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Proposed Enhancements to STAR and CHIP Service Management

May 26, 2021

Purpose

For HHSC and stakeholders to:

- Review proposed enhancements
- Review stakeholder feedback and HHSC updates
- Gather feedback from SMMCAC subcommittee members



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Terms

- Adoption Assistance and Permanency Care Assistance (AA/PCA)
- Former Foster Care Child (FFCC)
- Members identified as Farmworker Children (FWC)
- Members with special health care needs (MSHCN)
- Service Management (SM)
- Service Plan (SP)





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Current Service Management Requirements

Current Service Management Requirements

Who is eligible? STAR and CHIP MSHCN, this includes members:

- Receiving Early Childhood Intervention
- With high-risk pregnancies
- With high-cost catastrophic cases or high service utilization
- With mental illness and co-occurring substance use diagnosis



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Current Service Management Requirements (cont.)

Who is eligible? STAR and CHIP MSHCN, this includes members:

- With serious ongoing illness or chronic complex condition that requires ongoing therapeutic intervention
- Receiving Community First Choice

A complete list is found in UMCC 8.1.12.1.



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Current SM Requirements

Non-AA/PCA members

Initial Screening	Service plan	Reoccurring outreach
FWC, FFCC, MSHCN flagged in enrollment file, pregnant women- within 30 days of enrollment All other STAR and CHIP members- within 90 days of enrollment	Develop SP (no timeframe) Update the SP at least annually and upon identifying changes in the member's condition	None



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Current SM Requirements

AA/PCA members

Initial Screening	Service Plan	Reoccurring outreach
<p>Within 15 days of enrollment</p> <ul style="list-style-type: none">• Make at least three telephonic efforts• If no response to telephonic outreach attempts, the MCO mails written correspondence	<p>Develop SP within 30 days of enrollment</p> <p>Biannual outreach attempts per year to update the SP and upon identifying changes in the member's condition</p>	<p>Attempt contact at least annually</p>



Current SM Requirements

AA/PCA members

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Proposed Enhancements

- At the macro-level, how can we better address the health needs of STAR and CHIP MSHCN?
- **Area of improvement:** MSHCN subgroups with varying needs share the same minimum SM requirements.
- **Change idea:** Enhance minimum SM requirements for certain MSHCN subgroups.



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Proposed Enhancements

Tailor SM activities to each member's health needs:

- MSHCN with medical or behavioral complexity (Level 1)
 - All other non-pregnant MSHCN (Level 2)
 - High risk pregnant women (stand alone requirements, not in Level 1 or Level 2)
- Project 1**
- Project 2**





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Project 1: Level 1 and Level 2 MSHCN

Project 1

Proposed Enhancement

- Creation of a new definition of *MSHCN with medical or behavioral health complexity*.
- Creation of two formal SM levels, Level 1 for *MSHCN with medical or behavioral complexity* and Level 2 members are all other non-pregnant MSHCN.
- Level 1 will require more intense SM requirements than Level 2 (i.e. additional MCO outreach attempts and more frequent SP updates).
 - Level 1 member can decline SM or request to receive Level 2 SM.



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Project 1

Stakeholder Feedback

- Definition: Clarify behavioral health complexity and medication dependency
- Concern on creating distinct levels.
- MCOs already use assessment tools and predictive modeling to identify risk levels and service utilization trends.
- Need for better communication between PCP and MCO
- Provide MCO's flexibility in determining frequency, type, and delegation of contact with member
- MCOs may have a role in facilitating enrollment of member from STAR or CHIP to STAR Kids or other Medicaid waiver programs.



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Project 1

Revised Definition

MSHCN with medical or behavioral health complexity are members with a condition that is anticipated to last longer than 12 months in addition to having one or more of the following:

- Having a condition(s) affecting more than two organ systems
- Technology dependence **to compensate for the loss of a vital body function** (such as members requiring supplemental oxygen, ventilators, dialysis machines, or gastrostomy tubes)



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Project 1

Revised Definition

- Medication dependence **that if the member goes without, the member will have functional limitations and the complexity of the member's medication regimen requires planning and/or administration assistance to assure proper adherence.**
- Involves complex medical decision making (such as members receiving care through CFC, PCS, PDN, and PPECC).

An MCO may designate additional MSHCN members in this group based on the MCO's assessment of the member's needs.



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Project 1

Proposed Enhancements

- HHSC will facilitate the creation of best practices for MCOs to help STAR and CHIP MSHCN screen for STAR Kids criteria (as appropriate).
- Include texts, emails, and face-to-face as part of allowable SM outreach requirements.
- Optional: Upon request, the MCO must provide a copy of the SP to the member's provider and other individuals specified by the member.
- TAHP has created a contact list for providers to use to contact MCO service coordination staff.



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Project 1

Open Discussion



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Project 2: High-risk Pregnant Women

Project 2

STAR and CHIP MSHCN include women with high-risk pregnancies, defined as:

- Age 35 and older or 15 and younger
- Diagnosed with preeclampsia, high blood pressure, or diabetes
- With mental health or substance use disorder diagnoses or
- With a previous pre-term birth.



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Project 2

Proposed Enhancements

- An MCO must complete an evidence-based risk assessment for all new members who are pregnant and all existing members who become pregnant (unless member declines or unable to be reached).
 - The initial assessment completed by the MCO will be based on pregnancy notification. The MCO may delegate to the PCP or a medical home.
- MCOs may complete a subsequent risk assessment in the prenatal period based on the member's needs or a change in condition.



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Project 2

Proposed Enhancements

- MCO outreach efforts for high-risk pregnant members in the third trimester will be based on the member's needs or a change in condition.
 - HHSC will explore best practices to estimate gestational age.
- Two separate outreach efforts in the postpartum period for members who had a high-risk pregnancy.
- Optional: Upon request, the MCO must provide a copy of the SP and risk assessment results to the member's provider and other individuals specified by the member.



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Project 2

Stakeholder Feedback

- Clarification on who will complete risk assessment and what assessment tool will be used.
 - Some MCOs already use risk assessment tools and do postpartum outreach.
- Consider adding morbid obesity (BMI >39) to the high-risk pregnancy criteria.
- Interest in greater data sharing between providers and the MCOs. Consensus this requires further discussion and exploration.
- Extra provider responsibility without incentive is adding unrealistic expectation to a provider's workload.



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Project 2

Stakeholder Feedback (cont.)

- It can be extremely difficult for an MCO to determine the member's gestational age.
- Consider the role of other state programs.
- Hospital discharge planning should be based on individual member needs and clinical judgement.
- Outreach to members in the postpartum period will require a review of staffing.



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Project 2

Open Discussion

Next Steps

- HHSC will follow-up on any action items that came out of the meeting.
- HHSC will share SMMCAC and other stakeholder feedback with HHSC internal workgroup.
- MCOs will be notified 12 to 18 months before any SM changes are to be implemented.



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Thank you

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