Input on STAR Kids Program

Recently we’ve received questions from districts related to the Health and Human Service Commission (HHSC) STAR Kids Program. After having reviewed and analyzed available information on the new HHSC STAR Kids Program available publicly as well as attending a parent and provider open meeting in Austin, Texas as well as a Transformation stakeholder meeting in El Paso, Texas, it is my opinion that there is still uncertainty in several areas of the program as it pertains to Schools. TASB Special Education Solutions is seeking guidance from HHSC related to this program and will communicate this information to stakeholders as we receive it.

Overview of STAR Kids

Senate Bill 7, 83rd Legislature, Regular Session, 2013, directs HHSC to establish a mandatory, capitated STAR Kids managed care program tailored to provide Medicaid benefits to children and young adults with disabilities. SB 7 also calls for the inclusion of the Medically Dependent Children Program (MDCP) and requires HHSC to consult with the STAR Kids Medicaid Managed Care Advisory Committee and Children’s Policy Council on the establishment and implementation of the program.

According to HHSC’s website, STAR kids will be the first Medicaid managed care program specifically serving youth and children who get disability related Medicaid.

Beginning Fall 2016, children and youth age 20 or younger who either receive Supplemental Security Income (SSI) Medicaid or are enrolled in the Medically Dependent Children Program (MDCP) will receive all of their services through a STAR Kids health plan. Children and youth who receive services through other 1915(c) waiver programs will receive their basic health services (acute care) through STAR Kids. Children, youth, and their families will have the choice of at least two STAR Kids health plans and will have the option to change plans.

STAR Kids provides basic medical benefits and coordination of care. “The program will provide benefits such as prescription drugs, hospital care, primary and specialty care, preventive care, personal care services, private duty nursing, and durable medical equipment and supplies”.

Medicaid populations who must participate in STAR Kids include children and young adults age 20 and younger:

- Who receive Supplemental Security Income (SSI) and SSI-related Medicaid.
- Who receive SSI and Medicare.
- Who receive Medically Dependent Children Program (MDCP) waiver services.
  - All services are delivered through STAR Kids MCO.
- Who receive intellectual and developmental disabilities (IDD) waiver services including:
- Community Living Assistance and Support Services (CLASS)
- Deaf-blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- State plan services and service coordination only through the MCO; waiver services will continue to be provided through the current providers

- Who receive Youth Empowerment Services (YES) waiver services
  - State plan services and service coordination only: YES waiver services will continue to be provided through the current providers.

- Who reside in a community-based intermediate care facility for individuals with intellectual disabilities (ICF-IID) or in a nursing facility (NF).
  - State plan services and service coordination only: long term services and supports (LTSS) services will continue to be provided through the appropriate institution.

- Individuals excluded from participating in STAR Kids include:
  - Adults age 21 years or older.
  - Children and young adults age 20 and younger enrolled in STAR Health.
  - Children and young adults age 20 and younger who reside in the Truman Smith Children’s Care Center or a state veteran’s home.

Additional information on STAR Kids is available at http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/star-kids.shtml.

**What Schools should know about STAR Kids**

STAR Kids is mandatory for all eligible students across the state. Parents and families may not opt out. Members choose a main doctor (primary care provider) through their health plan. (Exception: Those who get Medicare and Medicaid.) To get certain services, they will need to get approval from their health plan. STAR Kids will deliver basic medical services and long term services and supports (LTSS) through a health plan the member chooses.

Starting November 1, 2016, STAR Kids will provide these benefits statewide:
- Primary and specialty care
- Preventive care
- Hospital care
- Prescription drugs
- Personal care services (PCS)
- Private duty nursing (PDN)
- Community First Choice (CFC)
- Durable medical equipment

Requirements include transition assistance services through the Managed Care Organization. At last review, guidelines for this transition assistance services were not determined fully. Transition planning, a special feature of STAR Kids, is the process of helping teens and young adults prepare for changes following their 21st birthday. MCOs must begin STAR Kids transition
planning when their members turn 15. MCO transition planning should be delivered using a team approach.

**Timeline**

- **Summer/Fall 2016:**
  - Updated HHSC information sessions
  - Enrollment activities begin

- **August 2016,** clients receive:
  - Introduction letters
  - Enrollment packets — Pick a health plan

- **September 2016,** clients receive:
  - Reminder letters (if haven’t picked a health plan).

- **October 2016,** clients:
  - Clients who do not select a health plan by early to mid-October 2016, will be assigned to one.
  - May change health plans at any time by contacting the enrollment broker.

- **November 1, 2016:**
  - Begin receiving STAR Kids services through your health plan.

**Analysis/Questions Directed to Health and Human Services Commission:**

The HHSC STAR Kids program, a managed care coordination program, include areas that school provides service to students such as transportation, therapies such as occupational therapy, physical therapy, speech therapy, private nursing, as well as personal care services and transition support. While Health and Human Services had produced a great deal of information on their website ([http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml](http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml)) and at public meetings for both participants and providers, there are still lingering questions that impact school districts as well as the managed care providers that will serve children throughout Texas.

The Health and Human Services Commission, as the managing branch for health care and services in Texas, has contracted with several large entities, Managed Care Organizations, to provided case management and oversight of all services for the majority of children who are on Medicaid and SSI Insurance with the exception of a few specific programs. All children served by this program are eligible for services through the Independent School District (ISD). The majority of children served by these programs are also served by school districts across the State. In addition, a high percentage of said students are also served in Special Education under the legal perimeters outlines in the Individuals with Disabilities Education Act (IDEA Act). The IDEA Act has very specific perimeters related to medical and related services (Sec 300.34).

The IDEA requirements include eligibility and service determinations by a committee of school district staff, the parent/guardian and the child (when appropriate). Said committee, the Admission, Review and Dismissal (ARD) committee has complete oversight of all services within the school’s perimeter which includes both school hours and non-school hours if directly related to a child’s education. Schools provide services to children within the medical and
related services that are determined to be needed for the child to make progress on their Individual Education Plan (IEP) as determined by the ARD. Each area has very specific requirements related to documentation and legally required components of the IEP. In addition, services are determined for a year at a time (or less if appropriate) by said committee.

1. Will schools be enrolled as providers? If so, please clarify what capacity their participation will take.
2. If providers in the STAR Kids program, what are the expectations of HSSC and the Managed Care Companies as it relates to school districts in each area they are legally mandated to provide? Eligibility determination? Service determination?

Several districts across the state report that they have received notification that they were being automatically enrolled if they did not decline within a very short time period back beginning in November 2015. Letters indicated that the district was being automatically enrolled as a provider with the Managed Care Coordinator. The letter did not indicate clearly that enrollment was voluntary but as was discussed in the provider meeting, but instead indicated the provider was automatically enrolled as an extension of their provider application with HHSC. In a follow up conversation with HHSC staff at the provider meeting in Austin, Texas, our staff member, Dr. Karlyn Keller, was told by a policy analysts that the letter was sent as they were enrolled in HHSC as an Early Childhood provider. The specific district was not mentioned in this conversation.

1. The managed care company indicated automatic enrollment in the STAR Kids program. May we please get the perimeters of said automatic enrollment as outlined in various letters?
2. As schools are not allowed to enter into contract without following School Board adopted procedures related to contracting as outlined in Board policy, what steps can HSSC take to assist school districts in satisfying these requirements while remaining compliant with STAR Kids and the Managed Care Company expectations?
3. Please clarify the expectations and perimeters of this relationship with HHSC, the Managed Care Company and the school district as it relates to Early Childhood if the school is enrolled as a provider.

In addition, no mentioned of negotiating fees or fee schedules were mentioned in letters we have seen thus far; while at the provider meetings it was indicated that this would be a component of agreeing to contact with the Managed Care Company. Previously a fee schedule was created by HHSC that districts were to adhere to for SHARS/Medicaid billing. In addition, currently the SHARS/MAC program only covers students aged 3 to 20; however, STAR Kids covers children birth through 20. Given these intent of the legislation is to provide coverage for
children from birth to adulthood similar to the age span schools serve of birth through 20, it is our opinion that these two requirements should be streamlined allowing schools to access funding to cover medical and related services for all children served birth through 20 years of age. Similarly, the STAR Kids program is not limited to children identified for Special Education but instead for all children who have medical concerns covered under Medicaid and/or SSI insurance. Schools too are required to serve all children and not allowed to pick and choose.

1. If schools are to be participants in the STAR Kids program, will they negotiate rates with each Managed Care Company or will HSSC continue to publish the billing information/rates schools will adhere to?

The Texas Association of School Boards is currently seeking guidance regarding these matters directly with HHSC; however, we have not received a response at this time. We are aware of neither statute nor information currently available from the Health and Human Services Commission cover these matters.

Recommendation

It is our recommendation that schools who receive such letters take the following steps.

1. Contact the Managed Care Organization and confirm who the letter is directed to, specifically what program in the school it addresses.
2. Contact the Managed Care Organization in writing within the timelines established, if any, indicating that you are not in agreement or disagreement with the request but instead need additional time to respond appropriately.
3. Bring the letter to the attention of your legal support within your district for next steps. Should it be approved by the appropriate people, this would include input by your legal counsel.
4. If it is determined the letter does indeed target your SHARS program, please let us know here at TASB. We too are seeking answers and willing to discuss next steps with any district in the state.

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