Texas Association for Home Care & Hospice
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5b. Understanding Medicaid Programs for Children in Texas

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Medicaid Programs for Children in Texas

Texas Association for Home Care and Hospice Annual Meeting

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Agenda

- Medicaid Managed Care Model
- Medicaid Managed Care Programs
- 1915(c) Waivers
- Waiver Service Delivery Model
- Medicaid Transitions
- Questions
- Resources

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Managed Care

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Managed Care Delivery Model

- Health care services are provided through a network of doctors, hospitals, and other providers responsible for managing and delivering quality, cost-effective care.
- The State pays a managed care organization (MCO) a capitated rate for each member enrolled, rather than paying for each unit of service provided.
- Texas has operated Medicaid managed care delivery models since 1993.

Managed Care Features

- MCOs provide a medical home through a Primary Care Provider (PCP) and referrals for specialty services as needed.
  - Exception: Clients who receive both Medicare and Medicaid receive acute care services through Medicare, so they do not have a Medicaid medical home.
- MCOs are required to provide State Plan services to all Medicaid members (E.g. primary care, hospital visits, prescription drugs).
- MCOs may offer extra services called "value-added services" (e.g., respite, extra dental services, extra vision services, health and wellness services).

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Managed Care Programs

- STAR
- STAR Kids
- STAR Health
- STAR+PLUS

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What is STAR?

- The State of Texas Access Reform (STAR) program provides Medicaid primary, acute care, and pharmacy services.
- Most STAR members are pregnant women, newborns, and children.
- STAR operates statewide under the authority of Texas' 1115 Transformation Waiver.

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STAR Populations

- Individuals enrolled in STAR include:
  - Individuals receiving Temporary Assistance for Needy Families (TANF) benefits
  - Pregnant women
  - Newborns
  - Most children
  - Certain former foster care youth
  - Adoption Assistance (AA) and Permanency Care Assistance (PCA)

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STAR Benefits

- Traditional Medicaid benefit package
- Primary care provider (PCP)
- Unlimited prescriptions
- Unlimited medically necessary days in a hospital
- Value-added services

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What is STAR Health?

- STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions, for children and youth in conservatorship of the Department of Family and Protective Services (DFPS).
- STAR Health operates under the authority of the 1915(a) state plan.
- Services are delivered through a single MCO under contract with HHSC.

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STAR Health Populations

- Individuals enrolled in STAR Health include:
  - Children in state conservatorship, including those in foster care and kinship care;
  - Young adults up to the month of their 22nd birthday who have voluntary foster care placement agreements;
  - Young adults up to the month of their 21st birthday who were formerly in foster care and are receiving Medicaid services under Medicaid for Former Foster Care Children (FFCC);
  - Youth who are eligible for Adoption Assistance and Permanency Care Assistance (AAPCA) and who meet STAR Kids Enrollment criteria will have choice between STAR Health and STAR Kids.

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STAR Health Benefits

- Traditional Medicaid benefits
- Service Management and Service Coordination
- Health Passport
- Primary care provider (PCP)
- Value-added services (via MCOs)

What is STAR Kids?

- STAR Kids integrates the delivery of acute care, behavioral health, and Long-Term Services and Supports (LTSS) benefits for children and young adults 20 and younger with disabilities.
- Main features include service coordination, a comprehensive needs assessment, and transition planning specifically for individuals moving from children's services to adult services.
- STAR Kids is available statewide under the authority of Texas' 1115 Transformation Waiver.

STAR Kids Populations

- STAR Kids includes children and young adults aged 20 and younger who:
  - Receive Social Security Income (SSI)
  - Receive Medicaid and Medicare
  - Receive Medically Dependent Children (MDCP) waiver services
  - Receive Youth Empowerment Services (YES) waiver services
    - State plan services and service coordination only
    - YES waiver services will continue to be provided through fee-for-service

STAR Kids Populations (Cont.)

STAR Kids includes children and young adults aged 20 and younger who:

- Participate in the following waiver programs:
  - Home and Community-based Services (HCS)
  - Community Living and Support Services (CLASS)
  - Texas Home Living (TxHmL)
  - Deaf-Blind Multiple Disabilities (DBMD)
- Reside in a community-based ICF-IID or in a NF

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What is STAR+PLUS?

- STAR+PLUS integrates the delivery of acute care and LTSS.
- Key feature is Service Coordination, a specialized care management service that is available to all members and performed by an MCO Service Coordinator.
- STAR+PLUS operates statewide under the authority of Texas' 1115 Transformation Waiver.
  - Available statewide as of September 1, 2014
  - Nursing facilities transitioned in March 2015

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STAR+PLUS Populations

Adults aged 21 and older:

- with a disability who qualify for Medicaid because of low income;
- who qualify for Supplemental Security Income (SSI) benefits;
- those who qualify for Medicaid because they meet a nursing facility level of care and need home and community-based services; and
- nursing facility residents.

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STAR+PLUS Populations, Cont.

- Non-dually eligible adults in the following programs are enrolled in STAR+PLUS for acute care services only:
  - Individuals receiving services in a community-based intermediate care facility for individuals with intellectual disabilities or related conditions (ICF-IID)
  - Individuals receiving services in ICF-IID 1915(c) waivers:
    - Home and Community-based Services (HCS)
    - Community Living and Support Services (CLASS)
    - Texas Home Living (TxHmL)
    - Deaf-Blind Multiple Disabilities (DBMD)
  - State plan services and service coordination only--LTSS services will continue to be provided through fee-for-service.

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STAR+PLUS Benefits

- Traditional Medicaid benefits
- STAR+PLUS Home and Community Based Services (HCBS) program benefits for those that qualify
- Primary care provider (PCP)
- Community-based LTSS
- Service coordination
- Unlimited prescriptions
- Value-added services (via MCOs)

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1915(c) Waivers

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Summary

- Medicaid Home and Community Based Services (HCBS) Section 1915(c) waiver programs permit states to furnish an array of HCBS that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
- States design waiver programs to address the needs of target populations.
- Waiver services complement and/or supplement the services that are available through the Medicaid State Plan and other federal, state and local public programs (including supports that families and communities provide).

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Texas Medicaid Waivers

1915(c) waiver programs

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)*
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES)

* MDCP is the only 1915(c) waiver program delivered through managed care. It is available in Star Kids and Star Health plans to eligible members.

Waiver Service Delivery Model

- All 1915(c) LTSS waiver programs (except MDCP) are delivered via a fee for service model.
- To enroll in HCS, TxHmL, CLASS, DBMD or MDCP, an individual must have their name added to the waiver program's interest list they would like to participate in.
- Eligibility determination activities are initiated when the individual's name comes to the top of the interest list.

Waiver Service Delivery Model (Cont.)

HCS and TxHML

- Enrollees are assisted by a service coordinator employed by a local intellectual and developmental authority (LIDDA)
- LIDDAs conduct all enrollment activities in accordance with performance contracts with HHSC

CLASS and DBMD

- Enrollees are assisted by a case manager/program provider agency that is contracted with HHSC
- Case manager/program provider conducts all enrollment activities in accordance with the Texas Administrative Code and contracts with HHSC

Waiver Service Delivery Options

- In certain waiver programs, individuals (including family, LAR, etc.) may select how they would like some services delivered:
  - **Agency Option** - Standard service delivery through an agency
  - **Service Responsibility Option** - Individual manages day-to-day activities and the provider agency manages business activities
  - **Consumer Directed Services (CDS)** - Individual manages both day-to-day and business activities
- Individuals who select the CDS Option receive financial management services and may receive support consultation.

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MDCP

- **The Medically Dependent Children Program (MDCP) 1915 (c) waiver:**
  - Supports families caring for children and young adults who are medically dependent
  - Encourages de-institutionalization of children in nursing facilities

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MDCP Service Array

STAR Kids MDCP Waiver

- Adaptive aids
- *Employment Assistance*
- *Flexible family support services*
- Minor home modifications
- *Respite services*
- *Supported employment*
- Transition assistance services
- *Financial Management Services*

* Services in italics are available through the CDS option.

MDCP Population

- To be eligible for MDCP services delivered in managed care, a member must:
  - Be age 20 and younger
  - Be a U.S. citizen or an alien with approved status who lives in Texas
  - Meet Medicaid eligibility guidelines
  - Meet medical necessity determination for NF care
  - Not be enrolled in another waiver program

CLASS

- **The Community Living Assistance and Support Services (CLASS) 1915 (c) waiver:**
  - Provides home and community-based services to clients who have a diagnosis of a related condition qualifying them for placement in an ICF-IID
  - Provides case management and direct services through two separate agencies
  - Services are available statewide and must be within the program annual cost limit
  - Individuals may live in their own home or their family home

CLASS Population

- Must meet financial eligibility for Medicaid
- Must have a related condition as the primary diagnosis
- Must have substantial functional limitations in at least three of the following areas:
  - Self care
  - Language
  - Learning
  - Mobility
  - Self direction
  - Capacity for independent living
- Must not be enrolled in another 1915 (c) waiver

CLASS Waiver Service Array

- Adaptive aids
- Behavioral support services
- Case management
- *Cognitive rehabilitation therapy*
- Continued family services
- Dental
- *Community First Choice (CFC) Personal Assistance Services/habilitation*
- Minor home modifications

** Services in italics are available through the CDS option*

CLASS Waiver Service Array (Cont.)

- *Nursing services (clarify nursing type)*
- *Occupational, speech, and physical therapies*
- Prevocational services
- *Respite services*
- Specialized therapies
- Support family services
- *Supported employment*
- *Employment assistance*
- Transition assistance services (TAS)

** Services in italics are available through the CDS option*

DBMD

- **The Deaf Blind with Multiple Disabilities 1915 (c) waiver:**
  - Provides home and community-based services as an alternative to residing in an ICF-IID to individuals of all ages who are deafblind, or have a condition that will result in deafblindness, and who have an additional disability
  - Provides case management and direct services through a single agency

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DBMD

- **The Deaf Blind with Multiple Disabilities 1915 (c) waiver:**
  - Services are available statewide and must be within the program annual cost limit
  - Individuals may live in their own home, their family home, or in a residence with one to five other individuals with similar needs

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DBMD Population

- Must meet financial eligibility for Medicaid
- Must be deafblind or function as deafblind
- Must have one other disability that results in impairment to independent functioning
- Must not be enrolled in another 1915 (c) waiver

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DBMD Waiver Service Array

- Adaptive aids
- Audiology services
- Behavioral support services
- Case management
- Chore services
- *Community First Choice Personal Assistance Services/habilitation*
- Day habilitation
- Dental
- Dietary services
- *Intervener*
- Minor home modifications
- Occupational Therapy

* *Services in italics are available through the CDS option*

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DBMD Waiver Service Array (Cont.)

- Orientation and mobility
- Physical therapy
- *Transportation-residential habilitation*
- *Respite*
- Speech, language, and hearing therapy
- *Supported employment*
- *Employment assistance*
- Transition assistance services (TAS)
- Assisted Living (licensed up to six beds)

** Services in italics are available through the CDS option*

HCS

- **The Home and Community-based Services 1915 (c) waiver:**
  - Provides individualized services to people of all ages who qualify for an ICF-IID level of care
  - HCS waiver services are provided by a comprehensive program provider, and service coordination is provided by the local intellectual and developmental disability authority (LIDDA)

HCS

- **The Home and Community-based Services 1915 (c) waiver:**
  - Services are available statewide and must be within the program annual cost limit
  - Individuals may live in their own home, their family home, or a residential setting in the community as defined in the rules governing the HCS Program

HCS Population

- Must meet financial eligibility requirements
- Must be eligible for Level of Care VIII if transitioning or diverting from a nursing facility or a LOC I
- Must not be enrolled in another 1915 (c) waiver

HCS Waiver Service Array

- Adaptive aids
- Audiology services
- Behavioral support services
- *Cognitive rehabilitation therapy*
- Day habilitation
- In-Home Day Habilitation
- Dental
- Dietary services
- Minor home modifications
- Pre-enrollment Minor home modifications
- Occupational therapy
- Physical therapy
- Transition Assistance Services

** Services in italics are available through the CDS option*

HCS Waiver Service Array (Cont.)

- *Nursing services*
- Residential assistance
  - Host home/companion care
  - Supervised living
  - Residential support
- *Respite*
- *In-Home Respite*
- Speech/language pathology
- Social work services
- *Supported employment*
- *Employment assistance*
- *Supported home living (Transportation)*
- *Support Consultation*
- *Financial Management Services (FMS)*

** Services in italics are available through the CDS option*

TxHmL

- **The Texas Home Living 1915 (c) waiver:**
  - Provides selected services and supports up to $17,000 per year for individuals who qualify for ICF/IID level of care
  - TxHmL waiver services are provided by a TxHmL program provider or through the consumer directed services option, and service coordination is provided by the LIDDA
  - Services are available statewide and must be within the program annual cost limit
  - Individuals may live in their own home or their family home

TxHmL Population

- Must meet financial eligibility requirements
- Must be eligible for Level of Care VIII if transitioning or diverting from a nursing facility or a LOC I
- Must live in their own home or their family home (no residential component)
- Must not be enrolled in another 1915 (c) waiver

TxHmL Waiver Service Array

- Community support (Transportation)
- Day habilitation
- In-Home Day habilitation
- Respite
- In-Home Respite
- Supported employment
- Employment assistance
- Adaptive aids
- Audiology
- Behavioral support
- Dental
- Dietary services

*** All** services in TxHmL can be provided under the CDS option

TxHmL Service Array (Cont.)

- Minor home modifications
- Nursing services
- Occupational therapy
- Physical therapy
- Speech/language pathology
- Support Consultation
- Financial Management Services (FMS)

*** All** services in TxHmL can be provided under the CDS option

YES

- **The Youth Empowerment Services (YES) 1915 (c) waiver:**
  - Provides home and community-based services to youth who otherwise need institutional care (e.g., psychiatric inpatient care) or whose parents would turn to state custody for care
  - Must be cost neutral to Medicaid
  - Allows Texas to cover youth when living in the community who otherwise are not Medicaid-eligible

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YES Population

- **To participate in the YES waiver, children and young adults must:**
  - Be between the ages of 3 and 19
  - Reside in an approved waiver county, and in a non-institutional setting with the individual's legally authorized representative (LAR), or in the individual's own home or apartment, if legally emancipated

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YES Population

- **To participate in the YES waiver, children and young adults must:**
  - Be eligible for Medicaid, under a Medicaid Eligibility Group included in the approved waiver (parental income is not included in financial eligibility determination)
  - Meet DSHS clinical guidelines and be reasonably expected to qualify for inpatient care under the Texas Medicaid inpatient psychiatric admission guidelines, as defined in the waiver

YES Waiver Service Array

- Adaptive aids and supports
- Community living supports
- Family supports
- Minor home modifications
- Non-medical transportation
- Paraprofessional services
- Professional services
- Respite
- Supportive family-based alternatives
- Transitional services

Waiver Interest List

- HHSC maintains a statewide interest list of applicants who have registered as interested in seeking CLASS, DBMD, and MDCP waiver services.
- Applicants are placed on this list on a first-come, first-served basis.
- Registering on the interest list does not ensure an individual's eligibility.
- Individuals can have their name on more than one interest list.
- To register on the Waiver interest list, call:

877-438-5658

Waiver Interest List

To register on the HCS and TxHmL interest list, contact the local intellectual disability authority (LIDDA) in the county you live in:
https://apps.hhs.texas.gov/contact/la.cfm

Individuals must contact their local mental health authority to be added to the YES Waiver inquiry list.

Individuals must ensure their personal information is up-to-date on the interest list, including:

- Name
- Home or Mailing address
- Phone number

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Transitions

Age Outs and Waiver Transfers

Age Outs

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Members age out of the following **Managed Care** programs:

Program	Age when Members Age Out	New Program Members Transition into (if applicable)	Important Details about the Age Out Process
STAR Kids	21st birth month	STAR+PLUS	- Members begin the transition at age 15
STAR Health	Up to 22nd birth month	STAR, STAR Kids or STAR+PLUS	- Members begin the transition at age 15

Age Outs

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Members age out of the following **Waiver** programs:

Program	Age when Members Age Out	New Program Members Transition into (if applicable)	Important Details about the Age Out Process
MDCP	21st birth month	STAR Kids to STAR+PLUS or STAR+PLUS HCBS	The type of managed care will depend on the type of eligibility the client has and if they meet MN for STAR+PLUS HCBS.
YES	Month prior to 19th birth month	Stay in STAR Kids or STAR Kids to STAR	The type of managed care will depend on the type of eligibility the client has. (E.g.-Children's program – STAR; SSI – remains in STAR Kids.

Age Outs

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Members age out of the following **Waiver** programs:

Program	Age when Members Age Out	New Program Members Transition into (if applicable)	Important Details about the Age Out Process
HCS	21st birth month	STAR Kids to STAR+PLUS (acute care only)	These members will continue to get their LTSS waiver services through FFS.
DBMD	21st birth month	STAR Kids to STAR+PLUS (acute care only)	These members will continue to get their LTSS waiver services through FFS.

Age Outs

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Members age out of the following **Waiver** programs:

Program	Age when Members Age Out	New Program Members Transition into (if applicable)	Important Details about the Age Out Process
CLASS	21st birth month	STAR Kids to STAR+PLUS (acute care only)	These members will continue to get their LTSS waiver services through FFS.
TxHmL	21st birth month	STAR Kids to STAR+PLUS (acute care only)	These members will continue to get their LTSS waiver services through FFS.

Age Outs

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- All Members begin the transition process at age 15.
- Members transitioning to STAR+PLUS HCBS are considered high needs if they:
  - Are on ventilator care;
  - Have high-skilled nursing needs; and/or
  - Will exceed the individual service plan cost limit and has needs that will require special services or service delivery, and the community support resources have not been identified
- Required transition activities are outlined in the STAR Kids Handbook Appendix VI.

Age-Outs

- For members receiving services from the MDCP waiver, receiving PDN or PPECC services, the following transition activities begin twelve months prior to the members 21st birthday.
  - The MCO schedules a face-to-face visit to initiate the transition process
    - The MCO will follow up with the member every 90 days to ensure transition activities are occurring
  - STAR Kids and STAR Health eligibility will terminate the last day of the members 21st birth month

Waiver Transfers

- If a member in another Medicaid waiver program comes up on the interest list for MDCP, a referral is made to Program Support Unit (PSU) staff
- If eligibility is approved and the individual chooses to accept MDCP services, the individual is enrolled in MDCP the first day of the next month.
- PSU staff must coordinate with staff and providers, as appropriate, to ensure the current 1915(c) waiver services end the day before enrollment in MDCP.
- The MCO monitors the LTC Online Portal for the status of the member's ISP and Form H2065-D.

Waiver Transfers

- HHSC informs the managed care organization (MCO) that a member receiving MDCP services has come to the top of the interest list for another program and is assessed as eligible for that program.
- The service coordinator or case manager contacts Program Support Unit (PSU) staff via Form H2067-MC, Managed Care Programs Communication, to assist in coordinating the end of MDCP services the day prior to the member's enrollment in the new program.
- The member remains in the same STAR Kids MCO for state plan services.

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Questions & Resources

Questions

- **To submit questions for the transition log, email:** STAR_Kids_Transition@hhsc.state.tx.us
- **To submit contract deliverables, email:** MCO_STARKids@hhsc.state.tx.us
- **STAR Kids Webpage:** http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/star-kids.shtml

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Questions

Waiver Policy Mailboxes

- **HCS** hcspolicy@hhs.texas.gov
- **TxHmL** txhmlpolicy@hhs.texas.gov
- **CLASS** classpolicy@hhs.texas.gov
- **DBMD** dbmdpolicy@hhs.texas.gov
- **MDCP** mdcppolicy@hhs.texas.gov
- **CDS** CDS@hhs.texas.gov

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Resources

Policy Webpages

- **HCS** - https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs
- **TxHmL** - https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhml
- **CLASS** - https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class

Resources

Policy Webpages

- **DBMD** - https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd
- **MDCP** - https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp

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Resources

- **Waiver comparison chart**
  https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/providers/resources/ltss-waivers.pdf

- **Texas Medicaid State Plan Services & Support comparison chart**
  https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/providers/resources/texas-medicaid-state-plan-services-and-supports.pdf