



Opportunity to Participate in the Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot Program

Senate Bill (S.B.) 1648, 87th Legislative Session, Regular Session, 2021, requires HHSC to develop and implement a pilot program substantially similar to the program described in the federal Advancing Care for Exceptional (ACE) Kids Act of 2019.¹²

The Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot is a Texas program being piloted within the STAR Kids program to model the effectiveness of enhanced care coordination provided through health homes designed specifically to support children with medically complex conditions and their families. Participation in the pilot is voluntary for MCOs, health home providers, and Medicaid members. The pilot will run from December 1, 2022 until September 1, 2025.

Summary of Request

To participate in the CHIC Kids Pilot program, STAR Kids managed care organizations (MCOs) and their contracted provider participants will be required to engage in an alternative payment model or other reimbursement arrangement that provides enhanced care coordination through health homes specially designed for children with medically complex conditions. MCOs and providers must submit joint proposed project plans to HHSC at CHIC_Kids@hhs.texas.gov by **August 12, 2022**.

Project plans:

- must be developed by both the MCO and their contracted provider participants;
- must include how the MCO and provider plan to meet the participation requirements laid out in this document; and

¹ <https://statutes.capitol.texas.gov/Docs/GV/htm/GV.531.htm>

² <https://www.congress.gov/116/plaws/publ16/PLAW-116publ16.pdf>

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- must be submitted to HHSC by the participating MCO.

MCOs and providers interested in participating in the pilot should submit project plans to HHSC as soon as possible to ensure there is enough time to determine ability to meet the participation requirements. Interested MCOs and providers are encouraged to include feedback in their submission regarding aspects of the pilot they would like to discuss further with HHSC.

Additional details to support this request can be found throughout this document.

Background

Texas Health and Human Services Commission (HHSC) held several meetings with the STAR Kids Managed Care Advisory Committee, MCOs, and other external stakeholders throughout 2022 to discuss the development of the pilot, reporting requirements, and ensure that the pilot is designed to positively impact participating members, providers, and MCOs. As a result of this collaboration, HHSC has created an opportunity for MCOs and providers, especially complex care clinics, interested in creating or enhancing an innovative health home model for children with medically complex conditions.

The overall goals of the CHIC Kids Pilot are to:

- improve care coordination for children with medically complex conditions;
- improve access to care, health outcomes, and member satisfaction; and
- reduce administrative burden for MCOs and providers.

Pilot Requirements

Member Participation Requirements:

- Children and youth enrolled in STAR Kids who are determined to need a referral for nursing care at home based on the results of the STAR Kids Screening and Assessment Instrument (SK-SAI)
- Must consent to participate

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- Must meet definition of “child with medically complex conditions” as described in this document

Health Home Provider Participation Requirements:

- Have at least 150 patients in active treatment under their care, through any payer or program, with 80% of patients being children with medically complex conditions as defined in this document
- Coordinate prompt care for pilot participants, including providing pediatric emergency services and 24/7 access to health home providers
- Provide a core team to serve pilot participants that includes, at minimum, a primary care provider (PCP), nurse case manager or nurse navigator, dietitian, and social worker
- Develop individualized comprehensive pediatric family-centered care plans for pilot participants. Designated multidisciplinary care team members must communicate regularly to create and update a shared integrated care plan. The care plan and the member’s current individual service plan maintained by the MCO must be aligned. Care plans must accommodate patient preferences and include, as medically appropriate,
 - ▶ ongoing home care,
 - ▶ community-based pediatric primary care,
 - ▶ pediatric inpatient care,
 - ▶ palliative services,
 - ▶ social support services, and
 - ▶ local hospital pediatric emergency care.
- Work in a culturally, spiritually, and linguistically appropriate manner with families, including when developing care plans
- Educate and encourage self-management and shared decision-making through pilot participant and family coaching and peer support services
- Coordinate access to subspecialized pediatric services and programs for pilot participants, including the most intensive diagnostic, treatment, and critical care levels as medically necessary
- Coordinate member transition from pediatric to adult care providers, as medically appropriate

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- Coordinate care for pilot participants with out-of-state providers furnishing care to children with medically complex conditions where medically necessary and appropriate, and as applicable

MCO Participation Requirements:

- Oversee, collaborate with, support, and reimburse the provider participant in the operation of the pilot
- Streamline service coordination through working with pilot participant's health home to eliminate duplication of services
- Reinvest funds not spent on MCO activities (e.g., delegated to the health home), efficiencies gained, and other costs saved due to pilot activities for the provider participant's operation of the pilot
- Utilize an existing or new alternative payment model or other reimbursement approach that complies with HHSC managed care contract requirements to appropriately incentivize and reimburse health homes and providers for the provision and coordination of care for pilot participants
- With input from the health home, identify opportunities for provider administrative simplification to enhance the provider's ability to successfully carry out the responsibilities required of provider participants

Pilot Monitoring and Evaluation

These reporting and monitoring elements are modeled after the ACE Kids Act requirements and based on recommendations from stakeholders during pilot development. Designated providers working with MCOs must provide the MCO with the necessary data to allow MCO reporting to HHSC. As required by Texas Government Code Section 531.0605, and to allow for HHSC to monitor the pilot, MCOs must have a process for tracking and reporting the following evaluation measures.

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Evaluation

To participate, CHIC Kids Pilot MCO and provider participants must report certain elements to HHSC (Table 1). If an MCO is already reporting certain measures, the MCO must identify in the pilot project plans where the measure is currently being reported to HHSC. Importantly, MCOs must report individual-level data, where possible, rather than aggregate counts or rates. All measures must be reported to HHSC monthly.

Table 1. Required Reporting Elements

Measure or Other Reporting Requirement	Party Responsible for Reporting	Source of Data
Number of pilot participants	MCO	MCO internal data
Medical conditions of pilot participants	MCO	MCO internal data
All SK-SAI data	MCO	SK-SAI
Each designated provider's name and specific health care services offered to pilot participants	MCO	MCO internal data
Number and types of core team providers, including those out of state, as applicable	MCO	MCO internal data
Other expenses not reported	MCO, Provider	MCO internal data, provider internal data
Care goals met	MCO	SK-SAI
Care coordination	MCO, Provider	MCO internal data, provider internal data
Communication with pilot participants	MCO, Provider	MCO internal data, provider internal data
Time from identification of need to provision of services by out of state providers, as applicable	MCO	MCO internal data

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Measure or Other Reporting Requirement	Party Responsible for Reporting	Source of Data
Rate of inpatient stays	MCO, Provider	MCO internal data, provider internal data
Number of missed appointments	Provider	Provider internal data
Number of referrals	Provider	Provider internal data
Use of health information technology	Provider	Provider internal data
Frequency of after-hours care	Provider	Provider internal data
Patient education	Provider	Provider internal data
Implementation of APMs	MCO	APM Reporting Tool
Administration of HHSC-designed family survey	Provider	Caregiver-reported survey results

HHSC = Texas Health and Human Services Commission; CHIC = Comprehensive Health Homes for Integrated Care; STAR Kids = Medicaid managed care program that serves children and adults age 20 and younger with a disability; MCO = Managed care organization; SK-SAI = STAR Kids Screening and Assessment Instrument; IADL = Instrumental activities of daily living; APM = Alternative Payment Methodology.

Note: Once participants are selected, additional details on each required reporting element will be finalized and then provided via the Uniform Managed Care Manual.

Appendix A. Definitions

Care Plan – Individualized health record used to facilitate communication and shared between the patient, providers, and MCOs. Pilot participants and their families must have 24/7 access to the care plans.

Child with medically complex conditions – Individual under 21 years of age who has at least one or more chronic conditions that cumulatively affect three or more organ systems and severely reduces cognitive or physical functioning and that also requires the use of medication, durable medical equipment (DME), therapy, surgery, or other treatments; or one life-limiting illness or rare pediatric disease as defined in section 529(a)(3) of the Food and Drug Administration Safety and Innovation Act ([21 U.S.C. 301](#)).

Chronic condition – Serious, long-term physical, mental, or developmental disability or disease, including:

- Cerebral palsy
- Cystic fibrosis
- HIV/AIDS
- Blood diseases, such as anemia or sickle cell disease
- Muscular dystrophy
- Spina bifida
- Epilepsy
- Severe autism spectrum disorder
- Serious emotional disturbance or serious mental illness

Designated provider – Physician, hospitals, clinical practice or clinical group practice, prepaid inpatient health plan, prepaid ambulatory health plan, rural clinic, community health center, community mental health center, federally qualified health center, home health agency, or any other clinical entity or provider that is determined qualified to be a health home based on documentation that the entity has systems, expertise, and partnerships needed to serve children with medically complex conditions.

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Health home – Designated provider or health team selected by the family of a child with medically complex conditions to provide health home services.

Health home services – Comprehensive and timely high-quality services that are provided by a designated provider or health team. Services must include, but are not limited to:

- Comprehensive care management
- Care coordination, health promotion, and providing access to the full range of pediatric specialty and subspecialty medical services, including services from out of state providers as medically necessary
- Comprehensive transitional care, including appropriate follow-up from inpatient to other settings
- Patient and family support (including authorized representatives)
- Referrals to community and social support services, if relevant
- Use of health information technology (HIT) to link services and support integration, as feasible and appropriate

Self-management – Ability to understand and effectively manage one's own chronic health condition, such as monitoring symptoms, avoiding triggers, administering medication, and preventing crises.