

An Important Message from The Texas Health and Human Services Commission (HHSC) Age Out Transitions and Waiver Terminations

Background:

To comply with the Families First Coronavirus Response Act (FFCRA, Public Law 116-127), the Texas Health and Human Services Commission (HHSC) has maintained members' Medicaid coverage during the federal COVID-19 public health emergency (PHE). The continuation of Medicaid coverage applies to all Medicaid types of assistance (TOAs). For these TOAs, the FFCRA requires continued coverage unless the denial reason is due to the member being deceased, having moved out of state or having voluntarily withdrawn from Medicaid. Refer to the "Maintaining Medicaid Eligibility during COVID-19" notice posted in TexConnect on April 8, 2020.

On Oct. 28, 2020, the Centers for Medicare and Medicaid Services (CMS) issued new guidance (Interim Final Rule CMS-9912-IFC) that clarifies interpretation of the FFCRA's requirement to continue Medicaid coverage.

This notice provides managed care organizations (MCOs) and dental maintenance organizations (DMOs) with a summary of agency actions taken to comply with CMS-9912-IFC, the Medicaid state plan, Medicaid waivers and updated related COVID-19 guidance.

Key Details:

HHSC will continue to maintain Medicaid coverage until the federal COVID-19 PHE ends for members who would otherwise be determined ineligible. However, the CMS-9912-IFC clarifies that states should move beneficiaries to the most appropriate Medicaid program for which they are eligible.

Given the CMS-9912-IFC, CMS requires that states work toward compliance with their Medicaid state plan and waiver agreements by moving beneficiaries no longer eligible for their current program to a program for which they are eligible and that provides the same tier of coverage as defined by CMS. For more information on the three tiers of Medicaid coverage categorized by CMS, please refer to Interim Final Rule [CMS-9912-IFC](#).

The following program changes are not allowed under CMS-9912-ICF, unless requested by the Medicaid beneficiaries:

- Moving from any TOA to Community Attendant Services (CAS)¹ only.
- Moving from Medicaid to the Children's Health Insurance Program (CHIP).
- Moving from Medicaid to Healthy Texas Women (HTW)².

¹ CAS is a fee-for-service program operated by HHSC to provide non-technical, medically related personal care service to eligible adults and children whose health problems cause them to be functionally limited in performing activities of daily living according to a practitioner's statement of medical need. Services are provided by an attendant. <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-attendant-services-cas>

² HTW is a fee-for-service program operated by HHSC that provides women's health and family planning services at no cost to eligible women. <https://www.healthytexaswomen.org/>

Note: The federal public health emergency was declared January 27, 2020 and current federal guidance has allowed certain Medicaid coverage to continue. If there are any additional changes to Medicaid coverage HHSC will let clients know at the appropriate time.

1. HHSC to Transition Eligible Members Between Medicaid TOAs

Under this new guidance, HHSC will begin to move eligible members to the appropriate Medicaid TOA. Effective Feb. 1, 2021, members no longer eligible for their original Medicaid TOA will begin transitioning to the TOA for which they are eligible. HHSC will inform members of their new Medicaid TOA. Members who are not eligible for a different Medicaid TOA will remain in their current TOA until the end of the federal COVID-19 PHE.

To ensure Medicaid clients are placed in the appropriate eligibility group, HHSC will run a one-time automated determination of eligibility for Medicaid members with verified changes, renewals, or new application information on file.

Any beneficiary age 21 and over, including those in the groups outlined below, will no longer be eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits, such as dental services. HHSC will provide additional guidance to MCOs and DMOs regarding EPSDT benefits and about the one-time automated determination of eligibility.

To assist MCOs in their efforts to communicate with members, MCOs will continue to receive supplemental files via TxMedCentral. Please refer to the "Updated Information on COVID-19 Medicaid Renewals" notice posted in TexConnect on Oct. 6, 2020. These supplemental files will only be available to MCOs; however, HHSC plans to provide MCOs and DMOs a list of impacted members near the end of the federal COVID-19 PHE. This refreshed list will include all Medicaid beneficiaries whose Medicaid coverage will terminate at the end of the federal COVID-19 PHE if they are determined ineligible. HHSC will provide more information about these files in future communications.

2. STAR Kids, STAR Health, and 1915(c) Waiver Members Who Are Age 21

a. STAR Kids members who transitioned to STAR+PLUS or STAR+PLUS HCBS on April 1, 2020

STAR Kids members who turned 21 in March 2020 and transitioned to STAR+PLUS or STAR+PLUS HCBS on April 1, 2020, will remain in STAR+PLUS or STAR+PLUS HCBS but will no longer be eligible for the STAR Kids benefit and service array, including EPSDT – Comprehensive Care Program and Medically Dependent Children's Program (MDCP) services, beginning April 1, 2021.

HHSC will provide STAR+PLUS MCOs with a list of these members on a supplemental file in March 2021. STAR+PLUS MCOs are expected to complete the following tasks:

- No later than 10 business days before the action, conduct outreach and inform impacted members they will no longer receive MDCP and/or EPSDT services starting April 1, 2021. The MCO must update the member's individual service plan or plan of care to reflect the change no later than April 1, 2021.
- Conduct outreach to providers about the upcoming changes.
- Ensure MCO systems reflect these changes effective April 1, 2021.
- Continue STAR+PLUS or STAR+PLUS HCBS enrollment and services, as appropriate.

For members not eligible for STAR+PLUS HCBS, please refer to the "3. MDCP and STAR+PLUS HCBS Termination Activity" section below.

b. STAR Kids and STAR Health members age 21 and not receiving 1915(c) Waiver, PPECC, or PDN

STAR Kids and STAR Health members who are 21 on or before March 31, 2021, and are not receiving 1915(c) Waiver (i.e., MDCP, Community Living Assistance & Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Texas Home Living (TxHmL), Youth Empowerment Services (YES), or Home & Community-based Services (HCS)), prescribed pediatric extended care center (PPECC), or private duty nursing (PDN) services will transition to the STAR+PLUS or STAR program effective April 1, 2021. The STAR Kids members who are 21 on or before March 31, 2021 will be sent a special notice about the transition in mid-February 2021. HHSC will send MCOs the language used in this communication. STAR Kids and STAR Health members who turn 21 in April 2021 and later will transition using standard procedures ([Section 8.1.38.7 Service Coordinator Roles and Responsibilities](#)).

MCOs will receive these members on the Monthly P34 Enrollment File following the March 2021 cutoff and are expected to complete the following tasks:

- STAR Kids, STAR Health, and STAR+PLUS MCOs must ensure MCO systems can transition these members to STAR+PLUS effective April 1, 2021.
- STAR Kids and STAR Health MCOs must continue to provide members their same level of benefits and services until the member transitions to STAR+PLUS or STAR.
- STAR Kids or STAR Health MCOs must discontinue providing the STAR Kids and STAR Health benefit and service array, including EPSDT – Comprehensive Care Program services, effective April 1, 2021. HHSC will provide additional guidance on this task.

c. STAR Kids and STAR Health members age 21 and receiving 1915(c) Waiver, PPECC, or PDN

HHSC will resume the process of transitioning STAR Kids and STAR Health members age 21 who are receiving 1915(c) Waiver, PPECC, or PDN services to STAR+PLUS HCBS or STAR+PLUS.

The Program Support Unit (PSU) will send STAR+PLUS MCOs notices to resume the

STAR+PLUS HCBS transition process starting Feb. 1, 2021. STAR Kids, STAR Health, and STAR+PLUS MCOs are expected to complete the following transition requirements:

- STAR Kids and STAR Health MCOs must provide the same level of benefits and services until the member completes the transition to STAR+PLUS HCBS or STAR+PLUS.
- For STAR Kids members who are age 21 on or before April 30, 2021, STAR+PLUS MCOs must transition the member to STAR+PLUS HCBS or STAR+PLUS, with an effective date on or before May 1, 2021. Note: There are no STAR Health members in this group.
- For STAR Kids and STAR Health members turning 21 in May 2021 and later, STAR+PLUS MCOs must process the transition using the standard processes for transitioning members from STAR Kids and STAR Health to STAR+PLUS HCBS ([Section 3421 Procedures for Children Transitioning from STAR Kids/STAR Health Receiving MDCP or THSteps-CCP, PDN or PPECC](#)).

For operational instructions, please refer to the attached resource, "Operational Process: STAR Kids — Waiver, PPECC, or PDN Age Outs."

Members not eligible for STAR+PLUS HCBS will transition to STAR+PLUS state plan services or another managed care program with an effective date on or before May 1, 2021. For members not eligible for STAR+PLUS HCBS, please refer to "3. MDCP and STAR+PLUS HCBS Termination Activity" section below.

3. MDCP and STAR+PLUS HCBS Termination Activity*

**This section includes MDCP members who are age 21 and have a medical necessity (MN) denial via STAR Kids Screening and Assessment Instrument (SK-SAI).*

HHSC is resuming MDCP and STAR+PLUS HCBS termination activity while maintaining continuous Medicaid coverage.

HHSC will send termination notices to members enrolled in MDCP or STAR+PLUS HCBS who are determined ineligible. Starting February 2021, member MDCP and STAR+PLUS HCBS termination notices will resume with a prospective termination effective date beginning Feb. 28, 2021. Members no longer eligible for MDCP or STAR+PLUS HCBS will lose waiver services and continue receiving state plan services until the end of the federal COVID-19 PHE.

For operational instructions, please refer to the attached resource, "Operational Process: MDCP and STAR+PLUS HCBS Termination Process."

Additional Information:

Any of the guidance provided in this notice is subject to change if HHSC receives additional direction from CMS.