

**STAR KIDS Managed Care Advisory Committee**  
**APPROVED Meeting Minutes – v.3**  
**Wednesday, June 14, 2023**  
**9:00 a.m.**

**Hybrid Meeting:**

**TEAMS Virtual Meeting – John H. Winters Bldg., 701 W 51<sup>st</sup> Street, PHR 125, First Floor, Austin, Texas 78751**

**Table 1:** SKMCAAC member attendance at the Tuesday, June 14, 2023 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Dr. Rahel Berhane	X		Dr. Ricardo Mosquera		X
Mr. Josh Britten	X		Mr. Jose Pereda	X	
Ms. Rosalba Calleros	X		Mr. Blake Smith	X	
Ms. Catherine Carlton, Chair	X		Ms. Elizabeth Tucker	X	
Ms. Terri Carriker, Vice-Chair	X		Ms. Shawnett Viani		X
Ms. Iris Gutierrez	X		Ms. Belinda West		X
Ms. Tara Hopkins		X	Ms. Beanca Williams		X
Ms. Alice Martinez	X		Ms. Teresa Ruiz	X	
Dr. Glen Medellin, MD	X				

**Agenda Item 1: Welcome, logistical announcement, and roll call**

STAR KIDS Managed Care Advisory Committee meeting was called to order by Ms. Catherine Carlton, Chair called the meeting to order at 9:02 a.m.

Ms. Jacqueline Thompson, Facilitator, HHSC, announced the meeting was being conducted in accordance with the Texas Open Meetings Act, conducted roll call, and advised the chair a quorum was present for the meeting.

**Agenda Item 2: HHSC updates**

**a. 88th Legislative Session: general update** - Ms. Michelle Erwin, Deputy Associate Commissioner, HHSC Legislative Highlights:

- Nearly 12,000 bills filed during the 88<sup>th</sup> Regular Session
- More than 900 bills had potential impact to CHIP / Medicaid programs
- 1200 bills were enrolled by the end of the regular session, of which 655 were sent to the Governor for signature.
- 64 of 655 bills were analyzed by CHIP/Medicaid team

**Key Legislation passed relating to Provider Requirements:**

**HB 44** - Prohibiting provider from discriminating against a patient due to the patient’s immunization status.

**SB 14** – Prohibiting certain procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria for children.

**Key Legislation passed relating to Long-term Services and Supports:**

**HB 3550** – Relating to standards for and services provided by prescribed pediatric extended care centers, including Medicaid reimbursement for those services.

**HB 4169** – Adds prevocational services to HCS, TxHmL, and DBMD waiver programs, either as part of

the individualized skills and socialization or as a stand-alone service.

### **Key legislation passed relating to HHSC Operations:**

**HB 749** – Establishes a statewide IDD coordinating council to ensure Texas develops a strategic approach for the provision of intellectual and developmental disability services.

**HB 2802** – Requires the Texas Health and Human Services Commission (HHSC) to ensure Managed Care Organizations (MCOs) may communicate with enrolled Medicaid recipients through electronic means, which now includes telephone, in addition to text message and email, regarding eligibility, enrollment and other health care matters when the member provides their contact information to the MCO outside of the Medicaid application process.

**SB 26** – Relating to local mental health authority and local behavioral health authority audits and mental and behavioral health reporting, services, and programs.

### **New or Amended Medicaid / CHIP Services**

**HB 2727** - Adds FQHCs and RHCs as home telemonitoring providers; allows home telemonitoring services if they are cost effective; changes eligibility for home telemonitoring services.

**HB 1488** – Relating to sickle cell disease health care improvements and the sickle cell task force.

### **General Appropriations Act – Key Takeaways**

Rate Increases:

- Attendant wages
- Ground Ambulances
- Nursing facility add-on
- Pediatric Services and Women’s health Related Surgeries
- Private Duty Nursing
- Rural Hospitals
- Rural Labor and Delivery Medicaid Add-on

Member Discussion:

- Ms. Tucker asked if there will be rate hearings for attendant wages.
  - Ms. Erwin confirmed yes. She clarified that the financial teams are trying to include as much as possible in each rate hearing. She stated the goal for the rate to be effective Sept 1st. Ms. Erwin stated she will follow up to answer additional questions Ms. Tucker has.
  - Ms. Carriker commented that the 2% increase in nursing wages was a partial restoration of rates that were cut previously and is still less than what they were receiving in the past.
- Dr. Berhane commented on Rider 26 and the IL slots. She asked how many there are and compared to the past.
  - Ms. Erwin stated she will follow up.
  - Ms. Tucker commented that around 1,800 slots were added, and expressed her opinion that it was not sufficient.

Ms. Carlton confirmed that 1,831 slots were added.

**b. Comprehensive Health Homes for Integrated Care (CHIC)** – Ms. Veronica Karam, Program Specialist VI, HHSC presentation highlights:

- Program authorized by Senate Bill 1648, 87<sup>th</sup> Legislature, Regular Session, 2021.

- Designed to improve care coordination for children with complex medical conditions.
- Managed care organization (MCO), provider, and member participation is voluntary.

Member Discussion:

- Ms. Tucker commented on opportunities for bringing pilots together to have collaborative discussions on topics such as administrative burden.
  - Ms. Karam stated that HHSC met with pilots and health homes last month and will continue to hold monthly discussions going forward.
- Dr. Berhane mentioned the importance of ensuring the pilot streamlines processes and that oversight aligns with the new models. She stressed that the pilot should not worsen the already existing paperwork burden.
- Dr. Medellin commented that the pilot should look at outcome data and be careful when aggregating data since each pilot is targeting different aspects of care. He recommended isolating each pilot's goals, if possible, during the evaluation.

**c. Medically Dependent Children Program (MDCP) – Ms. Sylvia Salvato, Director, UR Manager, HHSC presentation highlights:**

- Review process authorized by Senate Bill 348, 83<sup>rd</sup> Legislature, Regular Session, 2019.
- HHSC shall establish an annual utilization review (UR) process for STAR+PLUS MCOs.
- HHSC may determine topics for the examination.
- Must include determinations of appropriate HCBS enrollment.
- Legislative report due December 1<sup>st</sup> of each year.
- Analysis and recommendations for improving efficiencies.
- UR teams: Acute Care, Quality Assurance, MCUR Operations, Communication and Planning, and Intellectual Developmental Disabilities (IDD) UR.
- Review Approach: 85% benchmark for compliance. Goal is to increase benchmark by 5% each year until 95% is reached in 2024.

Member Discussion:

- Ms. Tucker asked for clarification around the UR desk review and survey of families.
  - Ms. Salvato provided clarification.
- Ms. Tucker commented that she hears from families that they are not getting what they need despite the results presented.
  - Dr. Berhane commented that families say they need more help at home, and expressed concern that the feedback did not reflect in the UR surveys.
    - Ms. Salvato commented that HHSC is open to suggestions to ask more specific questions.
  - Ms. Carriker mentioned that she is only able to get a fraction of the needed attendant and nursing care staffed. She asked if the survey separates it out. She expressed interest in seeing the survey questions.
    - Ms. Salvato clarified that questions are asked in the home or over the phone by HHSC UR nurses.
- Ms. Carlton asked if the survey is voluntary. She commented on the length of time needed for families to complete the surveys or file a complaint. She expressed opinion that families in crisis do not have time to answer the questions.
  - Ms. Salvato confirmed that most families contacted follow through with completing the survey.
- Dr. Medellin commented that the survey needs to get in front of the families in crisis and echoed that his patients also struggle to have their needs met. In his opinion, this did not align with the survey results presented.

- Dr. Ruiz expressed her opinion that the survey results did show that there are some families not having their needs met. She provided examples of families having trouble staffing the PDN and attendant hours they have authorized. She recommended modifications to the survey.
- Ms. Tucker asked HHSC for data around authorized hours compared to hours delivered. She asked if the desk reviews could be utilized to get the information.
  - Ms. Erwin confirmed there have been challenges in collecting the authorization data.
  - Ms. Alice Martinez stated that her organization tracks hours authorized compared to delivered and would investigate further.
  - Ms. Carlton suggested to add topic to the Assessment and Service Delivery Subcommittee's next meeting agenda.

**d. Private Duty Nursing Data** – Ms. Jessica Jupe, Manager, DAP Aging & Disability, HHSC presentation highlights:

- Private Duty Nursing Utilization- Reporting period: November 2016 – August 2021
- Based on STAR Kids Managed Care encounters from TMHP data warehouse, as reported by MCOs.
- Data include private duty nursing services by both Licensed Vocation Nurse (LVN) and Registered Nurse (RN).
- Number of encounters and clients served steadily increasing since 2019. Number of encounters in state fiscal year (SFY) 2021, 327,550 encounters for 6,251 clients.
- The average reimbursement amount per unit were \$9.71 per until of care in 2019 and \$10.20 in 2021.

Member Discussion:

- Ms. Tucker commented on the data for RN and LVN.
  - Ms. Tucker asked HHSC for an update on the authorized vs. delivered data. Ms. Erwin suggested the HHSC team working on the project can give an update at the next meeting.
- Ms. Tucker asked if the data could show the nighttime and weekend nursing coverage.
- Ms. Tucker asked if families could use different home health agencies to staff their needed shifts.
  - Dr. Ruiz commented that MCOs discourage it because it is difficult to manage and prevent overlap with authorization. She stated that it is allowed in certain cases where needs are not being met.
- Dr. Berhane commented on the workforce shortage creating inefficiencies.

**e. End of Continuous Medicaid Coverage** – Ms. Rachel Patton, Deputy Associate Commissioner, Program Enrollment, HHSC, and Ms. Hillary Davis, Director, OSS, PSAD, HSSC presentation highlights:

- March 2020: Congress passed the Families First Coronavirus Response Act, which allowed states to receive enhanced federal match provided they maintained continuous coverage for most people enrolled in Medicaid until the end of the federal public health emergency.
- December 2022: Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous Medicaid coverage requirement from the federal public health emergency.
- March 31, 2023: Continuous coverage requirement ended.

- April 1, 2023: States began disenrolling members no longer eligible for continuous coverage.
- April 1, 2023 – December 31, 2023: Enhanced Federal Medical Assistance Program (FMAP) will be phased out.
- HHSC must complete the redetermination process for more than 5.9 million members by May 2024.

#### Member Discussion:

- Dr. Medellin asked what the mechanism will be to advertise to and educate families on waiver programs for eligible children. He added that some families are delaying getting on the wait list. He explained that families are worried they will lose their Medicaid coverage if they change anything.
  - Ms. Patton expressed interest in hearing suggestions for how best to get the information out. Ms. Tucker mentioned that SCs can identify children on their caseload that have high medical needs. She expressed concern for the DFPS population and added that they are hard to reach.
  - Ms. Patton responded that HHSC would take back and think more about ways to partner with DFPS.
  - Dr. Medellin asked if there is a question that asks if the child has chronic health problems which could trigger education on the waiver programs.
- Ms. Carriker suggested there be a dedicated team for waiver individuals to process the redeterminations. She asked what she can tell families that get Medicaid through the waiver, not SSI, and that are told they need to renew their Medicaid eligibility.
  - Ms. Davis clarified that they can reach out to 211 or the Ombudsman.
  - Ms. Tucker asked if disability determination unit people could use assessment information in their determination.
  - Ms. Patton commented that HHSC would work to see how processes could be streamlined and how information could be leveraged.
- Ms. Calleros commented on conflicting eligibility information from 211 operators and yourtexasbenefits.com.
  - Ms. Patton asked for specific examples so HHSC can look into the issue. She stated she would follow up.

#### **Addressing Workload / Workforce Issues**

- HHSC has hired an additional 1000 eligibility workers since April 2022.
- Increased based salary for eligibility workers effective August 2022.
- 200 additional 2-1-1 call center staff added since July 2022.
- Streamlined eligibility process by gaining access to additional data to update applicant contact information.
- Onboarding and basic training processes simplified to expedite new eligibility workers into production.
- Implementation of Password reset capabilities for [YourTexasBenefits.com](https://www.yourtexasbenefits.com).
- Engaged Eligibility Support Services contracts to assist with application processing and fair hearing packets.

**Agenda Item 3: Alternative Payment Model (APM)** – Mr. Jimmy Blanton, Value Based Initiatives, for Value-Based Initiatives Quality & Program Improvement Medicaid & CHIP Services, HHSC presentation highlights:

- Alternative Payment Models (APMs) – Payment approaches that incentivize high-quality and cost-efficient care.
- May apply to a specific clinical condition, care episode or population.
- May involve financial risk and rewards, or simply be rewards-based.
- Span the full continuum of risk from no shared risk to full risk-sharing.
- Provides flexibility for MCOs to advance value-based strategies and initiatives, while maintaining alignment with the Health Care Payment Learning & Action Network.
- Includes APM Frameworks for STAR/CHIP, STAR+PLUS, and STAR Kids programs.

Member Discussion:

- Ms. Carriker asked if it is possible to incorporate PDN coverage into the APM metrics.
  - Mr. Blanton said that he would take the suggestion into consideration for incorporating into the framework.
- Ms. Tucker suggested measures that assess service fulfillment, including staffing the authorized nursing hours. She suggested flexibilities related to incentivizing innovative delegation models during a workforce crisis.

**Agenda Item 8: Public Comment**– Ms. Jacqueline Thompson, Facilitator, ACCO, HHSC

- Ms. Jessica Boston, TAHC (Virtual)
  - Ms. Boston stated her objection to the new draft PDN policy and expressed her opinion that it will negatively impact access to care for children who are respiratory-compromised.
- Ms. Hannah Mehta, Texas Fragile Kids (Virtual)
  - Ms. Mehta commented on the UR process and the validity of the results. She expressed her opinion that the results did not reflect the crisis among families trying to access care.
  - Ms. Mehta commented on eligibility renewals and requested that HHSC consider having a unit dedicated to MEPD renewals to help families. She stated that families often receive inaccurate information from 211 and the Ombudsman office around the PHE ending and MEPD renewals.
  - Ms. Mehta commented on looking at APMs and VBP models for children with medical complexity through a different lens. She added that the STAR Kids population cannot be incentivized into wellness through well child visits and expressed her opinion that APMs can be improved to be more applicable to the STAR Kids population.
- Ms. Kristen Vitek, Angels of Care Home Health, In-Person
  - Ms. Vitek commented on the request for authorized vs. delivered PDN hours. She stated that the MCOs have the data.
  - Ms. Vitek commented on the draft PDN policy and reimbursement rate for nurses.
    - Ms. Tucker added her opinion that a two-week comment period for the PDN policy is not sufficient. She restated her opinion that the SKMCAC should oppose the policy.
    - Ms. Carlton suggested to discuss further in a subcommittee.
- Mr. Shane Adcock, Angels of Care Home Health, In-Person
  - Mr. Adcock commented on the PDN policy and specialized nursing services. He suggested that non-invasive and invasive ventilation should not be separated and opposed the policy changes.

**Agenda Item 4: Paperwork Simplification for providers discussion** – Dr. Glenn Medellin, MD, UT-Health - San Antonio, Texas and Ms. Catherine Carlton, SKMCAC Chair – Discussion highlights:

- Complex regulatory system with barriers primarily affecting MDCP children.
- For each medical condition, additional paperwork is required and must be sent to multiple parties for review and/ or approval.
- The current forms are not designed to support children with medical complexities.
- In many cases, duplicitous information must be entered on the same submission.
- The current forms are designed for a one diagnosis single need of a child.
- University Health CCC conducted a short time study and determined approximately 10 minutes spent on each fax which equaled 2387 hours per year or 45 hrs. per week just to complete paperwork.
- Low value items, i.e., cotton tipped swabs, gauze, incontinence supplies etc., should be removed from LMN supplies.
- Six-month prior authorization appointments are unnecessary and required for ordering DME, PDN, and supplies.
- Unnecessary appointments mean another child in need of medical care, may not receive timely medical care.

Member Discussion:

- Dr. Ruiz stated that there are many doctors that do not complete the paperwork as thoroughly as was mentioned by Dr. Medellin. She added that MCOs are concerned with fraud. She agreed that there is a paperwork burden.
- Dr. Berhane expressed her opinion that there is a fragmented system that happens in silos. She commented on systemic transformation.
- Ms. Carlton stated she would add this topic to the Health Homes Subcommittee and would provide recommendations to HHSC.

**Agenda Item 5: Six-Month Authorization Discussion** -Ms. Catherine Carlton, SKMCAC Chair – Discussion highlights:

- Unnecessary appointment = not medically necessary.
- Appointment for ordering paperwork, may take important appoint time for youth who may need time with physician.
- Not all providers offer telehealth as an appointment option.
- Some specialists have several month waitlists for non-urgent appointments.
- Appointments due to COVID/Flu season put medically fragile children at risk.
- How is the appointment billed: i.e., what billing code(s) should be used?
- MDCP families have one than one prescriber ordering supplies.
- Multiple appointments within six-month schedule.
- If appointment is not available, necessary orders may be delayed.
- Undue administrative burden for prescribers, home health and DME for each item needed.

**Agenda Item 6: Comprehensive Care Clinic (CCC) Overview** – Dr. Rahel Berhane, MD, Ascension Seton Medical Center – Presentation highlights:

- What should the “Standard of care” for a dedicated primary care health home for MDCP with medical complexities be?
- How do we build system to get the standard?

- How do we measure the value of the standard?
- Where will funding for 'standard' come from?
- Challenges and suggested solutions.

Member Discussion:

- Dr. Medellin asked about how a clinic like CCC is funded.
  - Dr. Berhane explained that CCC was funded through DSRIP initially. She added that the clinic is subsidized by the children's hospital. She stated that CCC receives a PMPM from the MCO to pay CCC service coordinators, which allows them to hire more nurses. She expressed her opinion that it is not appropriate for providers to take on downside risk through APMs for this population.

**Motion / Vote:**

Ms. Terri Carriker moved to Oppose the policy change to the UM modifier for PDN. The motion was seconded by Ms. Rosalba Calleros. The motion passed by a vote of 11 Approve (Britten, Berhane, Calleros, Carlton, Carriker, Gutierrez, Martinez, Medellin, Ruiz, Smith, and Tucker), 0 Disapprove, and 6 Absent.

**Agenda Item 7: SKMCAC subcommittee updates**

**a. Assessment and Service Delivery** – Ms. Catherine Carlton, subcommittee chair

- Will meet on June 23, 2023. The subcommittee will add: CFC, DME, and Coordination of Benefits to its agenda for discussion and recommendations.
- The subcommittee ranked legislative priorities with assistance of SKMCAC program staff.

**b. Transition** – Ms. Elizabeth Tucker, subcommittee chair

- Subcommittee has met several times since the last meeting. According to Ms. Tucker, the subcommittee is currently working on completing the topic nomination form(s) for the Current Procedural Terminology (CPT) codes the subcommittee recommended to be included.

**c. Health Homes** – Dr. Rahel Berhane, MD, subcommittee chair

- The subcommittee is reviewing ways the committee can work with HHSC team on implementing the CHIC pilot program.
- Dr. Berhane reported although the subcommittee has not met this quarter, subcommittee members have been involved in discussion relating to CHIC.

**Agenda Item 9: Review of Action Items and agenda items for September 13, 2023, meeting – Ms. Catherine Carlton, chair**

Ms. Carlton suggested the following items for the September 13, 2023 agenda:

- Minutes from previous meetings for review.
- Dr. V's Tool Kit.
- PDN policy
- Transition Subcommittee Chair – Replacement for Ms. Elizabeth Carlton.

Ms. Catherine Carlton announced the committee's recommendations will presented at the next Executive Council meeting.



**Agenda Item 11: Adjournment**

Ms. Catherine Carlton adjourned the meeting at 1:28 p.m.

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Below is the link to the archived video of the June 14, 2023 STAR Kids Managed Care Advisory Committee will be available for viewing approximately two years from date meeting posted on website and based on the HHSC records retention schedule.

[STAR Kids Managed Care Advisory Committee](#)