

**STAR Kids Managed Care Advisory Committee  
Meeting #36 • Meeting Minutes  
Wednesday, December 08, 2021,  
9:31 a.m. – 2:01 p.m.**

**TEAMS Live Events Virtual Meeting**

**Agenda Item 1: Welcome, introductions, and opening remarks**

Ms. Catherine Carlton, Chair, called the 36<sup>th</sup> meeting of the STAR Kids Managed Care Advisory Committee to order at 9:31 a.m.

Mr. Owens, Health and Human Services Commission (HHSC), Advisory Committee Coordination Office (ACCO), addressed logistical issues, conducted member roll call, and ask each member to introduce themselves and announced the presence of a quorum.

Ms. Carlton, Chair, welcomed committee members and provided opening remarks. Table 1 notes committee members' attendance at the meeting.

**Table 1:** STAR Kids Managed Care Advisory Committee member attendance at the December 08, 2021 meeting

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Dr. Berhane, Rahel	X		Dr. Ostermaier, Kathryn MD		X
Mr. Josh Britten		X	Mr. Pereida, Jose	X	
Ms. Calleros, Rosalba	X		Mr. Smith, Blake	X	
Ms. Carlton, Catherine	X		Ms. Tucker, Elizabeth	X	
Ms. Carriker, Terri	X		Ms. Shawnett Viani		X
Ms. Gutierrez, Iris	X		Belinda West	X	
Ms. Hopkins, Tara		X	Ms. Bianca Williams		X
Ms. Alice Martinez	X				
Dr. Medellin, Glen, MD	X				
Mr. Mosquera, Ricardo	X				

Yes: Indicates attended the meeting meeting

No: Indicates did not attend the meeting

**Agenda Item 2: Consideration of September 22, 2021 meeting minutes**

Ms. Carlton, Chair, referenced the drafts of the September 22, 2021, meeting minutes and asked members if there were any changes. Ms. Carlton requested a motion to approve the September 22, 2021, meeting minutes.

## **Motion:**

Ms. Elizabeth Tucker made a motion to approve the September 22, 2021, minutes as presented. Ms. Terri Carriker seconded the motion. The motion passed by a unanimous roll call vote with twelve approvals, no disapprovals, and no abstentions.

## **Agenda Item 3: COVID-19 update**

Ms. Kate Layman, Manager, Policy and Program Development, HHSC and Dr. Ryan Van Ramshorst, Chief Medical Director, Office of the Medical Director, HHSC, provided an update on COVID-19 issues impacting the STAR Kids program. Highlights of the update and committee member discussion include:

- Dr. Van Ramshorst shared epidemiology numbers, which can be found in detail on the Texas insight COVID updates provided twice a week.
- Ms. Layman commented on the policy related activity and flexibilities that have been implemented. She provided an update related to current policy on Medicaid and CHIP. She stated that HHSC is planning to extend until the end of December the waiver of the 30-day illness requirement in Star Plus as it is related to COVID.
- There is also a waiver of the \$200,000.00 limit on payment for COVID-related hospitalizations.
- Continuing to allow community first choice attendance and habilitation providers and respite providers to live in the same home as the person to whom they're providing services, spouses and parents of minors are still not able to provide those services.
- We are continuing to allow in home day habilitation in our home and community-based services and Texas home living waivers.
- We are extending timelines for appeals and fair hearings and allowing those appeals to be made verbally.
- We are suspending public certain public notice requirements and allowing STAR plus members who are leaving a nursing facility for COVID-related reasons to be upgraded to STAR Plus home and community-based services.
- We do have several Telehealth and telemedicine flexibilities that have been in place for the duration of the public health emergency, and as some of you may be aware, House Bill 4 for out of the recent legislative session. Texas legislative session does direct HHSC to continue those flexibilities on a permanent basis.
- In our CHIP program we have waived the office visit copayments that has been extended through the end of January. We also are extending through

the end of January the flexibility allowing audio only orientations for our CDS community directed services providers. After January, we will continue to allow that through audio and video options, but the telephone only option will end at the end of January.

### **Agenda Item 6: Medically Dependent Children Program renewal update**

Ms. Carlton announced that the committee would move ahead to the posted Agenda item #6, "Medically Dependent Children Program renewal update". Additionally, she announced that we will proceed with the posted Agenda Item 5 and return to the posted Agenda Item 4 afterwards. Ms. Kathi Montalbano provided an update on the renewal and a brief overview of some of the changes and the critical dates and referenced the handout: "STAR Kids MCAC\_MDCP Renewal Presentation".

### **Highlights of the presentation were as follows:**

#### **Medically Dependent Children Program (MDCP) Renewal**

- The 1915(c) MDCP waiver is renewed every 5 years. The current waiver cycle is 9/1/2017 – 8/31/2022.
- Upcoming Critical Dates:
  - Web Posting: February 2022
  - Public Comment Period: February to March 2022
  - Submission to CMS: April 2022
  - Renewal Effective Date: September 1, 2022
- **MDCP Service Array**
  - Respite
  - Adaptive aids
  - Minor home modifications
  - Employment assistance
  - Supported employment
  - Financial management services
  - Transition assistance services
  - Flexible family support services
- **MDCP Renewal Updates**
  - Updates to the unduplicated count of participants and waiver cost projections for the five-year renewal period.
  - Clarifications to the fair hearing, external medical review, and MCO Internal Appeal process.
  - Clarifications to the role of the Department of Family and Protective Services Statewide Intake in receiving reports of abuse, neglect, and exploitation, and HHSC Provider Investigations in investigating those reports.
  - Updates to the Quality Improvement Strategy section.
  - Updates to Texas Administrative Code (TAC) references where appropriate.
  - Removal of outdated Electronic Visit Verification
  - Language.
  - Updates to performance measure language as appropriate.

## **Members Discussed:**

**Dr. Rahel Berhane** stated that she was not familiar with what goes into this renewal and what is possible. Is there any opportunity to change a? the wait list for instance. Or the amount of money to get the number of Children who are still on the wait list or. The eligibility criteria, which are very rigidly defined. Or also some of the ways it is administered, where we from time to time here that this is ACMS requirement and therefore is unable to change. So is there is this the time to ask for some flexibilities in the way this is administered, this is the time to ask for more money into the system.

**Kathy Montalbano** responded by saying The waiver is based on federal and state funding, and so we will be able to update the projections based on appropriations, based on from this last session and historical utilization so We would have to ensure that Any recommendations that are made for you know, slot releases and stuff like that are in line with the appropriations.

**Ms. Elizabeth Tucker**, Past Chair said that she thought it was time to change the limited state criteria in a nursing facility. It seems an artificial process, and she wasn't sure what the purpose of it is. If a child meets the HHSC's medical fragility level, then to have them go into a nursing facility for part of two days is risky for their health costs. A lot of money and Really makes no sense. This committee included have been asking for that to change. She additionally stated that now is the opportunity to take that requirement out.

**Ms. Elizabeth Tucker, Past chair** additionally stated that there is a process that evaluates who gets that. I mean, who can? Who qualifies for a limited stay, but People who are poor can't get it. Nursing facilities are charging upwards of three, \$400 for a limited stay. The ambulance transportation to get there is expensive. COVID-19 is dicey, and people are scared to go into facilities. Facilities don't want them, and it just makes no good sense.

**Ms. Elizabeth Tucker, Past Chair**, stated that it's high time that we apply the same policy to MDCP that we applied to the star plus waiver by allowing all individuals who have SSI to automatically enter the waiver if they meet eligibility as opposed to making them wait on a waiting list. It was incredibly beneficial and still is for the start plus waiver in reducing the interest list, and I think that it could do the same thing for children who had that same medical level of need as adults.

**Ms. Elizabeth Tucker, Past Chair**, stated the way you define respite in the waiver is respite can't be used if the parent is working, attending school, or doing kind of other things that are ordinary, but then at the same time they can't use private duty nursing if they are attending school, going to work ,doing other things so it's a catch 22. So really, the way we've got it set up, it should not matter what the family is doing when they're using respite, so I think those kinds of artificial limitations on respite should be removed.

**Ms. Elizabeth Tucker, Past Chair**, stated that there's already an assessment that determines how many hours of rest they're going to get. So why does it matter what apparent is doing when they're using their respite?

**Ms. Terri Carriker** asked Ms. Montalbano when you talk about updates to quality improvement strategy and updates to performance measure language is appropriate. Will we have access to know what those are and what you're looking at changing so that we can give input about what's important to our kids and To this system to help it work better before this is presented. Do we have to wait for public comment to have access to that?

**Ms. Montalbano** responded by stating the draft won't be finalized in probably ready till February for posting and so it will be available through the posting along with the public notice of intent outlining the changes. What I will say about the quality strategy section of the waiver application based on like the initial work we've done on the renewal it is. It is just updating, you know, outdated references. Also, highlighting our internal process that we must look at t the 6 assurances that EMS requires us to look at which are the administrative authority, level of care Service plan qualified provider. Help them over and financial integrity. Within those assurances we must meet certain sub assurances that we developed the measures for that are tied to those assurances and Assurances to show compliance and so any measure changes. Those are still being worked out.

**Ms. Montalbano** additionally stated that the notice will outline further the specific sections that would be amended.

**Ms. Carriker** asked Ms. Montalbano So are you saying then that what you're talking about here are strictly paper changes?

**Ms. Montalbano** responded by stating some of the changes will outline our process and how the changes are to further reflect the process related to how we meet on a quarterly basis and review the measures that we currently have in the data that we collect; those assurances and identifying any sort of areas for improvements and things of that nature so it is really is going to be an update to the processes that we have in place.

**Ms. Carriker** asked if Ms. Montalbano could clarify the bullet a little bit about on #3 the renewal updates, clarifications to the role of Department of Family and Protective Services in the intake.

**Ms. Montalbano** responded by stating a full renewal, meaning that we touch all sections of the waiver is only done every five years. When transformation happened, some of the functions went to DFPS some of them went to HHSC provider investigations. We needed to clarify that language to further reflect the current roles of the various agencies in the process related to going through DFPS

for statewide intake and then the role of agency provider investigations to investigate.

**Mr. John Chacon** stated to the committee members, and Madam Chair that for those members of the public that our viewing is via the webcast live stream. This presentation was Agenda item number six from the public posted Agenda. Item number 4 will follow Agenda item number 5 .

#### **Agenda Item 4: STAR Kids Annual Report**

**Ms. Carlton, chair**, stated that we will now return to posted Agenda Item 4, "Star Kids Annual Report". Ms. Carlton re-introduced Ms. Kate Layman who provided a short update and discussion on the Star Kids Managed Care Advisory Committee annual report.

#### **Highlights of the discussion were as follows:**

- Ms. Layman stated that the bylaws have this report due at the end of each calendar year and it's a date that we don't meet. She stated wanted people to start thinking of way we could help meet that deadline.
- She stated the committee should be looking to make that happen so that we are consistent with the by-laws.
- Ms. Carlton asked Ms. Elizabeth Tucker to give a quick update of any feedback from members to share with you in advance of the meeting.
- Ms. Tucker stated that this is our probably that 4th report that we've done. We didn't have bylaws at the beginning because we were in statute and not in rule and so when it came upon us the first time, it was quick and then it changed again, saying that we don't need to do a legislative report. But every two years. And now we just do the Commissioner report. And so, this one is just a Commissioner report and not a legislative report.
- Ms. Tucker additionally stated that it requires a vote by end of December.
- Ms. Laymen stated that the state knew that this years wouldn't be by end of December.

#### **Agenda Item 5: STAR Kids/Medically Dependent Children Program (MDCP) legislative updates**

Ms. Carlton, Chair, introduced Ms. Erica Brown Deputy Associate Commissioner for Policy and Program. Ms. Brown introduced the following staff to provide updates on the following:

#### **86<sup>th</sup> Legislative Session update**

- a) Kellie Dees, SB 1207, Coordination of Benefits, provided the following updates:
  - Ms. Dees stated Senate Bill 1207 from the 86th legislature directs HHSC solicitation, with this group and the STAR Kids Advisory Committee to develop and adopt a clear managed care policy through ensure coordination and timely delivery of Medicaid wrap around benefits.
  - Ms. Dees stated that we drafted some initial language for the UMCM and again the purpose of that guidance in EU MCM is to provide policy

direction to MCO's on coordination of benefits with other insurance. Ms. Dees stated this guidance addresses third party liability and related coordination of covered matters.

- Ms. Dees made remarks about the proposed MCM language. She received a lot of great feedback from this group and one of kind of the key pieces of feedback we got that sort of that initial draft language was not written in sort of language that was easier for everyone to understand.
- She stated they share the draft language and got feedback; nine MCO's responded to that draft, of which five had comments on the draft policy guidance regarding coordination of coverage with other insurance.

### **Members Discussed:**

**Ms. Tucker, Past Chair**, made the following statements:

- In March of 2021, we spent a lot of time going through that policy and giving thoughtful comments and just part of it was about making it easier and clearer for families,
- Most of our comments dealt with the fact that we had people with third party private insurance who may have had exclusive provider networks and so their private insurance was not going to cover the benefit because they couldn't go out of network to the specialist that they needed. So, if there was a denial from that private insurance because of the exclusive provider organization, then Texas Medicaid would also deny just because the private insurance had denied.
- Some families, while they have third party insurance, are forced to go out of network with the third-party insurance and in turn paid pay a higher piece Co pay. Which became a reason for denial from Texas Medicaid.
- The policy was geared to really discourage families from having private insurance.
- Stated that it would be great to see what you all have done to the policy, and if any of the changes. That we recommended, were accepted

**Ms. Dees** responded by stating that some of the comments were about the language, which that led to us kind of going back and rethinking how we're doing this.

**Ms. Dees** also stated that they were going back with feedback and some of the MCO questions because they also kind of brought to light. some confusing beds or some limitations with their systems and other concerns.

**Ms. Tucker, Past Chair**, stated It was really about the process, but it was more. It was more about the denial of coverage because the third-party insurer denied it or it was out of network, or they have a skinny asked was there a plan on getting us the draft of the changes that you all made so that we can provide comments on that?

**Ms. Dees** responded by saying We are still working through this and I am assigned now to work on sort of the UMC M piece of this and that she was working as quickly as they can on sort of updating that and considering all these comments and stuff and to your other point about the skinny networks and things.

**Ms. Terri Carriker** made the following statements:

- Families are getting caught in the middle between the MCO and the other insurer, and so they're not able to access services that they are qualified and need.
- it's not just processes and policy, but people's lives are being infected and they need to have recourse and have a way to get out of that loop and have some power to get their kids what they need.

**Ms. Dees** responded and stated yes, that's certainly true and an important thing for us to keep at the forefront.

**Ms. Carlton , Chair**, Mentioned the coordination of benefits also applies to prescriptions and wondering if you're tying in or could provide an update on 1096 as families do get caught, mine included as coordinating benefits when it comes to prescriptions too and it results in delay of medications.

Ms. Dees stated that she wasn't prepared to provide an update on 1096 today, but we can have it heard at the next meeting.

Ms. Carlton, Chair stated she thought tying it into this overarching coordination of benefits is important to mention.

### **87<sup>th</sup> Legislative Session update**

**Ms. Kate Layman, referenced the handout titled SB 1648, Specialty Providers** and provided the following updates:

- SB 1648 amends managed care organizations related to out of network providers and coordination of benefits specifically requiring that or directing it to allow a Medicaid managed care member with medical complex needs to be able to continue receiving care from a specialty provider whom they have an established relationship when they're enrolled in the program.
- This action is regardless of whether that member has Primary Health insurance other than Medicaid and regardless of whether that specialty provider is in the individuals managed care organization network.
- Ms. Layman stated that SB 1648 requires each of our Medicaid MCOs to develop a timely and efficient process to enter into single case agreements with these providers that are not in their network; it requires them to the MCO to reimburse those specialty providers at the fee for service rate until they can enter into a single case agreement with that provider.
- Ms. Layman stated We will be posting our draft rule in the Texas Register in January 2022. There will be a public comment period. We also will be holding a public hearing during that period.



**Ms. Erica Brown, referenced the handout titled** HB 4, Telehealth Services and provided the following updates:

- Ms. Brown stated that HHSC has engaged several stakeholder groups for feedback over the past month.
- Ms. Brown stated she wanted to share some of the key take-aways from the STAR Kids Health Home Subcommittee and the IDD SRAC Transition to Managed Care Subcommittee on the questions you see listed on the slide.
- Ms. Brown stated mentioned statements regarding what we heard in those two meetings is the following:
  - Committee members believe a primary goal for the implementation of HB4 should be improved care and member satisfaction.
  - Many committee members shared that in-person visits help to ensure Star Kids members receive needed services and are important to protecting a member's health and safety. Subcommittee members offered a range for a recommended minimum number of in-person visits. The range was between once a year to every other month.
  - Many committee members emphasized the importance of client choice and flexibility with the modality of service (i.e., in-person or telehealth).
    - We heard that some families want to minimize the number of in-person visitors to their home, while other families prefer in-person visits because it allows them to build a relationship with the service coordinator, and it helps them to get their child's needs met.
    - We heard that there are logistical factors involved with having a service coordinator in the home, and that telehealth is convenient and saves time, particularly for those in rural areas where the travel time could be lengthy.
    - We also heard committee members stress that the pandemic is very much ongoing, so current COVID flexibilities should be continued to protect members who don't feel it's safe to have people coming into their homes right now.
  - A key theme is that stakeholders would like to see a balance between member preference and health and safety.
  - Subcommittee members recommended that MCOs consider a member's health and safety risk and the stability of the client's condition in determining the appropriateness of telehealth in lieu of in-person assessments and service coordination. Factors for consideration include:
    - Is the member at risk of abuse and neglect?
    - Is the member isolated? (i.e., consider social determinates)
    - Is the member's condition stable, with no recent changes in condition?
    - Can the member operate the equipment necessary to facilitate an audio-visual visit?
    - Can the member communicate and participate in an audio-visual platform?
  - There is a concern that Star Kids members at lower levels of need – i.e., Levels 2 and 3 may be at greater risk than Level 1 members because there are fewer provider and MCO touchpoints.

- MCOs and subcommittee members both mentioned that there is a continuum of needs represented in the various managed care programs, including STAR Kids.
- MCOs have emphasized that telehealth has improved consumer choice and has brought efficiencies to the delivery of assessments and service coordination.

i) **Leslie Smart, referenced the handout titled** HB2658 SHARS (Jennifer Daniels) and provided the following updates:

- Ms. Smart stated that School Health and Related Services (SHARS) are direct medical and transportation services available to children who are 20 years of age or younger, enrolled in Medicaid and are eligible to receive services under the Individuals with Disabilities Education Act (IDEA).
- Ms. Smart stated the services must be included in the child's individualized education program (IEP) established under IDEA.
- Ms. Smart stated the oversight of SHARS is a cooperative effort between the Texas Education Agency (TEA) and the Texas Health and Human Services Commission (HHSC).
- Ms. Smart stated HHSC staff are working with TEA and will draft a rule for public comment in the coming months
- Ms. Smart mentioned that they will be alerted to when the rule is published.

ii) **Lauren Petty, referenced the handout titled** HB 3720, Interest List and Questionnaire and provided the following updates:

- HHSC initiated a project to support House Bill 3720, Section 2, on September 1, 2021. The project is managed by Lauren Petty, Project Manager. The partnering HHSC program areas are IDD Program Eligibility & Support, Program Policy, and IDD-BH/IDD Services.
- The project goals are to revise the interest list questionnaire form 8577 and equivalent questionnaire in the Community Services Interest List (CSIL) application, administer the revised questionnaire, and create a new annual report for IDD-SRAC.
- House Bill 3720 does not specify a hard target implementation date. The project team's soft target date for the updated questionnaire to be available is June 2022.

**Action Items:**

- Lauren Petty is planning to organize a questionnaire workgroup to solicit input from IDD-SRAC participants. If interested in participating, please contact Ms. Petty via email at [Lauren.Petty@hhs.texas.gov](mailto:Lauren.Petty@hhs.texas.gov) by 12/19/21.
- Solicit input for questionnaire workgroup (Lauren Petty).

**Agenda Item 7: EQRO External Quality Review Organization update**

Ms. Carlton, Chair, introduced Ms. Soila Villareal, HHSC to provide update on EQRO by having the team present results from NCQA survey and provide an update on the MDCP focus groups they have been running. Ms. Villareal had issues with video

and presented with video on. Ms. Villareal referenced the handout "Texas Healthcare Learning Collaborative Portal: STAR Kids Data."

**Highlights of the Presentation were as follows:**

- Background
- The Portal
- Medical Quality of Care
- 2020 STAR Kids Measures
- Survey Measures
- Experience of Care
- Potentially Preventable Events
- Dashboards
- Current Quality Initiatives with the EQRO

**Agenda Item 8: Nonemergency medical transportation update**

Ms. Layman, Manager, Policy and Program, and Camisha Banks, Deputy Associate Commissioner of Managed Care Operations and Oversight, HHSC, provided an update on the nonemergency medical transportation carve-in.

**Highlights of the update, topics covered, and committee member discussion included:**

- HB 1576 from the 86th Legislative session back in 2019 moved the delivery of non-emergency medical transportation services
- Continuing to regularly review the call center metrics
- Continuing review of weekly call volumes
- Ombudsman office monitoring complaint trends
- Transition calls with MCOs on a bi-weekly basis
- Adding and clarifying language policy guidance through MCO handbooks .

**Agenda Item 9: Whole Child Visit**

Ms. Carlton, Chair, introduced Dr. Rahel Berhane, Ascension Seton Medical Center. Dr. Berhane provided a presentation update on the Whole Child Visit pilot project.

Highlights of the Presentation were as follows:

- Background
- CMC - Unique requirements
- Challenges in current system
- CCC/Value Institute/ BCBS SK Pilot
- CCC/Value Institute/BCBS SK pilot
- Timeline

## **Agenda Item 10: Transition to Adult Services**

Ms. Carlton, Chair, introduced Jimmy Blanton, Alicia Adkins and Peggy McManus who provided an overview of the work done by the Pediatric to Adult Transitional Care and Value-Based Payment Technical Assistance.

### **Highlights of the Presentation were as follows:**

- Transition Services Collaborative Overview
- Review Health Care Transition (HCT) options:
  - MCO Contract Language
  - Structural and Outcome Measures
  - Fee-for-Service (FFS) and Value-Based Payment (VBP)
  - Electronic Medical Record (EMR) and Information Technology (IT)
  - STAR Kids Caregiver Survey
  - Content for Training Webinars on HCT

### **Members Discussed:**

- **Dr. Ricardo Mosquera** commented and asked if somebody have an idea about to do a transition model or program. Can they seek anybody to fund it .We can get support for a pilot project .Dr Mosquera also stated that he truly believe that the same way that we do for children, programs specifically for children with medical complexity, we should do the same thing for adult.
- **Dr. Mosquera** additionally suggested that maybe the two should be together at the same place.
- **Dr. Mosquera** that all the programs that have children. in the complex care program. should automatically have a program for adults to make the transition processes less painful.
- **Dr. Berhane** stated that she thinks this is also how we get the skills transitioning, If you have pediatric practitioners working with family docs or internal medicine dock, the cross training might have some of these sort of complex care hubs, why just make them complex care for children complex care, period .And so yes, but clearly the system of care must support this kind of structure.
- **Ms. Peggy McManus** stated that workforce issues that are being raised are huge and thinks that the careful examination each year or every six months of the MCO's to look at their adult provider availability is key.
- **Ms. McManus** also commented that she didn't don't know if Jimmy and Alicia we shared with you a survey that patients wise has used with a lot of different systems to inquire about adult providers willing willingness and capacity, and it makes clear for which populations they feel comfortable.

What care management support they might need to take this on that really is a sort of an essential piece of information.

- **Ms. McManus** stated that she could never find adult providers and would like more clarity about this so that your strategies could be more specific.
- **Ms. Tucker, Past Chair** asked Would it be possible to do a survey like that with our MCO's to do a survey of the adult practitioners that they've got in their networks for star kids and star plus.
- **Mr. Jimmy Blanton** stated I think we I think there's something for us to put on that angle.
- **Ms. Tucker, Past Chair** stated if there's a way to use that kind of a tool with the MCO's to survey their networks, specifically their primary care providers.
- **Ms. Catherine Carlton, Chair** stated that she felt the heart palpitations and seeing those questions of are you talking about a transition plan? At this point? It's still a yes, no question, but knowing the cliff and the discussions, it's important to remind families of that.
- **Ms. Tucker, Past Chair** stated that when we first started star kids., we didn't know what we were doing and we recommended that I think transition started at 14, now I think that we need to reexamine that and Take advantage of some of the work that's been done on transition to lower that to what I then I think that the best practice agent it's that 12.
- **Ms. Tucker, Past Chair** additionally stated the contract was 14 and even then, it's become. I think it's gotten watered down since we first started about what must happen at 14 and 15 and 16 and 17. So I think that we should really look at that and make another recommendation that we change our contracts to 12.

### **Agenda Item 11: STAR Kids MCAC subcommittee updates**

- a.** Health Homes and Defining Value for the STAR Kids Population - Dr. Berhane, Ascension Medical Group, provided the update. Highlights of update and committee member discussion included:
  - In the last quarter was spent in responding to the RFI that was Issued by HHSC which was extended to allow for meaningful discussions.
  - Met to discuss the telemedicine policy changes.
- b.** STAR Kids Screening and Assessment Instrument and Medical Necessity/IDD Carve In - Ms. Carlton, MHMR of Tarrant County, provided the update. Highlights of update and committee member discussion included:
  - Renamed to Assessment and Service Delivery Subcommittee

- Now committed to every six weeks meetings
  - Focus had been on CFC and personal care services
  - Legislatives updates and feedback for care coordination specialty providers and prescriptions.
  - Had discussion on communicated change to private duty nursing (when can be used) and DME preauthorization requirements awaiting updates from HHSC for next subcommittee meeting.
- c. Transition from STAR Kids to STAR+PLUS - Ms. Tucker, Past Chair, provided the update. Highlights of update and committee member discussion included:
- Update on conversations with the National Alliance to Advance Adolescent Health regarding a value-based payment pilot to advance adolescent health.
  - The National Alliance came to the Star Kids Advisory Committee and asked for our assistance in seeing if they could be of help to Texas to make sure that the health, the transition of children from pediatric care to adult care was a smooth one and a good one.
  - Ms. Tucker stated that the National Alliance had some funding through the Lucile Packard Foundation grant to provide that technical assistance to us and there.

### **Agenda Item 12: Public Comment**

Mr. Eric Owens, ACCO Facilitator, HHSC, read the public comment announcement and opened the meeting to public comment. Highlights of public comment were as follows:

**Ms. Adrienne Trigg representing** Texas Medical Equipment Providers Association (TexMEP) is a non-profit state association of DME/HME, complex rehabilitation (CRT), respiratory and rehab medical equipment providers operating in Texas. Ms. Trigg is also a parent of an MDCP child. Made written public comment about STAR Kids/Medically Dependent Children Program (MDCP) legislative updates Items 5a and 5b. Ms. Trigg's written testimony stated:

- TexMEP asked that you consider our response about the Attorney General Opinion committee notice to a legal brief regarding the intricacies of the Medicaid legislation and regulatory administrative rules.
- Expressed their disagreement with HHSC on their recent adoption Of the Administrative rules and implementation of SB 1207 and 1648.
- Requested the HHSC evaluate TexMeps brief response to the Attorney General.
- Request the committee make a petition for rulemaking to repeal and replace the language as requested by numerous legislative intent letters that have been inaccurately interpreted from this vital legislation that does not restrict or create further harmful barriers to care.

**Ms. Adrienne Trigg representing** herself as a caretaker and parent to her medically dependent child. MS. Trigg stated that her child is medically complex, and she is on the board of the medical advisory council for Dell Children's, and he receives MDCP.

- The word child seems to be a semantics issue for a word with an adult child because we reference these children as our child regardless of their age. She would like for this word to be specifically stated
- With 2 sessions for this legislation, new legislation should not go through this exhaustive unanimous legislative process if the legislative intent was to keep pre-existing aging definitions for specialty physician providers only.
- Stated that she would like for HHSC to look at other State's definitions to expand specialty provider versus primary care provider. i.e., Minnesota, Oregon, Maryland, New Mexico, and Montana.
- The actual impact of these adopted rules is a shrinking slice of the continuity of care pie to most vulnerable fragile population that makes up .69% of the managed care 2020 population.
- EQRO portal is only accessed 51% of the time, which is very low when compared to the National average.
- Ms. Trigg asked who is included in that definition for National Provider. What happens when patient can only half the time access these providers.

**Ms. Jessica Boston representing** Government Affairs with the Texas Association for home care and Hospice. Stated she didn't not have any addition comments for today and thanked the committee for the opportunity to speak.

**Ms. Tammy Wolven, mother of a special needs child provided written and oral public comment** stated the following:

- SB 1207 should be allowed to include DME. MCO are refusing to recognize the implementation of this Senate Bill.
- SB 1648 protection needs to be given to the specialty clinics, hospitals, specialty physicians, home health providers as well as DME Providers for this out of network Status.
- Use of Private Duty Nursing written comments were online for review.
- Ms. Sallie Allen informed Ms. Wolven that her written comments had been shared with the members.

The Committee receded back to Agenda Item #10 after this Public Comment, then returned for continuation of the public comments outlined below:

**Ms. Hannah Mehta** representing herself and Protect Texas Fragile Kids made the following comments:

- Ms. Mehta mentioned the MDCP Waiver renewal committee and would like to provide input to the process. She would like to see recommendation that come from it.
- Ms. Mehta said that for SB 1207 and 1648 wanted to clarify this has nothing the do with family understanding of the rules.
- SB 1648 Ms. Mehta gave an example of a family that was denied access specialty care because they are not in that region.
- Ms. Mehta stated that for SB4 and Telehealth, the agency promised there would never be a mandatory requirement for in home service coordination

visits outside of the once-a-year renewal; families need to have that choice to do what works best for them.

- Ms. Mehta stated that for HB 2658 input for would like to see some very robust family representation.

### **Agenda Item 13: Review of Action Items and agenda items for future meeting**

Ms. Carlton, Chair, stated that the next regular meeting is scheduled for Wednesday, January 12, 2022. Action items and agenda topics included:

- Ms. Carlton, Chair, reminded everyone that January 12th will be our next meeting focused on our report and bylaws.
- Ms. Tucker, Past Chair wants to provide recap of all the written comments made on the specialty providers policy and pulling that together in response to the letter to the committee and to others with the Attorney General's Office.
- Ms. Tucker, Past Chair, also would like Ms. McManus of the Transition Subcommittee to present to the group in January on all the work that has been done by the National Alliance to Advance Adolescent health around Value-Based payments.
- Ms. Tucker, Past Chair, stated that she would like for Ms. Michelle Thompson to send something out to members for participation on subcommittees and ask if members would like to assist with co-chairing one of those subcommittees.
- Ms. Tucker, Past Chair, stated that in the December meeting, she would like a follow-up with the ABA and the status.
- Ms. Erwin stated that she will follow-up with:
  - Ms. Shawnett Viani and Ms. Rosalba Calleros, around their papers for STAR PLUS that they are continuing to receive.
  - Ms. Linda Litzinger about her examples around families waiting in the ER that was given during public comment
- Ms. Layman will follow-up with:
  - MCOs around some of the NEMT items such as mileage reimbursement and cards and advanced funds issue.

### **Agenda Item 14: Adjourn and thank you**

Ms. Carlton, Chair, thanked committee members, staff, and public members for joining today's meeting. She stated the next STAR Kids meeting will be on January 12, 2022. There being no further business; the meeting was adjourned by Ms. Carlton at 2:01 pm.

Below is the link to the archived video of the December 08, 2021, STAR Kids Managed Care Advisory Committee (SKMCAC) that will be available for viewing for approximately two years from the date the meeting was posted on website and based on the HHSC records retention schedule.

<https://texashhsc.new.swagit.com/videos/12092021-637>