

**STAR Kids Managed Care Advisory Committee
FINAL_APPROVED Meeting #34 • Meeting Minutes
Wednesday, September 22, 2021,
9:30 a.m. – 1:06 p.m.**

TEAMS Live Events Virtual Meeting

Agenda Item 1: Welcome, introductions, and opening remarks

Ms. Elizabeth Tucker, Chair, called the 34th meeting of the STAR Kids Managed Care Advisory Committee to order at 9:30 a.m. Ms. Tucker welcomed new committee members Belinda West and Iris Gutierrez.

Mr. Sallie Allen, Health and Human Services Commission (HHSC), Advisory Committee Coordination Office (ACCO), addressed logistical issues, conducted member roll call and ask each member to introduce themselves and announced the presence of a quorum.

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 September 22, 2021 meeting

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

Yes: Indicates attended the meeting meeting

No: Indicates did not attend the meeting

Agenda Item 2: Consideration of June 09, 2021 meeting minutes

Ms. Elizabeth Tucker, Chair, referenced the drafts of the June 9, 2021 meeting minutes and asked members if there were any changes. Ms. Tucker requested a motion to approve the June 9, 2021 meeting minutes.

Motion:

Dr. Glen Medellin made a motion to approve the June 9, 2021, minutes as presented. Ms. Alice Martinez seconded the motion. The motion passed by a unanimous roll call vote with sixteen approvals, no disapprovals, and no abstentions.

Agenda Item 3: Election of new committee Chair and Vice Chair

Ms. Tucker, Chair, introduced Ms. Allen to review the officer election procedure and process. Ms. Allen reviewed with members and ask if there is any discussion.

Motion:

Ms. Allen called for a motion to adopt the election procedure/process for presiding officers. She acknowledged the motion was made by Ms. Carriker and seconded by Ms. Calleros. The motion passed by a unanimous roll call vote with sixteen approvals, no disapprovals, and no abstentions.

One nomination was received for Chair: Ms. Catherine Carlton. Being that Ms. Carlton was the only nominee for the position of Chair, Ms. Allen called for a motion to elect Ms. Carlton by acclamation. Ms. Allen acknowledged the motion was made by Dr. Medellin and seconded by Ms. Calleros. The motion passed by a unanimous roll call vote with sixteen approvals, no disapprovals, and no abstentions. Ms. Allen took a roll call vote by acclamation. Based on the final voting count with sixteen approvals, no disapprovals, and no abstentions the newly elected Chair of the Star Kids Managed Care Advisory Committee is Ms. Catherine Carlton.

One nomination was received for Vice-Chair: Ms. Terri Carriker. Being that Ms. Carriker was the only nominee for the position of Vice-Chair, Ms. Allen called for a motion to elect Ms. Carriker by acclamation. Ms. Allen acknowledged the motion was made by Ms. Catherine Carlton and seconded by Ms. Belinda West. The motion passed by a unanimous roll call vote with sixteen approvals, no disapprovals, and no abstentions. Ms. Allen took a roll call vote by acclamation. Based on the final voting count with sixteen approvals, no disapprovals, and no abstentions the newly elected Vice-Chair of the Star Kids Managed Care Advisory Committee is Ms. Terri Carriker.

Agenda Item 4: COVID-19 update

Ms. Michelle Erwin, Deputy Associate Commissioner for Policy and Program, HHSC, and Dr. Ryan Van Ramshorst, Chief Medical Director, Office of the Medical Director, HHSC, provided an update on COVID-19 issues impacting the STAR Kids program. Highlights of the update and committee member discussion include:

- Dr. Ryan Van Ramshorst shared epidemiology numbers, which can be found in detail on the Texas insight COVID updates provided twice a week.
- Ms. Michelle Erwin commented on the flexibilities that have been implemented. She provided an update related to current policy on Medicaid

and CHIP. She stated that HHSC is continuously looking at flexibilities that have been put in place that may be appropriate to end sooner than later.

- Ms. Erwin stated that supporting COVID-19 have been extended through September 30th, 2021.

Agenda Item 5: STAR Kids/Medically Dependent Children Program (MDCP) legislative updates

Ms. Michelle Erwin, Deputy Associate Commissioner for Policy and Program, HHSC, referenced a PowerPoint titled "STAR Kids Advisory Committee Legislative Update" to brief the committee on STAR Kids and MDCP legislative updates, including but not limited to relevant provisions in SB 1207, Rider 32, and HB 4533. Highlights of the update, topics covered, and committee member discussion included:

87th Legislative Update

- SB 1648 Specialty Provider
- HB 4 Teleservices
- HB 2658
 - Dental Services for Adults in STAR+PLUS
 - SHARS
 - Interest List Study
 - Medication Therapy Management
- SB 1829 Member Directory

86th Legislative Update

- SB 1207 Specialty Provider and Coordination of benefits

Member Discussion:

Mr. Josh Britten made remarks in regard to SB 1207 stating that the individual has to have primary insurance. He asked if the presenter could speak or comment on that.

Ms. Kate Layman responded that yes, SB 1207 does limit the out-of-network provider policy to children with complex medical who have primary third party insurance coverage.

Ms. Terri Carriker asked is there a plan to expedite the implementation of SB 1648 given the number of children who are negatively impacted by the SB 1207 rule limiting the policy to those with primary insurance other than Medicaid.

Ms. Kate Layman responded that yes, HHSC is creating final timelines that will expedite implementation of SB 1648 as much as possible.

Dr. Ostermaier, Kathryn MD, asked a question regarding around definitions of a specialty provider.

Ms. Kate Layman responded she did not have that definition information at this time in front of her but can pull it up and share.

Ms. Michelle Erwin provided the definition information.

Ms. Tucker said that the STAR Kids has made numerous recommendations that the definition of specialty provider be broader than what HHSC has decided on and include specialty DME providers and therapy providers.

Agenda Item 6: Applied Behavior Analysis (ABA) Update

Leslie Smart, Director, Medical Benefits Policy, HHSC, provided an update on ABA and referenced a handout titled "20210907 Autism Serv update Sept2021"

Highlights of the presentation included:

- Medicaid Autism Services are scheduled for implementation on February 1, 2022.
- MCOs will be reimbursed using non-risk payment, up to the fee-for-service amount.
- MCOs are expected to follow the posted policy.

Actions to Date:

- Posted medical policy and responses to public comments on policy on July 30, 2021.
- Launched provider enrollment July 30, 2021.
- Posted public notices of intent to submit state plan and 1115 waiver amendments.
- Submitted state plan amendment to CMS September 3, 2021.
- Holding biweekly implementation meetings since July 22, 2021 with MCOs.

Agenda Item 7: Nonemergency medical transportation update

Kate Layman, Manager, Policy and Program, and Camisha Banks, Deputy Associate Commissioner of Managed Care Operations and Oversight, HHSC, provided an update on the nonemergency medical transportation carve-in.

Highlights of the update, topics covered, and committee member discussion included:

- Post-implementation monitoring activities for HB 1576
- Continuing review of weekly call volumes
- Ombudsman office monitoring complaint trends
- Transition calls with MCOs on a bi-weekly basis
- Adding and clarifying language policy guidance through MCO handbooks

Members Discussed:

- **Ms. Terri Carriker** had a question regarding gas reimbursement payment options. She said that some of the cards set up by the MCOs charged service fees and others limited what the card could be used for.
- **Ms. Kate Layman** responded that some of the managed care organizations use a card instead of Western Union. There should not be any fees associated with the use.
- **Mr. Josh Britten** asked does this include discharge out of a facility.
- **Ms. Camisha Banks** stated that hospital discharge is covered by nonemergency transportation.
- **Ms. Kate Layman** stated that the individual can be picked up from the hospital if they are being transported home, but that does not include if they are going to a nursing facility to reside.

Agenda Item 8: STAR Kids MCAC subcommittee updates

- a. Health Homes and Defining Value for the STAR Kids Population - Dr. Rahel Berhane, Ascension Medical Group, provided the update. Highlights of update and committee member discussion included:
 - Subcommittee has been discussing solutions for the home health crisis families have been facing.
 - In latest meeting subcommittee tried to learn from other states on how to handle shortages in this crisis, such as the parent CNA in Colorado and New Hampshire.
 - Scheduled a follow-up meeting to discuss what opportunities are possible to have a mid-tier provider trained to provide care for children with medical complexities
- b. STAR Kids Screening and Assessment Instrument and Medical Necessity/IDD Carve In - Ms. Catherine Carlton, MHMR of Tarrant County, provided the update. Highlights of update and committee member discussion included:
 - HHSC made many changes to the manual incorporating suggested feedback from committee.
 - SK-SAI dry run moving forward.
 - Medical transportation issue ongoing.
 - Feedback on the CFC tool
 - Met to discuss the Attorney General letter regarding SB 1207 and 1648. Wanted feedback on what was looked at to be a specialty provider.
- c. Transition from STAR Kids to STAR+PLUS - Ms. Elizabeth Tucker, Chair, provided the update. Highlights of update and committee member discussion included:

- Update on conversations with the National Alliance to Advance Adolescent Health regarding a value-based payment pilot. Recommended that HHSC take advantage of participating in a technical assistance project with the National Alliance to Advance Adolescent Health.
- Recommendations have been around **pay** for quality bonus pool and structural outcome measures for pediatrics, family medicine and adult practices.
- Suggestion for some of the surveys that are currently administered , the satisfaction survey, the CAPS Survey and other surveys about things that could be added to really define whether or not the parents are experiencing good outcomes with transition.
- Electronic medical records and information technology changes that could be done to better support pediatric to adult transitional care.
- Healthcare transition contract language and quality and structural care measures.
- Received support from **National Alliance to Advance Adolescent Health** to look at ongoing training **webinars** provided on a regular basis to STAR Kids training specialists.

Agenda Item 9: FY 2021 STAR Kids MDCP Long-term Services and Supports Utilization Review results

Sylvia Salvato, Director, UR Management Support, HHSC, provided an overview of STAR Kids MDCP Long-term Services and Supports Utilization Review results, referencing a handout titled "20210901 UR SKMCAC" Highlights of update and committee member discussion included:

- Review Process
 - The Long-term Services and Supports (LTSS) Utilization Review team conducts desk reviews of managed care organization (MCO) assessment and service planning documentation and conducts interviews with members to ensure:
 - MCO conducts assessment-driven service planning;
 - Member receives all needed services; and
 - MCO adheres to additional contract requirements around assessment for and coordination and provision of LTSS.
 - Statistically valid random sample of 339 STAR Kids members at the level of the MCO.
 - Reviewed individuals with reduced physical function (Resource Utilization Groups [RUGs] PA1, PA2, PB1)
 - Also reviewed most frequent RUG categories for FY 2020 referrals.
 - 80% benchmark for compliance
 - Benchmarks will increase by 5% each year starting with FY 2022 reviews until 95% is reached in 2024.
 - Overall average across MCOs and all measures: 93.11%.

- Standard 1: Assessment Completion: 92.52% (FY 2020: 99.61%)
 - MCO must complete assessment and all contractually required forms (Individual Service Plan [ISP] tracking tool & narrative).
 - Performance measure 1.3 – Number of members for whom Form 2605, STAR Kids Screening Assessment Instrument (SK-SAI), MDCP Review Signature, completed: 77.58% (new measure).

Standard 2 – Assessment Driven Service Planning: 94.12% (FY 2020: 80.5%)

- MCOs must address needs identified in required assessments, service planning documents and other MCO documentation:
 - PM 2.1 - Justification for at least one MDCP service for initial assessments: 86.21% (FY 2020: 75.51%).
 - PM 2.2 - Justification for at least one MDCP service for reassessments: 90% (FY 2020: 77.97%).
 - PM 2.3 - Members whose identified needs were addressed on service planning documents: 100% (FY 2020: 62.62%)

Standard 3A- Timeliness of Assessments: 96.78% (FY 2020: 95.27%)

- MCOs must meet timeliness requirements for initial assessments and reassessments for MDCP, including STAR Kids Screening and Assessment Instrument (SK-SAI) completion and ISP submission.

Standard 3B – Follow-Up: 73.14% (FY 2020: 67.95%)

- **PM 3B.1** - MCOs must contact member to follow up no later than four weeks of the start of ISP: 66.96% (FY 2020 was 61.64%).
- **PM 3B.2** - Members received monthly phone calls unless otherwise requested: 80.53% (FY 2020: 74.26%).
- **PM 3B.3** – Number of reassessment members with at least four face to face visits: 71.94% (new measure).

Standard 4A – Service Delivery Patterns

- Referral findings across MCOs can reveal patterns in MCO support of member needs for Access to Care and Health and Safety: 93.5% (FY 2020: 82.5%).

Standard 4B – Provision of Attendant and Other Services

- **PM 4B.1** - MDCP services delivered per member's service plan: 99.15% (FY 2020: 98.76%).
- **PM 4B.2** - Members who had a need for Community First Choice (CFC) services and received them: 98.7% (FY 2020: 89.29%).

Standard 5 – Member Experience (FY 2020: 99.02%)

- Home Visits/Member Interviews conducted in person or by telephone asking series of questions
 - **PM 5.1** - Offered choice of waiver services: 100% (FY 2020: 98.93%).

- **PM 5.2** - Offered choice of providers: 99.68% (FY 2020: 99.17%).
- **PM 5.3** - Knew how to contact MCO Service Coordinator: 99.36% (FY 2020: 98.82%).
- **PM 5.4** - Notified when Service Coordinator changes: 96.85% (FY20: 99.17%)
- **PM 5.5** - Asked about their preferences: 100% (FY20 was 99.29%)
- **PM 5.6** – Members helping develop ISP: 100% (new measure)
- **PM 6.1** – Report little to no difficulty receiving needed services
 - 71.75% easy/very easy
 - 8% difficult/very difficult
 - 12% neutral

Standard 6 – Member Experience – Quality of Life (new) – % do not total 100% because 8% of sample were not interviewed

- **PM 6.2** – Report services changed when their needs changed
 - 46.97% yes
 - 4.32% no
 - 2.88% unsure
 - 37.75% needs did not change
- **PM 6.3** – Feel that services have made a positive difference in their lives
 - 89.34% yes
 - .58% no
 - 2.02% unsure
- **PM 6.4** – Agree that service plan reflects their needs
 - 86.17% yes
 - 3.46% no
 - 2.31% unsure

Members interviewed – 311

- All completed by telephone
- FY22 will have capability of completing via remote audiovisual means

Members not interviewed – 28

- Deceased – 2
- Declined – 8
- Unable to reach/unavailable – 18

Members Discussed:

Ms. Terri Carriker had a question regarding obtaining the raw data from the surveys. Ms. Carriker also asked is there a breakdown by MCO on any of the information presented or is it all just random members with no connection. In other words, can the data be connected to the specific MCOs with these individuals.

Ms. Salvato responded by saying that it responded by clarifying what was needed and saying it can be connected and that they could tell who and which members are enrolled and with which MCOs **and** they could tell who provided the data.

Dr. Rahel Berhane mentioned that this is a very heavy process measure. Would she have been able to see the most recent challenges and staffing of providers and PDN; was that information captured

Ms. Salvato responded that she didn't know if these surveys would have captured that data in its entirety.

Agenda Item 10: Public Comment

Ms. Sallie Allen, ACCO Facilitator, HHSC, read the public comment announcement and opened the meeting to public comment. Highlights of public comment were as follows:

Ms. Adrienne Trigg representing Texas Medical Equipment Providers Association (TexMEP) is a non-profit state association of DME/HME, complex rehabilitation (CRT), respiratory, and rehab medical equipment providers operating in Texas Ms. Trigg is also a parent of an MDCP child. Made written public comment in reference to STAR Kids/Medically Dependent Children Program (MDCP) legislative updates items a. and b. Ms. Triggs' written testimony stated:

TexMEP is the state association representing durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers, manufacturers, and other stakeholders in the homecare community. We contract with each of the MCOs in the state in every county. Our members are proud to be part of the continuum of care that assures Medicaid recipients receive cost effective, safe, timely and reliable home care products and services to keep them out of hospitals and institutions in their least restrictive environment. Oftentimes, care delivered by a DME is life sustaining and is not available by other providers in rural parts of the state.

We are writing to provide testimony on Senate Bills (SB) 1207 & 1648. We respectfully object to several key aspects of the Texas Health and Human Services Commission (HHSC) recent adoption of administrative rules that purport to implement SB1684 & SB1207. Nearly all of the comments described in the preamble opposed the rules. It is our opinion that the adopted rules do not correspond to the Legislature's intent in providing benefits in section 533.038 of SB 1207. We believe it restricts "continuity of care" and "coordination of benefits."

As referenced by several Legislators' letters to the Commissioner, we believe the rules do not match the intent to provide improvement of benefits enumerated in section 533.038. We believe the legislative support was intended to address shortcomings in Commission's policies for vulnerable complex medical patients and caretakers when encountering barriers to access timely care. Furthermore, we believe in protecting patient choice due to the potential delay in appropriate access creating potentially preventable harm, not further narrowing and restrict access for the most vulnerable. We agree with the written recommendations of multiple advisory committees as well as the Star Kids Advisory Committee January 2021 namely:

- “Pay providers a higher rate for caring for children with complex medical needs and children with serious and persistent mental illness.”
- Section 2.5 preferred provider recommendations to include DME

TexMEP members are being dropped from the networks without cause. The trusted relationship between the patient and the provider should not be dictated by the insurance company due to the MCOs dropping providers for lower contract costs with no quality measures.

We believe that the rules should reflect patient protections without having to be in jeopardy of each MCO’s business relationship with each of their specialty providers. We believe that DME/CRT should be included as a specialty provider not the narrow list published in the recently adopted rule.

- Ms. Terri Carriker asked Ms. Trigg if all her business members accept Medicaid insurance?
- Ms. Trigg stated less than 20% accept Medicaid, but there are major shortages going on for different reasons.
- Mr. Josh Britten stated that part of the frustration coming from Ms. Trigg is because we can be cancelled at any time without cause.

Ms. Tucker, Chair, stated that we need to continue to have network adequacy in this state.

Ms. Linda Litzinger representing Texas Parent to Parent made the following statement.

SHARS billing-parents are asking that they annually approve of share billing and actually to see an explanation of benefits summary once a year about what is happening.

Intercity non-emergency medical transportation discussion about parents having lack of convenient transportation for their children gave example of this occurring.

SB-1207 Insurance discussion age discussion about needed transition coordination between insurers.

- Ms. Michelle Erwin stated the she will follow up with Ms. Litzinger on the example around waiting in the ER as well as the SHARS discussion

Agenda Item 11: Review of Action Items and agenda items for future meeting

Ms. Elizabeth Tucker, Chair, stated that the next regular meeting is scheduled for Wednesday, December 8, 2021. Action items and agenda topics included:

- Ms. Tucker, Chair, stated that she would like for Health Homes & Outcome Measures, Defining Value for the STAR Kids Population to meet with HHSC on some of the telehealth activities.
- Ms. Tucker, Chair wants to provide recap of all the written comments made on the specialty providers policy and pulling that together in response to the letter to the committee and to others with the Attorney General's Office.
- Ms. Tucker, Chair, would also like Ms. McManus of the Transition Subcommittee to present to the group in December on all of the work that has been done by the National Alliance to Advance Adolescent health around Value-Based payments
- Ms. Tucker, Chair, stated that she would like for Ms. Caroline Sunshine to send something out to members for participation on subcommittees and ask if members would like to assist with co-chairing one of those subcommittees.
- Ms. Tucker, Chair, stated that in the December meeting, she would like a follow-up with the ABA and the status
- Ms. Erwin stated that she will be following up with:
 - Ms. Shawnett Viani and Ms. Rosalba Calleros, around their papers for STAR PLUS that they are continuing to receive.
 - Ms. Linda Litzinger about her examples around families waiting in the ER that was given during public comment
- Ms. Layman will be following up with:
 - the MCOs around some of the NEMT items such as mileage reimbursement and cards
 - the MCO advanced funds issue

Agenda Item 12: Adjourn and thank you

Ms. Elizabeth Tucker, Chair, thanked committee members, staff, and public members for joining today's meeting. She stated the next STAR Kids meeting will be on December 8, 2021. There being no further business, the meeting was adjourned by Ms. Tucker at 1:42 pm.

Below is the link to the archived video of the September 22, 2021 STAR Kids Managed Care Advisory Committee (SKMCAC) that will be available for viewing for approximately two years from the date the meeting was posted on website and based on the HHSC records retention schedule.

<https://texashhsc.swagit.com/play/09222021-1253/2/>