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# Texas Medicaid Update

**Texas Health and Human Services Commission**
**Medicaid and CHIP Services Department**

# Medicaid Managed Care Update

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# How Many People get Medicaid?

## Estimates for April 2017 show:

- 4,052,290 people enrolled in Texas Medicaid.
  - 3,721,169 of them are in managed care.
    - STAR – 2,961,227
    - STAR+PLUS – 520,844
    - STAR Health – 31,802
    - STAR Kids – 164,607
    - Dual Demonstration – 44,689
  - 331,122 clients enrolled in Medicaid fee-for-service.

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Data Source: Estimate provided by HHSC Forecasting April 1, 2017

# Managed Care Expansion

- The 83rd Texas Legislature directed HHSC to move remaining Medicaid fee-for-service clients to Medicaid managed care.
- Currently, Adoption Assistance and Permanency Care Assistance clients and women in the Medicaid Breast and Cervical Cancer (MBCC) receive Medicaid services through Medicaid fee-for-service.
- Most of these clients will move to Medicaid managed care **September 1, 2017**.

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# Adoption Assistance and Permanency Care Assistance

- The Department for Family and Protective Services operates Adoption Assistance and Permanency Care Assistance:
  - The Adoption Assistance program provides help for certain children who are adopted from foster care.
  - The Permanency Care Assistance program gives financial support to family members who provide a permanent home to children who were in foster care but could not be reunited with their parents.

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# Adoption Assistance and Permanency Care Assistance

- Adoption Assistance and Permanency Care Assistance may provide:
  - Medicaid coverage for the child.
  - Monthly cash assistance from DFPS.
  - A one-time reimbursement from DFPS for some legal expenses that come with adopting or becoming the managing conservator of a child.

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# MBCC

- MBCC provides Medicaid to women diagnosed with breast or cervical cancer, or certain pre-cancer conditions.
- A woman can get MBCC services if she is:
  - Uninsured
  - Between age 18 until the month she turns 65
  - A US citizen or qualified immigrant
  - A Texas resident
  - Financially eligible

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# MBCC

- Women in the MBCC program continue to receive full Medicaid benefits as long as they are eligible and every six months:
  - Submit of proof of active treatment for breast or cervical cancer from the treating doctor (Form H1551, Treatment Verification) and
  - Complete and submit MBCC Renewal (Form H2340).

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# Managed Care Expansion

- Children and young adults receiving Adoption Assistance and Permanency Care Assistance will begin receiving Medicaid services through either STAR or STAR Kids beginning **September 1, 2017**.
- Women in the MBCC program will begin receiving Medicaid services through STAR+PLUS beginning **September 1, 2017**.
- Provider and client information sessions will be held throughout the state in July and August 2017.
- More information can be found at: https://hhs.texas.gov/about-hhs/communications-events/meetings-events.

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# IDD Waiver Overview

# 1915(c) Medicaid Waiver

## What is a 1915(c) Medicaid Waiver?

Waivers authorized by section 1915(c) of the Social Security Act allow states to provide long-term services and supports in a community setting as an alternative to services in an institutional setting.

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# IDD Waivers

Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions Program Waivers

- Community Living Assistance and Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-Based Services (HCS)
- Texas Home Living (TxHmL)

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# IDD Waivers

- Texas will begin to transition its four IDD waivers into a managed care delivery system beginning with Texas Home Living in September 2020.
- The other waivers will follow suit.
- HHSC will pilot the managed care delivery system for the IDD waivers through an IDD pilot beginning in September 2018.

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# CLASS - Summary

- May live in own home or family home
- Case management and direct services provided by two separate agencies
- Services must be within the cost ceiling of the program-$114,736 annual cost limit
- Available statewide

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# CLASS - Eligibility

- Financial eligibility for Medicaid
- Related condition as the primary diagnosis
- Substantial functional limitations in at least three of the following areas: self care, language, learning, mobility, self direction, capacity for independent living
- Not enrolled in another waiver

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# CLASS - Services

- Adaptive Aids
- Minor Home Modifications
- Transition Assistance Services
- Case Management
- Occupational, Speech and Physical Therapies
- Specialized Therapies
- Behavioral Support Services
- Habilitation Services
- Prevocational Services
- Nursing Services
- Respite Services
- Cognitive Rehabilitation Therapy
- Supported Employment
- Employment Assistance
- Support Consultation
- Continued Family Services
- Support Family Services

# DBMD - Summary

- Participants may reside in their own home or family home or in residences with one to five other individuals with similar needs.
- Case management and direct services provided by the same agency.
- Available statewide.

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# DBMD - Eligibility

- Financial eligibility for Medicaid
- Deafblind, or functioning as deafblind, and has one other disability that results in impairment to independent functioning
- Services within the annual cost limit of $114,736

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# DBMD - Services

- Case Management
- Residential Habilitation (CFC)
- Intervener
- Assisted Living
- Chore Services
- Day Habilitation
- Minor Home Modification
- Orientation and Mobility
- Behavioral Support Services
- Respite
- Nursing
- Speech, Language and Hearing Therapy
- Occupational Therapy
- Physical Therapy
- Audiology Services
- Dietary Services
- Adaptive Aids
- Supported Employment
- Employment Assistance
- Dental
- Transition Assistance Services

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# HCS - Summary

- Service coordination provided by the local intellectual and developmental disability authority
- Provision of waiver service components by Home and Community-Based Services provider
- Comprehensive program provider
- Available statewide

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# HCS - Eligibility

- Financial eligibility for Medicaid
- Primary diagnosis of an intellectual disability or an IQ of 75 or below and a related condition
- Services within the annual cost limit for the program:
  - $167,468 for level of need 1 (intermittent); LON 5 (limited); and LON 8 (extensive)
  - $168,615 for LON 6 (pervasive)
  - $305,877 for LON 9 (pervasive plus)
- Not enrolled in another waiver

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# HCS – Services

- Supported Home Living (CFC)
- Day Habilitation
- Supported Employment
- Adaptive Aids
- Minor Home Modifications
- Therapies
- Dental
- Cognitive Rehabilitation Therapy
- Transition Assistance Services
- Nursing
- Respite
- Employment Assistance
- Residential Assistance
- Financial Management Services
- Support Consultation

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# TxHmL - Summary

- Provides selected essential services and supports for individuals living in their own home or family home
- Service coordination by LIDDA and provision of waiver service components by TxHmL Program Provider
- Available statewide
- Services within the annual cost limit for the program of $17,000

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# TxHmL - Eligibility

- Financial eligibility for Medicaid
- Primary diagnosis of an intellectual disability or an IQ of 75 or below and a related condition
- Must live in own or family home (no residential component)

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# TxHmL - Services

- Community support
- Day habilitation
- Employment assistance
- Supported employment
- Respite
- Skilled nursing
- Behavioral support
- Physical and occupational therapy
- Dietary
- Speech and language pathology
- Audiology
- Minor home modifications
- Adaptive aids
- Dental
- Support Consultation Services
- Financial Management Services

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# Provider Enrollment

# Ordering, Referring, Prescribing Providers

- Federal law requires all providers who order, refer, or prescribe Medicaid-funded services to enroll with the state Medicaid agency as participating providers.
- For services that require an order, referral, or prescription, providers must include the National Provider Identifier (NPI) of the ordering, referring, or prescribing provider on the claim.

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# Ordering, Referring, Prescribing Providers

- For providers whose only relationship with Texas Medicaid is to order or refer services for Texas Medicaid clients, TMHP has developed an abbreviated enrollment application.
- This shortened application allows providers to enroll as an ordering or referring provider without participating as a rendering or billing provider within the state Medicaid program.
- TMHP and MCOs will begin denying claims that do not list the NPI of the ordering, referring, or prescribing provider beginning **October 1, 2017**.

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# Ordering, referring, prescribing providers

- TMHP and MCOs will begin denying claims in which the ordering, referring, or prescribing provider is not enrolled in Medicaid –
  - For pharmacy claims starting **October 16, 2017**.
  - For all other claims starting **October 1, 2017**.
- This requirement will apply to CHIP beginning **January 1, 2018**.

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# Long-Term Services and Supports (LTSS) Providers

- MCO LTSS providers are providers who are assigned an Atypical Provider Identifier (API) by HHSC, do not have an active Texas Provider Identifier (TPI) for the same provider type to bill TMHP for acute care services and do not have an active DADS Medicaid contract.
- MCO LTSS providers must enroll through the Medicaid MCO LTSS provider enrollment process no later than **January 1, 2018**.

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# CHIP Providers

- No later than **December 31, 2017**, all CHIP-only providers must complete an enrollment process through TMHP to continue to participate in CHIP.
- While the enrollment process and application are the same for Medicaid and CHIP providers, CHIP-only providers are not required to participate in Texas Medicaid.
- CHIP providers already enrolled as Medicaid providers do not need to take further action.

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# Questions?

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# Thank you