium, adding that the state may not be paying the full managed care premium. You can have the same premium but look at how the HIPP participants impact the costs over time. Forty percent of the Children are in STAR Kids. Ms. Tucker inquired how many that is and Ms. Stephens stated that there are about a total of 9,500 Medicaid members but because additional family members are covered, then the impact is much greater than for those families. The Chair inquired how many are MDCP eligible. Ms. Stephens stated that the numbers are small but there are MDCP eligible children enrolled.
Agenda Item 8: HHSC - STAR Kids Screening and Assessment Instrument (SK-SAI) Optimization Staff Workgroup

Ms. Phyllis Matthews, HHSC STAR Kids Specialist, provided an update on the STAR Kids Screening and Assessment Instrument (SK-SAI) Optimization Staff Workgroup. Highlights of update and committee member discussion are as follows:

- Ms. Phyllis Matthews, HHSC STAR Kids Specialist, stated that HHSC has listened to feedback and recommendations from this committee, the health plans and other stakeholders, which is integral to the optimization process. She stated that the SK-SAI is a valid and reliable scientific instrument; however, it can and will be improved.

- Ms. Matthews stated the goal is to optimize the SK-SAI by developing version 3.0, including revised skip patterns, triggers, and question wording, using existing version 2.06 as the foundation. As a result of the feedback provided by this group, Texas A&M University, the health plans and other stakeholders, HHSC clinical and policy staff goals are to:
  - Improve data integrity and reporting
  - Reduce assessment burden on MCOs and families
  - Produce a more actionable assessment
  - Reduce potential for assessor error

- The Optimization workgroup was formed in June of 2018. Membership from across the agency participate in the group. They solicited feedback on the item by item questions. The initial project plan was reviewed by this group. On September 6, an update on the SAI was provided. The project plan was updated and a review of the medical necessity items was provided. A clinical subgroup was established. The workgroup decided that a separate CFC module would be created. The item by item review is continuing. Age stratification and flow logic will also be reviewed. A quick turnaround by this group on feedback on the items is requested. A draft of a change order will move the process forward for the contractor. The workgroup will continue to meet to update the manual.

- Dr. Berhane inquired if version 3.0 will also include a streamlined CFC portion and if the assessment will be available for children not in STAR Kids. Ms. Mathews stated that the CFC elements in the assessment instrument were developed closely with the CFC elements on the fee for service side. The purpose of removing them from the core is to reduce the assessment burden. Dr. Berhane asked if the direction is to develop a separate CFC tool. Dr. Lisa Glenn stated that moving the CFC items are similar to the modular approach in other areas. The assessment is still one assessment but with different modules. The module will determine the need for CFC but the qualifications (eligibility) will still be determined through the same institutional level of care. There is need and there is also eligibility.

- Ms. Elizabeth Tucker, Chair stated that when STAR Kids rolled out in November of 2016, one of the desired benefits of using a uniform assessment tool for all children was better outreach to children and the identification of services children might benefit from. We are seeing however, a reduction in children receiving services such as CFC, PCS, PDN and therapy and that is troubling. Ms. Tucker, Chair, expressed concern about dividing up the assessment too much and missing an opportunity to assess children for CFC and PCS if a trigger does not work. She stated that the internal workgroup is good but true input would involve other stakeholders including people who are not on the STAR Kids Advisory Committee; especially before it is finalized.
• Ms. Tucker, Chair, stated she is not sure how it is communicated to parents that they have to call their LIDDA or LMHA if they want their child with IDD of a mental health condition to be assessed for CFC. There has to be true service coordination.

• Dr. Berhane stated this is a move in the right direction, putting more focus on CFC. She stated if it is possible, when there is a certain score, there should be an automatic trigger proposing CFC.


• Mr. Blake Smith asked what the remedy is for rural county compliance. Mr. Andy Vasquez stated that there are graduated remedies where MCOs submit an action plan. If there are multiple occurrences, then liquidated damages may be sought.

• Ms. Diane Kearns inquired how the distance and time for access requirements were determined. (In the metropolitan areas it is 30 miles or 45 travel minutes). Mr. Vasquez stated that SB 760 was the driver but he did not know exactly what the process was. He stated he would get that information for the committee. Ms. Kerns stated that the majority of the families would not agree with the mileage standards.

• Elizabeth Tucker, Chair, stated that for STAR Kids, HHSC made the mileage and time standards a little more stringent than other programs.

• Ms. Tara Hopkins inquired if the data included open and closed panels. HHSC stated they would check on that and get a response to the committee.

• Ms. Hopkins inquired about the 53 terminations. Mr. Vasquez stated that the number represents individual providers.

• Elizabeth Tucker, Chair stated that subspecialists become an issue. She added that just because there is another provider available does not mean the subspecialty is included.

• Mr. Smith asked how waitlist is defined. He asked if length of time is included and what that standard would be. Mr. Matthew Ferrara stated that the information can look a little murky and the time frame definition was left to the provider.

• A question was asked by a committee member about the timeline for network adequacy problems. Mr. Vasquez stated that the timeline for remedy begins immediately. A comment was made that the time frames are delayed because of reporting. Providers have stated that their therapy hours have all gone down. Mr. Vasquez stated that the lag in data is an issue but there are also immediate data that is available. MCO specific data is taken into account and not just the overall data that is presented here.

• Ms. Kearns stated that there are children who are not being counted in the wait list numbers because they have a service but not all the services they need. Sometimes a child is waiting for a specialty service but since they are getting some service, their wait time is not included. Mr. Vasquez stated when they request waitlist information,
they receive the data from providers. If they put those children on their report for waiting for service, then they would be counted. He stated these complications all have impact on what HHSC or the MCOs are supposed to do with the wait list information.

- HHSC stated that the time and distance standards are based on open panel and they use the definitions developed by CMS.
- Mr. Reimer asked if HHSC has looked globally at the numbers and what the expectation would be from the research regarding the number of Medicaid enrollees who would need therapy services within a given month. Mr. Vasquez stated he has not seen an expected number. The panel member stated that three percent of the total population was the number he found.
- Mr. Reimer inquired when they can see the effect of the therapy assistant reductions. HHSC stated it would be in the September data.

Agenda Item 10 and 11: Subcommittee updates and Finalization of STAR Kids Managed Care Advisory Committee report to HHSC Executive Commissioner

Ms. Elizabeth Tucker, Chair stated that they would combine these two agenda items so the subcommittee chairs would be able to present and answer questions from the information and recommendations that were included in the report. Handout entitled “STAR Kids Advisory Committee Report to the Health and Human Services Commission - DRAFT” was referenced. Highlights of the review and member discussion included:

a. Health homes and outcome measures - Subcommittee one

- Comments on Subcommittee one recommendations:
  - Children have different levels of complexity and blending outcomes is not beneficial.
  - MCOs and providers need flexibility to streamline processes.
  - There are redundancies that could be addressed.
  - There is a limited pool of a qualified workforce and innovative methods should be explored.
  - Determining appropriate outcome measures is important.

b. STAR Kids Screening and Assessment Instrument and medical necessity and Intellectual and Disability carve-in - Subcommittee two

- Comments on Subcommittee two recommendations.
  - The tool has to be person centered and actionable.
  - We should return to using the Medical Necessity Level of Care for MDCP eligibility assessment.
  - Addressing the gaps in authorization is important.
  - MCOs are making recommendations contrary to the referring physician related to therapies.

c. Transition from children’s services to adult services - Subcommittee three

- Comments on Subcommittee three recommendations.
  - More than one visit should be allowed for parents to find a pediatric physician that will work for them.
  - Limited time after the receipt of enrollment packet has been a problem.
• Limited coordination of services for transition is a problem. A transition specialist should be available in STAR+PLUS plans.

Ms. Elizabeth Tucker requested a motion to approve the STAR Kids Advisory Committee Report to the Health and Human Services Commission.

Motion:
Ms. Catherine Carlton made a motion to approve the STAR Kids Advisory Committee Report to the Health and Human Services Commission with wordsmithing and to authorize Ms. Elizabeth Tucker, Chair, to make final edits and circulate to committee members prior to submission. Ms. Rosalba Calleros seconded the motion. The motion passed via unanimous voice vote with ten yea’s, no nay’s, and no abstentions.

Agenda item 9: Committee-requested HHSC data
Ms. Sylvia Salvato, HHSC, Lisa Kalakanis, HHSC, and Blake West, HHSC provided an overview on HHSC’s Committee-requested data and referred to handouts entitled “SKAC 20190116 20181231_Individuals with MDCP SK-SAI by Status INITIAL, SKAC 20190116 20181231_Individuals with MDCP SK-SAI by Status REASSESSMENTS, SKAC 20190116 Jan 2019 SK AC Mtg. Data final, and SKAC 20190116 Jan 2019 SK AC Mtg. Data Notes final”. Highlights of the overview and member discussion included:

• Elizabeth Tucker, Chair, inquired about initial assessments (people coming off the interest list). There is an MDCP waiver in STAR Kids. She asked if there is a thought that more people on the interest list would be receiving services and HHSC stated they would research an answer for the committee.

• A question was asked by a committee member if there is there a cap on number of children who can be served in a waiver under MDCP at any given time. Ms. Tucker, Chair, stated that the number of children is determined by the available appropriation. HHSC staff stated that he believed that when MDCP moved to the managed care process, it stepped out from the appropriation process. HHSC stated they would provide a more definitive answer.

• Dr. Berhane asked how many are on the waiting list.

• It was clarified that the data represents Personal Care Services (PCS) and CFC. Ms. Tucker, Chair, stated that she was concerned that while there are requirements for outreach and a uniform SK-SAI, PCS and CFC utilization has actually decreased.

Agenda item 12: HHSC- STAR Kids pay for quality measures
Ms. Denbigh Shelton, HHSC, provided an update on HHSC’s STAR Kids pay for quality measures and referenced PowerPoint entitled “SKAC 2020 Pay for Quality Measures”. Highlights of the update and member discussion included:

• Ms. Denbigh Shelton, HHSC, asked for the committee’s feedback and additional comments regarding the proposed STAR Kids measures for 2020 by Thursday, January 31, 2019.

• Mr. Reimer stated that there is a lot of focus on the triggers in the SK-SAI and there may be an opportunity to incorporate this information into the performance benchmarks. We could reward MCOs for doing this heavy lift. Ms. Shelton stated that HHSC has been looking at how to incorporate measures and elements of the SK-SAI that could demonstrate performance.
**Agenda Item 13: Public Comment**

Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

**Gabriel Dinn, Kids Developmental Therapy,** contributed to in the first quarterly Therapy Access Monitoring Report by sharing data as a provider. The report only identifies 4 out of 19 therapy providers that participated and those participating were only a small percentage of all the providers. Each MCO had a different way/process to report the data. This report, unfortunately, is incomplete because it does not identify the needs of the state at large. He stated that he hopes that HHSC will identify the flaws in the data and the report. There are 39 unique members on the wait lists.

**Crystal Brown, representing herself as a parent,** stated that PCP pays for their primary insurance. Who pays for what is the game they have to play. They do not know if they will qualify now for HIPP. She described the issues her son is dealing with and the costs. There are pediatric therapy providers who no longer maintain wait lists because it reflects badly on the company. It is up in the air "who takes your kid and who doesn’t take your kid.” The SK-SAI should be the tool for everybody. The STAR Kids Stakeholder Workgroup meetings are no longer workgroups but forums for HHSC presentations. We have to focus on the medical home again. Keeping children out of the hospital does not mean they are stable.

**Hannah Mehta, representing herself as a parent,** stated that the Quarterly Therapy Access Monitoring data is almost a year behind. She asked what the plan is to address the issues in the report especially since it is a year behind. Does HHSC have a plan to address the downward trend in utilization? She had a question on how the children in the report were identified. A lot of therapy programs are under pressure to reduce their utilization. Parents are told that their children have to take a break from therapy so they can show regression. Regarding the MDCP denial information, she questions the numbers which show a 7 percent denial rate which demonstrates a doubling of historic denial rates. This continues to be outside the norm. She requested a copy of the presentation that was given. She asked if HHSC has information from national studies that have been ongoing since Texas is the only state that experimented with these children. She asked about the cohort that was used and how they were selected.

Ms. Tucker, Chair stated that the MDCP data report includes all children in STAR Kids that had a billable service. Ms. Maita stated that somewhere there is a big discrepancy in the data.

**Agenda Item 14: Adjourn**

Ms. Tucker stated that the next meeting is scheduled for Wednesday, April 17, 2019. There being no further business, the meeting was adjourned by Ms. Tucker at 1:25 pm.

Below is the link to the archived video of the January 16, 2019 STAR Kids AC meeting to view and listen to the entirety of the meeting and public comment provided.

[https://texashhsc.swagit.com/play/01162019-1563](https://texashhsc.swagit.com/play/01162019-1563)
Agenda Item 1, 2, and 3: Call to Order, Roll Call, and Welcome and Opening Remarks

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, called the 24th meeting of the STAR Kids Managed Care Advisory Committee to order at 9:34 a.m. Mr. John Chacon, HHSC Stakeholder Relations Office, conducted member roll call and announced the presence of a quorum and meeting logistics. Ms. Tucker, Chair, welcomed committee members and provided opening remarks. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the April 17, 2019 meeting

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Yes: Indicates attended the meeting  No: Indicates did not attend the meeting

Agenda Item 4: Adoption of January 16, 2019 meeting minutes

Ms. Elizabeth Tucker, Chair referenced the draft of the January 16, 2019, meeting minutes and asked members if there were any changes. Asked for a motion.

Motion:

Dr. Glen Medellin made a motion to approve the January 16, 2019, minutes as presented. Mr. Blake Smith seconded the motion. The motion passed via unanimous voice vote and roll call vote for members on the phone with ten yea’s, no nay’s, and no abstentions.
Agenda Item 5: Health and Human Services Commission (HHSC) – Introduction of new HHSC leadership
Dr. Ryan Van Ramshorst, Chief Medical Director, and Dee Budgewater, HHSC Deputy Associate Commissioner, introduced themselves and new HHSC leadership to STAR Kids AC members.

Agenda Item 9: Subcommittee updates
Chairpersons, Ms. Catherine Carlton, Dr. Rahel Berhane, and Ms. Angela Trahan provided subcommittee updates on SK-SAI, Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in, Health Homes and defining value for the STAR Kids population, and the Transition from Children's Services to Adult Services including Primary Care Physician and specialist network respectively.
- Committee members provided comments. Action items and agenda topics are noted on agenda item 11 regarding subcommittee meetings needing to be scheduled for summer to go over report to Executive Commissioner and each subcommittee wanting a response on their respective recommendation.
- Highlights of the update and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

Agenda Item 6: Texas Association of Health Plans and Texas Medical Association panel presentation – Improvements to prior authorizations, coordination of benefits, and care coordination
Ms. Tania Colon, Texas Association of Health Plans and and Helen Kent Davis, Texas Medical Association, provided a presentation on Improvements to Prior Authorizations, Coordination of Benefits and Care Coordination.
- Highlights of presentation and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

Agenda Item 7: Committee-requested HHSC data
Mr. Blake West, HHSC, and Lisa Kalakanis, HHSC, provided an overview on HHSC’s - Committee- requested data and referred to handouts entitled “SKAC 20190417 20190331_Individuals with MDCP SK-SAI by Status INITIAL, SKAC 20190417 20190331_Individuals with MDCP SK-SAI by Status REASSESSMENTS, SKAC 20190417 Texas Medicaid personal care services & provide duty nursing data, and SKAC 20190417 Summary SK 201611-201805 Notes”.
- Committee members provided comments. Action items and agenda topic are noted on agenda item 11 regarding committee requested data on MDCP and PDN/PCS and HHSC update – to include an update on what HHSC is doing to track denials and what is happening to those children.
- Highlights of the overview and member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

Committee members provided comments. Agenda topics are noted on agenda item 11 regarding committee requesting a discussion of Legislative Budget Board (LBB) report with initial HHSC feedback and update on Quarterly Monitoring Report.

Highlights of the update and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

**Agenda Item 10: Public Comment**
Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

**Crystal Brown, representing herself as a parent,** addressed the topics regarding Logisticare, MDCP, Waiver Programs, and Davis vs Franks legislative bills.

**Hannah Mehta, representing herself as a parent,** addressed the topic of the STAR Kids Managed Care program as it relates to Medically Dependent Children. She asked again if HHSC has information from national studies that have been ongoing since Texas is the only state that experimented with these children. She asked about the cohort that was used and how they were selected.

**Agenda Item 11: Action and agenda items for next meeting**
The following are the action items and committee recommendations that were noted during the meeting:

**Action Items:**

- STAR Kids AC members asked what is HHSC doing to track MDCP denials and what is happening to those children. Requested data regarding tracking denials and status of those children for next meeting.
- STAR Kids AC members stated that subcommittee meetings need to be scheduled this summer to go over report to Executive Commissioner-each subcommittee wants a response on their recommendation.
- STAR Kids AC members asked what things does HHSC need the advisory committee to assist with.
- STAR Kids AC Chair, Elizabeth Tucker, asked how many new advisory committee members have been proposed and when will they be selected.
- STAR Kids AC member asked a question regarding contract status and when will the next Request For Proposal (RFP) occur.
- HHSC will create dedicated mail box for STAR Kids.

**Agenda Topics:**

- Pay for quality.
- Discussion of Legislative Budget Board (LBB) report with initial HHSC feedback
- Health Insurance Premium Payment (HIPP) Program update.
- Committee requested data on MDCP and PDN/PCS.
- HHSC update – to include update on what HHSC is doing track MDCP denials and what is happening to those children.
- Quarterly Therapy Monitoring Report.
- STAR Kids Screening and Assessment Instrument (SK-SAI) Optimization Staff Workgroup Update.
- CoIIN)/Health Home update.
- Subcommittee updates.
• Transfer of high needs kids to other plans.
• Durable Medical Equipment (DME) update.

**Agenda Item 12: Adjourn**
Ms. Tucker stated that the next meeting is scheduled for Wednesday, August 14, 2019. There being no further business, the meeting was adjourned by Ms. Tucker at 1:03 pm.

Below is the link to the archived video of the April 17, 2019 STAR Kids AC meeting to view and listen to the entirety of the meeting and public comment provided.

[https://texashhsc.swagit.com/play/04172019-1481](https://texashhsc.swagit.com/play/04172019-1481)
STAR Kids Managed Care Advisory Committee
APPROVED Meeting #25 • Meeting Minutes
Wednesday, August 14, 2019
9:37 a.m. – 1:44 p.m.

Health and Human Services Commission
Brown-Heatly Building ~ Public Hearing Room
4900 North Lamar Blvd.
Austin, Texas 78751

Agenda Item 1 and 2: Call to Order, Roll Call, and Welcome and Opening Remarks

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, called the 25th meeting of the STAR Kids Managed Care Advisory Committee to order at 9:37 a.m. Ms. Tucker announced that agenda item #7 regarding STAR Kids pay-for-quality measures would be tables and would be presented at the December 11, 2019 meeting. Mr. John Chacon, HHSC Stakeholder Relations Office, conducted member roll call and announced the presence of a quorum and meeting logistics. Ms. Tucker, Chair, welcomed committee members and provided opening remarks. Ms. Tucker, Chair, introduced new members and asked new members to provide a brief bio of themselves and interest on serving in the STAR Kids advisory committee. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the August 14, 2019 meeting

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Agenda Item 3: Adoption of April 17, 2019 meeting minutes

Ms. Elizabeth Tucker, Chair referenced the draft of the April 17, 2019, meeting minutes and asked members if there were any changes. Asked for a motion.

Motion:

Mr. Blake Smith made a motion to approve the April 17, 2019, minutes as presented. Ms. Diane Kearns seconded the motion. The motion passed via unanimous voice vote and roll call vote for members on the phone with ten yeas’, no nay’s, and no abstentions.
**Agenda Item 4: Health and Human Services Commission (HHSC) updates**

Ms. Stephanie Stephens, HHSC, Deputy State Medicaid Director, provided an update on the Legislative Budget Board (LBB) Report and referenced handout entitled “Response to LBB STAR Kids AC Recommendations”. Ms. Michelle Erwin, HHSC, provided updates on the responses to committee recommendations and a Legislative update and referenced handouts/PowerPoints entitled “SKAC Recommendations Response Chart, and 86th Legislative Session Overview”. Ms. Sylvia Salvato, HHSC, provided an update on the STAR Kids Screening and Assessment (SK-SAI) Optimization Recommendations and referenced handout entitled “SKSAI Executive Summary”. Ms. Meghan Young, HHSC, provided an update on the 2019-2020, S.317, 116th Congress – Advancing Care for Exceptional(ACE) Kids Act of 2019 and referenced PowerPoint entitled “ACE Kids Act”. Highlights of updates and member discussion include:

- **Regarding the LBB Report**, Ms. Stephanie Stephens stated that the options aligned with agency initiatives that were already underway.
- Question was asked by a committee member if sole procurement for STAR Kids would be comparable to STAR Health and HHSC stated that they will be conducting a request for information (RFI) and that there must be a choice of plans but there could be a couple of plans providing services on a statewide basis.
- Ms. Elizabeth Tucker, Chair stated that there is a capitation rate for MDCP and there is an age banded capitation rate for children not in MDCP. She asked if HHSC has thought about putting the children needing private duty nursing (PDN) into the same higher capitation as MDCP as they are the higher utilizers.
- Ms. Rachel Butler, HHSC, Director of Actuarial Analysis, stated that for fiscal year 2020 PDN is going to be addressed. She stated that PDN presents a unique challenge for actuaries because there are so few children using it and HHSC will be studying this.
- Ms. Tucker, Chair, stated that in looking at LTSS there could be an incentive to controlling costs thus denying services. Ms. Butler stated that there are weights associated with each diagnosis code and it is included in the model.
- A comment was made by a committee member regarding the MDCP waiting list and consumers who are MDCP and because they are on the waiting list they are on level two service coordination when they need to be in level one service coordination. Committee member stated that there is a mismatch on the needs of the patient and the rates applied. Ms. Butler stated that all the costs contribute to the average cost and there are members who are higher and lower than average costs. Ms. Michelle Erwin, HHSC, stated that actuaries are not looking at service coordination levels and it is based on the costs, diagnoses, etc., and that rates are set regionally.
- Ms. Tucker, Chair, stated that there is still a need to address the higher costs of PDN and medically complex children. Ms. Butler stated that they do make a rate adjustment.
- Ms. Tucker, Chair, inquired about providing feedback/input for the RFI. HHSC stated they will take that back and see what they can do.
- Question was asked by a committee member if HHSC has looked into the number of pediatric providers that have exited the business model. Ms. Stephens stated that there is data they review (quarterly therapy review, etc.). She stated that there has not been a specific study. Ms. Tucker, Chair, stated that this could be a great opportunity to review the data.
- Ms. Tucker, Chair, inquired about the targeted review conducted by HHSC utilization review staff and HHSC stated they are in the process of finalizing this. Ms. Tucker, Chair, stated that this should be included in the December meeting.
- **Regarding the responses to committee recommendations**, Ms. Michelle Erwin, HHSC, stated that HHSC staff will be available to discuss with the subcommittees the status of recommendations.
- Ms. Tucker, Chair, stated that it makes sense to have HHSC staff attend the subcommittee meetings to have a discussion on the different recommendations.
- **Regarding the Legislative update**, a question was asked by a committee member if HHSC monitors all the MCO’s prior authorization (PA) processes. Ms. Stephanie Stephens, HHSC, stated that there is legislative direction to the MCOs about PAs and there are requirements from the legislature requiring MCOs to post the PAs and to make the information publicly available. In addition, the utilization review team also looks at the timeliness of the PA and medical necessity requirements. HHSC stated that MCOs are limited on what they can do with PAs for drugs.
- Ms. Michelle Erwin, HHSC, clarified that most of the MDCP services are already offered through the Consumer Directed Services (CDS) option and they will be working to add the other three services.
- Ms. Tucker, Chair, commented on alternative service delivery under MDCP and under HB4533. HHSC stated that it requires HHSC look at alternative models.
- Mr. David Reimer commented on the rates for Private Duty Nursing and requested an update.
- **Regarding the STAR Kids Screening and Assessment (SK-SAI) Optimization Recommendations**, Ms. Sylvia Salvato, HHSC, stated that as work continues on the tool, the items below have been identified as necessary next steps.
  - Engage with STAR Kids Subcommittee for review and feedback on changes by September 13, 2019.
  - Address specific items regarding the SK-SAI included in SB 1207. While work that has been accomplished is in line with SB 1207, additional items contained in the bill will be addressed with collaboration with the advisory committee as part of this initiative going forward.
- Ms. Tucker, Chair, stated that subcommittees are working on comments, but are going to have a hard time meeting the September 13th deadline and hoped that the committee would be able to provide additional feedback and suggestions once HHSC has had an opportunity to review their input.
- Ms. Erwin stated that it has taken a long time to get to this point. She stated that HHSC would also like system and process suggestions as well. She stated that the annual updates are made to the federal assessment form and that might be the case with this assessment.
- **Regarding 2019-2020, S.317, 116th Congress – Advancing Care for Exceptional (ACE) Kids Act**, Ms. Meghan Young stated that HHSC is looking at managed care interaction with the Act to ensure nonduplication with managed care. She also stated that there was $5 million in planning grants available. Ms. Tucker, Chair, stated that she hopes HHSC will pursue a planning grant.
- Additional highlights of the updates and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

**Agenda Item 5: STAR Kids Utilization Data**  
Mr. Blake West, HHSC, and Ms. Lisa Kalakanis, HHSC, provided an overview on MDCP SK-SAI data, MDCP MN denials and subsequent programs data, and August 2019 SK AC PCS & PDN data and referenced handouts entitled “Summary of STAR Kids data, Individuals with MDCP SK-SAI by status, and August 2019 STAR Kids PCS & PDN data”. Highlights of overview and member discussion include:
• HHSC stated that the data presented seems to have stabilized. Ms. Erwin stated they are close to getting the data exactly like the committee requested and that will be sent out in a couple of weeks.
• Ms. Diane Kearns inquired about the data from the past and future. HHSC stated that they are looking at data after they were denied from MDCP and determining where they went. Ms. Kearns stated that the more data we can get on why they were denied, that would be important. Ms. Tucker, Chair, stated that it was likely related to medical necessity.
• Ms. Erwin stated that she is concerned about being able to pull off the reason why from a data pool, but HHSC will try.
• Additional highlights of the update and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

**Agenda Item 10: Collaborative Improvement & Innovation Networks project**
Dr. Adam Rosenbloom provided an update on the Collaborative Improvement & Innovation Networks project and referenced a handout entitled “Texas CoIIN”. Highlights of update and member discussion include:

• Dr. Rosenbloom stated that the Texas CoIIN is a quality improvement partnership between the Children’s Comprehensive Care Clinic, a primary care medical home for children with medical complexity, Dell Medical School, Texas Parent to Parent, Health and Human Services, Title V, and Medicaid Managed care organizations Blue Cross Blue Shield and Superior. He stated that a committed core team of stakeholders meet once a month to discuss progress.
• Dr. Rosenbloom stated that Medical Homes will be the drivers for quality of care and that the medical homes will guide pediatricians to know how they can effectively care for these children.
• Additional highlights of the update and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

**Agenda Item 6: Quarterly Therapy Access Monitoring Report**
Mr. Jimmy Blanton, HHSC, and Ms. Judy Temple, HHSC, provided an update on the Quarterly Therapy Access Monitoring Report and referenced a handout entitled “3rd Quarterly Therapy Access Monitoring Report”. Highlights of update and member discussion include:

• Mr. Jimmy Blanton, HHSC, stated that as reported since the first Rider 57 report, from June 2017 to September 2017, STAR Kids showed a decline in utilization for all three therapy types. In the past 12 months, the STAR Kids utilization rates have stabilized. He stated that the rider would provide for greater quality control on the data at HHSC.
• Mr. David Reimer asked if there was published guidance on reporting. Mr. Blanton stated that there was guidance sent out to providers and MCOs and that it is a new tool, so notification and guidance is important.
• Mr. Josh Britten stated that it should go beyond enrollment, and who can effectively serve the child. He stated that often providers overstate their preparedness, especially regarding DME. Mr. Blanton stated that he is not saying there is not an access to care issue and there may be pockets where there is.
• Ms. Diane Kearns asked if the access to care data is broken out by region. Mr. Blanton stated that the rider will require reporting by SDA. Reporting will align with the new rider.
• Ms. Judy Temple, HHSC, stated that the data from this report comes from the MCOs and presented on the encounter data. She stated that the data had not changed a lot since the last SKMCAC meeting.
• Question was asked by a committee member regarding when guidance will be provided on the coding requirements and HHSC responded that they will get the information for the committee.

• Ms. Kearns stated that her son is not getting all the services he needs, and she felt that her experience is not reflected in the data. Her son should be getting more hours per week than he is getting because of access. There is a difference between what the doctors are recommending and what is being provided. HHSC stated that this is something that they are collecting now, and it will be in the next report.

• Question was asked regarding why the report doesn’t include Comprehensive Outpatient Rehabilitation Facility (CORFS) and Outpatient Rehabilitation Facility ORFS and HHSC responded that they will be included next time.

• Additional highlights of the update and committee member discussion can be viewed and heard in the link provided at the end of the meeting minutes.

**Agenda Item 11: Public Comment Part I**
Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

**Susan Murphree, Disability Rights Texas** stated that they have questions related to the assessment and how to best use the information and how that flows into the service plan. She stated that there are forms that go along with calculating that and there are concerns about the look back period on some of the questions on the form. She stated that there may be some services that are seasonal and may not be occurring at the time of the assessment.

**Agenda Item 7: STAR Kids pay-for-quality measures**
Ms. Elizabeth Tucker, Chair, announced during agenda item #1 that this agenda item would be tabled and would be presented at the December 11, 2019 meeting.

**Agenda Item 8: Subcommittee updates**
Ms. Catherine Carlton and Ms. Angela Trahan provided subcommittee updates on SK-SAI, Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in and the Transition from Children’s Services to Adult Services including Primary Care Physician and specialist network respectively.

• Health homes and outcome measures-no report was provided.

• SK-SAI Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in—Ms. Catherine Carlton stated that the subcommittee will be looking at the changes to the assessment and will be reporting back to the full committee.

• Transition from children's services to adult services—Ms. Angela Trahan stated that the subcommittee has the responses from the legislative session and will review them. Ms. Tucker, Chair, suggested expanding the scope of the committee to look at third party insurance.

**Agenda Item 9: Upcoming STAR Kids Advisory Committee Annual Report**
Ms. Elizabeth Tucker, Chair, provided an overview and next steps for the upcoming STAR Kids Advisory Committee Annual Report. Ms. Elizabeth Tucker, Chair, introduced Executive Commissioner Dr. Courtney Phillips who provided remarks on the work of the STAR Kids Managed Care Advisory Committee. Highlights of overview and remarks include:
• **Dr. Courtney Phillips, Executive Commissioner** thanked the committee for the work they do. She stated that they value the ongoing feedback from this committee. She stated that there is indeed work to do. Members introduced themselves and gave their background. The Executive Commissioner entertained questions and comments from members.

• Comment was made by a committee member that there was a robust discussion in the past session and asked how HHSC will be moving forward with the mandates and that the committee is interested in the business plan.

• EC Phillips stated that the business plan has been formed by looking at what is happening across the state of Texas. She stated that the fundamental operation processes must be tightened up. The culture here at HHS is a challenge. The turnover rate is an issue and staff are constantly changing. You will not see a lot of change in the first year because it will be process focused.

• Question was asked by a committee member regarding how rate increases and wait list adjustments will be interpreted as directed by the legislature. EC Phillips stated that she would like to interact with and understand how trade associations get information. Ms. Tucker, Chair, stated that she would like to get back to the time when stakeholders were at the table in the development of rules and rates as opposed to solely reacting after they were developed.

• **Regarding the upcoming STAR Kids Advisory Committee Annual Report**, Ms. Tucker, Chair, stated that the report is due in December 31st and the committee will have to hone in on priorities. There will be recommendations going back and forth by email via blind carbon copy (Bcc) and talking with stakeholders. She stated that there is an opportunity, through subcommittees, to engage with the State Medicaid Managed Care Advisory Committee.

**Agenda Item 11: Public Comment Part II**

Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

**Eric Stratton, RN** and member of the public (STAR Kids father) described the condition his daughter has. He stated that they have been able to visit a genetictist through STAR Kids. He shared his family’s experience. He stated his support for the assessment changes being considered. He stated that there was a problem on the application side of things that delayed the services his child received post assessment. He stated they use the CDS option and discussed that the paperwork requirements are onerous.

**Dana Danaher, Children’s Hospital Association of Texas (CHAT)** stated their support for the ACE Kids Act. She stated that ACE Kids allows children’s hospitals to expand the quality services they provide. There is a financial incentive to get it started but there is also a need to build in sustainability. They have contributed to DSRIP transition. They have a lot to offer and want to be solution focused.

**Hannah Mehta, Protect Texas Fragile Kids** asked if this committee had looked at the capitated rates and what was present in fee for service. She stated that the rates had been cut significantly. She stated that she had been engaged in the SKSAI review of recommended changes just last week and supports the changes that are being made. She commented on the need for health homes but issued a warning about MCOs denying or approving services and acting as the gate keeper for services through the coordinator. She stated that the MCO denial rate data should be reported in the same way each meeting. The rate is higher than traditional norms. She stated that many contracts are being terminated with MCOs in the Dallas/Ft. Worth (DFW) area. She stated that there is a delay in approval and families are seeing abrupt denials of their Medicaid benefits at a time when
they are not being reassessed or renewed. They are told that it pertains to financial matters and medical necessity.

**Agenda Item 12: Review of action and agenda items for December 11, 2019, meeting**
The following are the action items and committee recommendations that were noted during the meeting:

**Action Items:**

- Data request regarding number of pediatric therapy and DME providers that have gone out of business since the MCO model has been implemented – data to be sent via email if available
- SMMCAC subcommittee info to committee chair– emailed 9/16/19
- Current roster to be sent to committee members

**Agenda Topics:**

- Capitation Rates – how is the capitation rate determined; are children with higher needs being identified and are MCO’s being paid appropriately
- Implementation of budget rider and rates
- SK SAI Optimization
- Annual Report
- Targeted STAR Kids reviews
- Medicaid financial eligibility – process for families to take when they get a notice of denied eligibility
- IBI/Rider 32
- EVV implementation and requirements
- Pay for Quality Measures
- Quarterly Monitoring Report – request for info on correct coding of home health services; number of visits per month for next report, what doctors are requesting vs what kids are getting (from prior authorization data
- Service Coordination Module
- External Medical Review
- Prior authorization including DME
- Assignment of new members to subcommittees

**Agenda Item 13: Adjourn**
Ms. Tucker stated that the next meeting is scheduled for Wednesday, December 11, 2019. There being no further business, the meeting was adjourned by Ms. Tucker at 1:44 pm.

Below is the link to the archived video of the August 14, 2019 STAR Kids AC meeting to view and listen to the entirety of the meeting and public comment provided.

[STAR Kids Managed Care Advisory Committee]
STAR Kids Managed Care Advisory Committee
APPROVED Meeting #26 • Meeting Minutes
Wednesday, December 11, 2019
9:30 a.m. – 1:09 p.m.

Health and Human Services Commission
Brown-Heatly Building ~ Public Hearing Room
4900 North Lamar Blvd.
Austin, Texas 78751

Agenda Item 1 and 2: Call to Order, Roll Call, and Welcome and Opening Remarks

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, called the 26th meeting of the STAR Kids Managed Care Advisory Committee to order at 9:30 a.m. Mr. John Chacon, Health and Human Services Commission (HHSC), Advisory Committee Coordination Office, addressed logistical issues, conducted member roll call and announced the presence of a quorum.

Michelle Erwin, HHSC, stated that the committee was set to be abolished on December of 2019, but the Legislature continued the Committee to 2023. Ms. Erwin asked members who were interested in continuing to serve to let HHSC know via Ms. Michelle Thomas who wanted to remain on the committee. Ms. Erwin stated that vacated seats will be filled by HHSC through the committee appointment process and that term limits will have to be examined as part of this process. Ms. Tucker, Chair, stated to committee members that if they were thinking about resigning their position, if they could stay until a replacement is found, that would address the issue of quorum which has been a problem in the past with vacant positions.

Ms. Tucker, Chair, welcomed committee members and provided opening remarks. Ms. Tucker, Chair, introduced new members and asked new members to provide a brief bio of themselves and interest on serving in the STAR Kids advisory committee. Ms. Tucker introduced Ms. Heather Kuhlman, STAR Kids Specialist. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the December 11, 2019 meeting

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<thead>
<tr>
<th>MEMBER NAME</th>
<th>YES</th>
<th>NO</th>
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Yes: Indicates attended the meeting
No: Indicates did not attend the meeting
Agenda Item 3: Adoption of August 14, 2019 meeting minutes
Ms. Elizabeth Tucker, Chair referenced the draft of the August 14, 2019, meeting minutes and asked members if there were any changes. Asked for a motion.

Motion:
Mr. Blake Smith made a motion to approve the August 14, 2019, minutes as presented. Ms. Angela Trahan Kearns seconded the motion. The motion passed by majority voice vote and roll call vote for members on the phone with thirteen yeas’, no nay’s, and one abstention.

Agenda Item 4: Subcommittee updates
Dr. Rahel Berhane, Ms. Catherine Carlton and Ms. Angela Trahan provided subcommittee updates on Health homes and outcome measures, SK-SAI, Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in, and the Transition from Children's Services to Adult Services including Primary Care Physician and specialist network respectively.

- **4a. Health homes and outcome measures**—Dr. Rahel Berhane stated that the work of the Health homes and outcome measures subcommittee is like a national initiative to innovate for services for children with medical complexity. HHSC and Texas Parent to Parent have been active in this initiative.

- Dr. Glen Medellin stated that a model has not been developed that would address the concerns and that every family provider experiences too much paperwork to address medically complex children.

- Ms. Elizabeth Tucker, Chair, stated that more explanation on this might be needed on the recommendations and that graphics are important. She also stated that there is discussion about promising practices. She stated that understanding the population is critical to ensure that the services go to people who really need it. There are 160,000 children and we must understand what the specific issues are that these children are dealing with.

- Mr. Josh Britten questioned if there are enough providers that can address these specific needs of children who are enrolled in Medicaid. He stated that this population is a lot more complex than the customary patient and when specific conditions require addressing then the provider base shrinks significantly.

- Ms. Catherine Carlton stated that about fifty percent of children under MDCP also have private insurance.

- Dr. Ryan Van Ramshorst stated that HHSC could get a list of providers who are able to address families with complex needs. Dr. Van Ramshorst stated that HHSC has to support those practices that have a balance.

- Ms. Diane Kearns stated that they must have personal attendants for her child that allows her and her husband to go back to work. She stated that the rate for attendants is non-supportive of keeping the workforce actively engaged.

- Dr. Berhane stated it is not just the rate but the training for challenging patients. There are pilots in different states that address these issues.

- **4b. STAR KIDS Screening and Assessment Instrument Medically Dependent Children Program, prior authorizations, and Intellectual and Developmental Disability waiver carve-in**—Ms. Catherine Carlton stated that there have been recommendations from this subcommittee that have been implemented on the SKSAI and may continue from last year’s report. She stated that there are new recommendations that they will highlight and some of the recommendations overlap.
They want to focus on quality of what the Medical Care Organizations (MCOs) are doing and the quality of life for the child.

- Ms. Carlton stated that there is a need to talk more about quality, especially the quality of life for the 160,000 children represented.
- Dr. Glen Medellin stated that he does not know what is done with the STAR Kids Screening and Assessment Information (SK-SAI). Ms. Elizabeth Tucker, Chair, stated that it is being used for eligibility and utilization group, eligibility for Community First Choice (CFC), it is being used to determine personal care service hours. It also triggers other assessments and the development of the Individualized Support Plan (ISP). She stated that there is always discussion about the reassessment. Dr. Medellin stated that there is so much rich data coming from the assessment and it is just sitting there.
- Dr. Rahel Berhane stated that the referral for Private Duty Nursing (PDN) and other services must come from the Primary Care Physician (PCP). The body that is doing the SAI and making the referrals is separate from the PCP and that these must be integrated. Dr. Medellin stated that this information be provided to the provider and the family so everyone is at the same level.

**4c. Transition from children’s services to adult services**

- Ms. Angela Trahan stated that there were no new recommendations, but they brought clarity to many areas that were marked as needing more information such as the fee schedule gap and the ability to build a collaborative office experience. Presently there is no Medicaid mechanism to do this. The subcommittee discussed coordination of services around STAR Kids and STAR PLUS on the age out opportunity. The subcommittee also looked at the transition specialist issues. The transition specialist is presently in the STAR Kids service array, but it is not present in the STAR PLUS plans and stated that young adults could use that heightened support during the transition. She stated that the size of Texas continues to play a factor in the transition issues and the subcommittee supports a pilot as well as a survey of the adult providers.
- Dr. Ryan Van Ramshorst asked if a concurrent billing process has been submitted through the benefit nomination process and Ms. Michelle Erwin stated that a recommendation can move forward on this since they have the specific codes, and they will research this with the medical benefits team. She stated that there is a form to submit if it has not yet been nominated as a benefit.

**Agenda Item 5: STAR Kids Advisory Committee Annual Report**

Ms. Elizabeth Tucker, Chair, asked members to review the recommendations. She stated that another short meeting might be needed to finalize the recommendations. It will be a short meeting and most likely occur January 28th from 4-5 pm, in the Moreton building. She asked that everyone participate and that call in capabilities would be provided. She stated that feedback on the report be sent directly to her on the recommendations.

**Agenda Item 6: Health and Human Services Commission (HHSC) updates**

6a. Legislative implementation updates

Ms. Michelle Erwin, HHSC, provided an update on the legislation from the 86th Texas Legislature, Regular Session, 2019, impacting STAR Kids regarding STAR Kids specific, coordination of benefits, external medical review, and Medicaid transportation and referenced PowerPoint entitled “STAR Kids Advisory Committee Update on Legislation Implementation”.

- The STAR Kids Specific 2020 implementation topics included:
  - Medically Dependent Children Program (MDCP) Sharing of Assessment Information/Peer to Peer
o SK-SAI Streamlining
o PDN Assessment Tool
o All MDCP Service Clinical Decision Support (CDS)
o STAR Kids Statewide Request for Information (RFI), and
o MDCP/Deaf Blind with Multiple Disabilities (DBMD) Escalation Helpline

6b. Texas Government Code, Chapters 531 and 533, as amended by Senate Bill 1207, 86th Legislature, Regular Session, (2019), interest list Ms. Kimberly Carr, HHSC, provided an update on SB 1207 waiver interest list provisions and referenced PowerPoint entitled “SB 1207 Waiver Interest List Provisions”. Highlights of update included:

- Dr. Glen Medellin stated that the compassionate allowances commission has a very long list so that will clear a large chunk of the waiting list. He was not clear how the state would afford this.
- Dr. Rahel Berhane stated that children stay in the Neonatal Intensive Care Unit (NICU) longer than they should because the process cannot start while the child is in the hospital. Ms. Kimberly Carr stated that piece is not going to be addressed in this part of the bill. Elizabeth Tucker, Chair, stated that the committee has a recommendation that would allow evaluation for MDCP while the child is still in the hospital. She stated that something needs to be done about diversion. She stated that other waivers have diversion provisions and it makes sense in terms of cost or impact on families to have a diversion provision for MDCP.

6c. 2020–2021 General Appropriations Act, art. II, Rider 42, at II-62 (2019) interest list study Ms. Dana Williamson, HHSC, and Ms. Holly Freed, HHSC, provided an update on Rider 42 wait list study and referenced handout entitled “Rider 42 Project Form (HB1) – Medicaid Waiver Program Interest List Study”. Highlights of update included:

- HHSC Staff stated that the report will be available for the public in April of 2020. HHSC staff stated they would be working with the IDD-SRAC and that the timeline is very challenging. HHSC Staff stated that HHSC is committed to securing input but the time frame is very tight. Elizabeth Tucker, Chair, stated that it will be important for the STAR Kids AC to weigh in and offered to facilitate access to members for their input.
- A question was asked by a committee member if HHSC was on target with their due dates and HHSC staff responded that they have put in the data requests that they need but they may not have a deliverable by the end of this month and that the data group may need more time.

Agenda Item 7: STAR Kids Utilization Data
Mr. Blake West, HHSC, and Lisa Kalakanis, HHSC, provided an overview on MDCP SK-SAI data, MDCP MN denials and subsequent programs data, and SK AC PCS & PDN data and referenced handouts entitled “FY2018 MDCP Denials & Subsequent New Program Participation”, Individuals with MDCP SK-SAI by status”, and STAR Kids PCS & PDN data 2016.11-2019.02”. Highlights of overview and member discussion include:

- Mr. West stated that everyone reported on the denial spreadsheets were assessed and subsequently denied and the present was compared to the past. He stated that of the individuals investigated very few went on after the denial within three months to start a new program.
• Mr. West stated that they also tried to determine if the children had Medicaid and then lost Medicaid and other scenarios. They found in most cases the children were in some Medicaid program when they were denied MDCP. So even though they were denied MDCP they were still receiving services under Medicaid. Initial assessment denials 65.7% remained with some Medicaid services while for reassessments 91.8% retained their Medicaid services.

• Ms. Elizabeth Tucker, Chair, stated that 91% of those retained Medicaid is interesting because many children are not eligible for Medicaid because of parental income. She stated that it would be good to look more than three months post denial.

• Mr. West stated that the second handout looked at data by month and it’s intended to count the number of children receiving the SKSAI assessment by month and then the resulting eligibility. He stated that there was an increase in the total number of assessments completed and initial assessments increased 22% and reassessments also increased.

• Ms. Tucker, Chair, inquired about the impact of fair hearings and Mr. West responded that if they are approved following the hearing then they are included in the approved number.

• Ms. Kalakanis provided an update on the PDN and PCS services data. She stated that the new months of data were added to the previous data and overall the trends from last time were maintained this time. She stated that denials of PCS have declined over time from 20% to 8% and the reasons for denials have not changed since the last report.

Agenda Item 8: Quarterly Therapy Access Monitoring Report
Mr. Andy Vasquez, HHSC, and Ms. Judy Temple, HHSC, provided an update on the Quarterly Therapy Access Monitoring Report and referenced a PowerPoint entitled “4th Quarterly Therapy Access Monitoring Report” and handouts entitled “2019.10.18_TherapyProv Term Reason” and “2019.10.18_TherapyProv Term Reason STAR KID”. Highlights of update included:

• Number of therapy providers terminating are about 41 total per month. There is an indicator from the MCOs that indicates that the majority is because the provider left practice.

• STAR Kids total 165 providers were terminated in 2018; 118 in 2019.

• Providers leaving practice and credentialing and recredentialling are the most common factors for terminations.

• There was a change in the rider requirement. The new reports require more granularity and detail. More information on appeals and wait lists are also required. When HHSC gets information on people waiting for services, the information is conveyed to the MCO quickly.

• For therapy utilization rates for STAR Kids, all three therapy types declined slightly. HHSC staff stated that they have monitored closely and after the initial decline the rates have leveled off.

• A comment was made by a committee member that they are hearing from families that therapies continue to be cut.

• Enrolled therapy providers decreased after the Affordable Care Act (ACA) re-enrollment requirement. Since then the providers have rebounded back to where they were before the ACA deadline. The number of active therapy providers (at least one billing per month). The numbers are reported monthly. There was an initial
decrease in 2016 reflecting the policy changes of prior authorization and other changes. For 2017 until now, the active providers have been stable.

**Agenda Item 9: STAR Kids utilization review**

Ms. Jessica Morse, HHSC, provided an update on STAR Kids FY19 pilot utilization data and MDCP FY20 review which includes STAR Kids and STAR Health. Highlights of the update included:

- Ms. Morse stated that HHSC had concluded the FY19 review. There are 42 nurses in the field and they have been doing MDCP reviews since last year. There were 50 children receiving MDCP from 10 MCOs. They pulled files from each MCO and performed a desk review, looking at the service plan and then they go to the homes of the families to see if their experience matches the contract requirements.
- Ms. Morse stated that they found that all MCO are using the forms and processes required by the contract and that there were opportunities for training to ensure accuracy.
- Ms. Morse stated that the FY 20 review is being expanded for MDCP in STAR Kids and STAR Health addressing 2,089 individual children. There is a rebuttal process where MCOs can offer additional information. Ms. Elizabeth Tucker, Chair, stated that 2,000 is about a third of the children under MDCP.


Dr. Ryan Van Ramshorst, HHSC, provided information on new benefit regarding IBI/Rider 32 – Autism Services Update and referenced PowerPoint entitled “Autism Services – Health and Human Services Commission Rider 32, Article II, HB 1, 86th Legislative Session”. Highlights of presentation included:

- Policy Approach, Implementation Plan, Stakeholder Engagement Opportunities, and Moving Forward.
- Dr. Van Ramshorst stated that the draft policy has been posted and there was a record breaking number of responses. He stated that this is the first time the benefit has been implemented and the input is very valued. He stated that there is not a timeline presently for final implementation.

**Agenda Item 11: Public Comment**

Ms. Tucker opened the meeting to public comment. Highlights of public comment were as follows:

**Vicki Gilani, Speech Pathologist, Kids Development Clinic**, provided public comment regarding therapy quarterly report. Ms. Gilani stated that she appreciates the inclusion of active (therapy) providers in the data. The number of enrolled providers may have increased but active providers have decreased. Comprehensive Outpatient Rehabilitation Facility (CORFs) and Outpatient Rehabilitation Facility (ORFs) have declined as well. She stated that during the next session active home health providers need to be addressed as well as other providers. She stated she would like to see the data presented by provider type as well.
Gabriel Dinn, CFO, Kids Developmental Clinic, provided public comment regarding therapy access monitoring report. Mr. Dinn stated that the report should include encounter data for active providers. He stated that the decline of active providers is a problem. Previously the ACA enrollment issues were cited as the cause for the decline. Further analysis, after that issue, should be provided. He stated that MCOs have reduced their rates that have impacted providers as well.

Linda Litzinger, Public Policy Specialist, Texas Parent to Parent provided public comment regarding DME data and emergency care thresholds. Ms. Litzinger stated that she spoke with a family who had to wait in an emergency room (ER) for hours and were sent home and told to come back the next day. The child needed a catheter. The Health Maintenance Organization (HMO) stated that this was not a sufficient reason for an ER visit. She mentioned that custom Durable Medical Equipment (DMEs) cannot keep the people straight because they are so few and the need is so great. She stated that there are not enough DMEs. She also stated that there are genetic conditions that come with Autism and it is difficult to test the children for these conditions. The need to renew the diagnosis is a problem for these children.

Agenda Item 12: Review of action and agenda items for March 4, 2020, meeting
Not addressed at this meeting. Ms. Elizabeth Tucker, Chair, stated that she would provide agenda topics to HHSC staff.

Agenda Item 13: Adjourn
Ms. Tucker stated that the next meeting is tentatively scheduled for Tuesday, January 28, 2020 to approve the STAR Kids Annual Report. There being no further business, the meeting was adjourned by Ms. Tucker at 1:09 pm.

Below is the link to the archived video of the December 11, 2019 STAR Kids AC meeting to view and listen to the entirety of the meeting and public comment provided.

STAR Kids Managed Care Advisory Committee