1b. HHSC Pediatric Programs 101 and Updates

Presented by:

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Thank you to our event Sponsor:
Medicaid Pediatric Programs and Updates

Medicaid and CHIP Division
Texas Health and Human Services Commission
February 9, 2023

Presentation Overview

• Medicaid 101
• Managed Care Programs
• Transitions and Age Outs
• Services: State Plan and Waiver Services and Programs
• HCBS Settings Rule
• STAR Kids Billing Matrix Updates
• Resources
Medicaid 101

What is Medicaid?

Medicaid is a jointly funded state-federal program that provides medical coverage to eligible needy persons.

- **Federal laws and regulations:**
  - Require coverage of certain populations and services.
  - Provide flexibility for states to cover additional populations and services.

- **Medicaid is an entitlement program, meaning:**
  - Guaranteed coverage for eligible services to eligible persons.
  - Funding is not capped and is based on the actual costs to provide eligible services to eligible persons.
Medicaid Program Authority & Administration

• Both the federal and state governments have a role in overseeing and funding the Medicaid program.
• At the federal level, Medicaid is administered by the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Medicaid Program Authority & Administration (cont.)

Authority for the Medicaid program comes from:
• Social Security Act (SSA)
  • Provides general welfare benefits for certain populations
• State Plan
  • Contract between CMS and the State of Texas
• Waivers
  • “Waives off” State Plan requirements or SSA requirements
Managed Care and Fee-for-Service

• HHSC contracts with managed care organizations (MCOs) and pays a capitation rate, to coordinate care and reimburse providers for services provided to Medicaid or CHIP members enrolled in their health plan.
• Achieves value by incentivizing MCO improvements in quality of care and cost-effectiveness.
• MCOs serve members by providing comprehensive preventive and primary care.
• Develops and coordinates service plans for members.
Managed Care

- MCOs are responsible for authorizing, arranging, coordinating, and providing services in accordance with contract requirements.
- MCOs must provide full coverage for necessary covered services beginning on the date of the member's enrollment.
- MCOs must provide covered services in the same amount, duration, and scope as outlined in the Medicaid state plan.
Fee-For-Service

• The traditional Medicaid acute care healthcare payment system under which providers receive a payment for each unit of service they provide.
• Many long term services and supports (LTSS) services use a fee-for-service system.

Managed Care Programs
Managed Care Programs

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

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.
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)

STAR Benefits

- Traditional Medicaid benefit package
- MDCP waiver services, available to members who meet income, resource, and medical necessity requirements for nursing facility level of care
- Service coordination
- Unlimited prescriptions
- Unlimited medically necessary days in a hospital
- Primary care provider
- Value-added services
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.

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.
STAR Health Benefits

- Traditional Medicaid benefits
- Service Management and Service Coordination
- Health Passport
- Unlimited prescriptions
- Unlimited medically necessary days in a hospital
- Primary care provider
- Value-added services

STAR Kids
**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

STAR Kids Benefits

- Traditional Medicaid benefits
- MDCP waiver services, available to members who meet income, resource, and medical necessity requirements for nursing facility level of care
- Community based LTSS
- Unlimited prescriptions
- Unlimited medically necessary days in a hospital
- Service coordination
- Primary care provider
- Value-added services
STAR Kids Provider Portal

- MCOs must have a provider portal that includes the following:
  - Client eligibility verification
  - Submission of electronic claims
  - Prior authorization requests
  - Claims appeals and reconsiderations
  - Exchange of clinical data and other documentation necessary for prior authorizations and claims processing
  - To the extent possible, supports online and batch processing

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.
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.

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 1915(c) waivers:
    - Home and Community-based Services (HCS)
    - Community Living and Support Services (CLASS)
    - Texas Home Living (TxHmL)
    - Deaf-Blind Multiple Disabilities (DBMD)
STAR+PLUS Benefits

- Traditional Medicaid benefits
- STAR+PLUS Home and Community Based Services (HCBS) program services available to members who meet income, resource, and medical necessity requirements for nursing facility level of care
- Community-based LTSS
- Service coordination
- Primary care provider
- Unlimited prescriptions
- Value-added services

Transitions

Age Outs
# Age Outs

Members age out of the following managed care programs:

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

# Age Outs

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

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<tr>
<td>MDCP</td>
<td>21st birth month</td>
<td>STAR Kids to STAR+PLUS or STAR+PLUS HCBS</td>
<td>The type of managed care will depend on the type of eligibility the client has and if they meet MN for STAR+PLUS HCBS.</td>
</tr>
<tr>
<td>YES</td>
<td>Month prior to 19th birth month</td>
<td>Stay in STAR Kids or STAR Kids to STAR</td>
<td>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</td>
</tr>
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## Age Outs

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<tr>
<td>HCS</td>
<td>21st birth month</td>
<td>STAR Kids to STAR+PLUS (acute care only)</td>
<td>These members will continue to get their LTSS waiver services through FFS.</td>
</tr>
<tr>
<td>DBMD</td>
<td>21st birth month</td>
<td>STAR Kids to STAR+PLUS (acute care only)</td>
<td>These members will continue to get their LTSS waiver services through FFS.</td>
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## Age Outs

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

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</thead>
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<tr>
<td>CLASS</td>
<td>21st birth month</td>
<td>STAR Kids to STAR+PLUS (acute care only)</td>
<td>These members will continue to get their LTSS waiver services through FFS.</td>
</tr>
<tr>
<td>TxHmL</td>
<td>21st birth month</td>
<td>STAR Kids to STAR+PLUS (acute care only)</td>
<td>These members will continue to get their LTSS waiver services through FFS.</td>
</tr>
</tbody>
</table>
**Age Outs**

- 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](#).

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**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
Services: State Plan and Waiver Services and Programs

State Plan Services

- Texas Medicaid provides all federally allowable and medically necessary services to clients aged 20 and younger, under Early Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Examples of state plan benefits include, but are not limited to:
  - Private Duty Nursing (PDN)
  - Home Health Services
  - Therapies
  - Durable Medical Equipment (DME)
State Plan Services

- PDN is nursing services for clients who meet the medical necessity criteria, and who require individualized, continuous, skilled care
- Home health services include home health skilled nursing (SN) and home health aide (HHA) services for *intermittent* skilled care
- Therapies include physical, occupational, and speech
- DME includes medical equipment to correct or ameliorate a client’s disability, condition, or illness

Waivers
**Medicaid Waivers**

- States use Section 1915(c) waivers to design programs to address the needs of specific 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).
- At this time, all Texas 1915(c) waivers serve children, and some serve only children.

**Services available in all waivers**

- Services available in all waivers
  - Respite
  - Employment services
  - Adaptive aids and minor home modifications
  - Transition assistance services
  - Supports for consumer direction
  - Extended therapy services and nursing, if necessary in addition to EPSDT
- Many children also receive attendant services through Community First Choice, which is a set of state plan services available to individuals in waivers.
Texas 1915(c) Waivers

<table>
<thead>
<tr>
<th>Waiver</th>
<th>Ages Served</th>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Living Assistance and Support Services (CLASS)</td>
<td>All ages</td>
<td>Intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID)</td>
</tr>
<tr>
<td>Deaf Blind with Multiple Disabilities (DBMD)</td>
<td>All ages</td>
<td>ICF/IID</td>
</tr>
<tr>
<td>Home and Community-based Services (HCS)</td>
<td>All ages</td>
<td>ICF/IID</td>
</tr>
<tr>
<td>Medically Dependent Children Program (MDCP)*</td>
<td>Birth through 20 years</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>Texas Home Living (TxHmL)</td>
<td>All ages</td>
<td>ICF/IID</td>
</tr>
<tr>
<td>Youth Empowerment Services (YES)</td>
<td>3 through 18 years</td>
<td>Institution for Mental Diseases (IMD)</td>
</tr>
</tbody>
</table>

*MDCP is delivered through managed care in STAR Kids and STAR Health.

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.
**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
  - Is delivered through managed care in STAR Kids and STAR Health

**MDCP Eligibility**

- Must be age 20 and younger
- Must be a U.S. citizen or an alien with approved status who lives in Texas
- Must meet Medicaid eligibility guidelines
- Meet medical necessity determination for NF care
- Must not be enrolled in another waiver program
Additional MDCP Services

• 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

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
  • Services are available statewide and must be within the program annual cost limit
  • Individuals must live in their own home or their family home
CLASS Eligibility

- 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

Additional CLASS Services

- Behavioral support services
- Case management
- Cognitive rehabilitation therapy
- Continued family services
- Dental
- Support family services
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

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

- 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

**Additional DBMD Services**

- Day habilitation
- Dental
- Dietary services
- Intervener
- Individualized skills and socialization
- Audiology services
- Behavioral support services
- Case management
- Chore services
- Orientation and mobility
- Assisted living (licensed up to six beds)
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

• 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 Eligibility**

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

**Additional HCS Services**

- Audiology services
- Behavioral support services
- Cognitive rehabilitation therapy
- Day habilitation
- Individualized skills and socialization
- Dental

- Dietary services
- Residential assistance
  - Host home/companion care
  - Supervised living
- Residential support
- Supported home living (transportation)
**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
  - Individuals may live in their own home or their family home

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**TxHmL Eligibility**

- 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
- Must not be enrolled in another 1915(c) waiver
**TxHmL Service Array**

- Community support (Transportation)
- Day habilitation
- Individualized skills and socialization
- Audiology
- Behavioral support
- Dental
- Dietary services

**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
YES Eligibility

• Be age 3 through 18
• Must 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
• 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

Additional YES Services

• Community living supports
• Family supports
• Paraprofessional services
• Professional services
• Supportive family-based alternatives
Key Initiatives: HCBS Settings Rule & STAR Kids Billing Matrix

HCBS Settings Rule
Background

- CMS issued federal regulations governing settings where Medicaid home and community-based services (HCBS) are provided.
- These regulations are collectively referred to as the HCBS Settings Rule.
- CMS has given states until March 17, 2023, to ensure all Medicaid HCBS providers comply with the HCBS Settings Rule.

Overview

- The HCBS Settings Rule requires that a Medicaid HCBS setting support a person's full access to the community.
- This includes opportunities to:
  - Engage in community life
  - Work in competitive integrated settings
  - Control personal resources

42 Code of Federal Regulations (CFR) 441.301(c)(4)
All Settings

- All Medicaid HCBS settings must also have the following qualities:
  - Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
  - Optimizes individual initiative, autonomy, and independence in making life choices.
  - Facilitates individual choice regarding services and supports, and who provides them.

Current Status

- **Statewide Transition Plan (STP)**
  - Received initial approval on Dec 21, 2022
  - Final STP posted for public comment through Feb 13

- **Rules** (revised to comply with HCBS Settings Rule)
  - **CLASS**: 01/30/23
  - **DBMD**: 02/23/23
  - **HCS**: 03/03/23 (expected)
  - **TxHmL**: 03/03/23 (expected)
Current Status

• Site Assessments
  • HHSC is conducting site assessments of provider-owned and controlled settings, which are:
    • STAR+PLUS HCBS: Assisted living facility (ALF) and adult foster care
    • HCS: 3-person residences, 4-person residences, and host home/companion care
    • DBMD: ALF and licensed home health assisted living

Individualized Skills & Socialization
Individualized Skills & Socialization

- Provides person-centered activities
- Supports the pursuit and achievement of employment
- Provides personal assistance for an individual who cannot manage personal care needs
- Provides assistance with medications and the performance of tasks delegated by a Registered Nurse (RN)
- Can be provided:
  - On-site
  - Off-site
  - In-home (*HCS and TxHmL only*)

STAR Kids Billing Matrix Updates
STAR Kids LTSS Billing Matrix Changes

• December 2022 changes made to comply with the National Correct Coding Initiative
• STAR Kids MCO encounter data must follow the STAR Kids LTSS Billing Matrix

Summary of Changes

• Removed Current Procedure Terminology codes
• Updated modifiers
• Defined modifiers in a legend
• Units verified and updated with the Healthcare Common Procedure Coding System (HCPCS) codes
• Changed order of modifiers
STAR Kids LTSS Billing Matrix Changes

Highlighted Matrix Changes for MDCP Services:

• **MDCP In-home Respite:**
  - HCPCS changed from H2015 to T1005 for more appropriate coding of respite services.
  - Added the U7 Specialized Services modifier for a member with a tracheostomy or who are ventilator dependent.
  - Updated modifiers to designate who provided the service and to designate self-direction

• **MDCP Flexible Family Supports:**
  - HCPCS code changed from H2015 to S9482 for more appropriate coding
  - Added the U7 Specialized Services modifier for a member with a tracheostomy or who are ventilator dependent.
  - Updated modifiers to designate who provided the service and to designate self-direction

Highlighted Matrix Changes for State Plan (Non-MDCP Services):

• **U6 modifier** required for state plan LTSS provided to MDCP members.

• **Private Duty Nursing (PDN):**
  - Removed the UA Specialized Services modifier from non-PDN services.
STAR Kids LTSS Billing Matrix Changes

Highlighted Matrix Changes for State Plan (Non-MDCP Services):

- **Personal care services (PCS)** modifiers updated and defined
- **Community First Choice** PCS modifiers updated and defined
- **Nurse Delegation and Supervision:**
  - HCPCS code G0495 added to delineate training and ongoing supervision from the RN assessment for delegation (G0162)
  - Added modifiers to separate PCS and CFC

Resources

Policy Webpages

**Resources**

**Policy Webpages**


**Resources**

- **Waiver comparison chart**

- **Texas Medicaid State Plan Services & Support comparison chart**
Resources

  • Questions about the LTSS Billing Matrix should be directed to your MCO.
  • Questions for HHSC about the billing matrix: Managed_Care_Initiatives@hhs.texas.gov
  • If a provider would like to submit a complaint to HHSC about the billing matrix - HPM Complaints (hpm_complaints@hhsc.state.tx.us).