



Stakeholder Update: COVID 19

**Medicaid and CHIP Services
February 4, 2021**



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Age Outs and Waiver Terminations

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Policy and Program

Families First Coronavirus Response Act (FFCRA)

To comply with the Families First Coronavirus Response Act (FFCRA), HHSC has maintained members' Medicaid coverage during the federal COVID-19 public health emergency (PHE).

- The continuation of Medicaid coverage applies to certain eligibility types.
 - For these eligibility types, the FFCRA requires continued coverage unless the denial reason is due to the member being deceased, having moved out of state, or having voluntary withdrawn from Medicaid.
- On October 28, 2020, the Centers for Medicare and Medicaid Services (CMS) issued new guidance (Interim Final Rule CMS-9912-IFC) that clarifies this requirement.



Key Details of Interim Final Rule CMS-9912-IFC

- HHSC will continue to maintain members' Medicaid coverage until the federal COVID-19 PHE ends for members who would otherwise be determined ineligible.
 - If there are any additional changes to Medicaid coverage HHSC will let clients know at the appropriate time.
 - However, states are no longer restricted from moving beneficiaries to the most appropriate Medicaid program for which they are eligible.



Key Details of Interim Final Rule CMS-9912-IFC (cont.)

- States must work toward compliance with their Medicaid state plan and waiver agreements by moving beneficiaries no longer eligible for their current program to a program for which they are eligible and that provides the same tier of coverage as defined by CMS.
- The following program changes are not allowed under CMS-9912-ICF, unless requested by the Medicaid beneficiaries:
 - Any eligibility type to Community Attendant Services (CAS) only;
 - Medicaid to Children's Health Insurance Program (CHIP); or
 - Medicaid to Healthy Texas Women (HTW).



STAR Kids Members Who Turned 21 in March 2020

- STAR Kids members who turned 21 in March 2020 and transitioned to STAR+PLUS or STAR+PLUS HCBS on April 1, 2020 will remain in these programs but will no longer be eligible for the STAR Kids benefit and service array effective April 1, 2021.
- Any beneficiary who is over the age of 21 will no longer be eligible for Texas Health Steps benefits, including dental services.



STAR Kids Members Who Turned 21 in March 2020 (cont.)

- MCOs are expected to:
 - Conduct outreach to inform impacted members and providers.
 - Work with members and families to update the member's individual service plan to reflect the change no later than April 1, 2021.



STAR Kids and STAR Health Members Who Turned 21 during the PHE

STAR Kids and STAR Health members who turned 21 on or before March 31, 2021, and **are not receiving** MDCP, prescribed pediatric extended care center (PPECC), or private duty nursing (PDN) services will transition to the STAR+PLUS or STAR program effective April 1, 2021.

- STAR Kids members who are 21 on or before March 31, 2021 will be sent a special notice about the transition in mid-February 2021.
- Any beneficiary who is over the age of 21 will no longer be eligible for Texas Health Steps benefits, including dental services effective April 1, 2021.
- Those who turn 21 in April 2021 and later will transition according to the standard procedures.



STAR Kids Members Who are 21 and Receiving Certain Services

Starting February 1, HHSC will start the process of contacting, assessing and transitioning STAR Kids members age 21 **who are receiving** MDCP, PPECC, or PDN services to STAR+PLUS or STAR+PLUS HCBS, if eligible.

- Any beneficiary who is over the age of 21 will no longer be eligible for Texas Health Steps benefits, including dental services.
- STAR Kids and STAR+PLUS MCOs are expected to provide the same level of benefits and services until the member completes the transition or is determined ineligible.
- Members not eligible for STAR+PLUS HCBS will no longer receive waiver services and will transition to STAR+PLUS state plan or another managed care program with an effective date on or before May 1, 2021.



STAR Kids Members Who are 21 and Receiving Certain Services (cont.)

Starting February 1, HHSC will start the process of contacting, assessing and transitioning STAR Kids members age 21 **who are receiving** MDCP, PPECC, or PDN services to STAR+PLUS or STAR+PLUS HCBS, if eligible. (cont.)

- Those who **turn 21 on or before April 30, 2021** will transition with an effective date on or before May 1, 2021.
- Those who **turn 21 in May 2021 and later** will transition according to the standard procedures for transitioning members with an effective date on or before May 1, 2021.



MDCP and STAR+PLUS HCBS Termination Activity

HHSC is resuming MDCP and STAR+PLUS HCBS waiver termination activity while maintaining continuous Medicaid coverage.

- Starting February 2021, members will begin receiving MDCP and STAR+PLUS HCBS waiver termination notices if they are determined to no longer be eligible.
 - The notices will include a prospective termination effective date and could be as soon as February 28, 2021.



MDCP and STAR+PLUS HCBS Termination Activity (cont.)

HHSC is resuming MDCP and STAR+PLUS HCBS waiver termination activity while maintaining continuous Medicaid coverage.

- Members no longer eligible for MDCP or STAR+PLUS HCBS because they no longer meet medical necessity criteria will lose waiver services and continue receiving state plan services until the end of the federal COVID-19 PHE.
- Members will be given the right to appeal the medical necessity termination decision and may request a fair hearing.



COVID-19 Response

Communication Channels

Clients

- [COVID section on HHS site](#)
- Health plan channels and providers

Providers

- [COVID section on HHS site](#)
- [COVID section on TMHP site](#)
- Health plan channels

+ Update calls

Submit questions to:
Medicaid_COVID_Questions@hhs.texas.gov



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Thank You!

**Next update:
February 11, 2021**