Medicaid and Adoption Assistance or Permanency Care Assistance

People who meet the Texas Department of Family and Protective Services (DPFS) eligibility requirements for Adoption Assistance or Permanency Care Assistance (AA or PCA) programs get Medicaid through managed care.

- Most AA and PCA members are enrolled in STAR.
- AA and PCA members who get Supplemental Security Income (SSI), Medicare, or 1915(c) waiver services can choose whether to stay in STAR Health or enroll in STAR Kids.

Picking out a new Medicaid program or health plan

STAR and STAR Kids offer several health plans to choose from. To find the health plans available in a service area, view this map.

DFPS determines who gets approved for AA or PCA Medicaid. DFPS tells HHSC that you are approved for Medicaid and HHSC then mails an enrollment packet to you.

- The enrollment packet has information on how to either enroll in either STAR or STAR Kids or remain in STAR Health.
- You or your family will have 60 days from when you leave foster care to choose a Medicaid program and health plan. ***You should call 1(877)782-6440 to reach HHSC's specialized helpline for help completing an enrollment.***
  - You should carefully review the enrollment packet information, including how to check if their current STAR Health providers are in the STAR or STAR Kids health plan's provider network.
- During the choice period, you will remain enrolled in STAR Health.
- If no program choice is received by HHSC the end of this choice period, HHSC will default you into STAR or STAR Kids.

- The new enrollment into STAR or STAR Kids will start 60 days after the foster care end date.

If you do not get an enrollment packet in the mail, you should call DFPS regional adoption assistance eligibility specialist to update the address. If the eligibility specialist is not known, you should call the DFPS hotline at 1-800-233-3405.

Continuing STAR Health services while transitioning to a new Medicaid program and health plan

HHSC requires health plans to ensure continuity of care for people transitioning between different Medicaid programs and health plans. Your new health plan is required to honor service authorizations issued by the old health plan to prevent a lapse in service.

The old health plan's service authorization will be honored by the new health plan until one of the following occurs first:

1. 90 calendar days following the transition to the new health plan
2. HHSC's prior authorization expires, or
3. the new health plan has evaluated and assessed the Member and issued or denied a new authorization.

Recommendations for an AA or PCA member or their family:

1. Reach out to your new health plan and ask about service coordination. Call your health plan by using the member services phone number on the back of your health plan ID card.
   a) To learn more about service coordination, please visit "Help Coordinating Your Services".
2. Ask your STAR Health provider(s) to reach out to your new health plan the first day you are enrolled so the provider can explain to the new health plan that you are continuing services and need an updated authorization as soon as possible.
3. If you have any questions or concerns, first try to address them with the health plan member support line. If that does not resolve the issue, reach out to the Ombudsman Managed Care Assistance Team, see https://www.hhs.texas.gov/services/your-rights/hhs-office-ombudsman/ombudsman-managed-care-help