

# Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC)



## Transition to Managed Care (TMC) Subcommittee

March 6, 2023

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### STAR+PLUS Pilot Program discussion

- Joy Kearney couldn't make it, they're setting a separate meeting with her to give an update.

### Transportation and non-emergency medical transportation discussion

- Naomi Carroll and Anna Brooks
  - Can a nurse accompany or transport a person to a medical appointment, and is there a comprehensive way for the provider to bill for it?
    - Namoi: yes. There are trips for medical, dental, or pharmacist appts covered under NEMT if the nurse or direct care worker wants to bill for it. They could use ITP participant services which is mileage reimbursement. They'd have to register w TMHP or appropriate health plan to do that. Or they could use regular demand response transportation, where someone would pick up the client and take them to the apt and a nurse or direct care worker would become an attendant. If traveling with an attendant they'd need to let them know that they'll have the attendant with them for the apt. She thinks that's how the pilot will be set up.
  - Sue Burek: someone was being discharged from the hospital, needed transport to go from hospital to home. Child non-ambulatory and medically complex. How
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would they be able to handle transport for discharge or any sort of emergency medical visit? ER, urgent care, etc. How does someone arrange for emergency transport outside of business hours?

- Naomi: NEMT services wouldn't be used in this scenario. They should contact MCO to arrange ambulant services.
- Amy Litzinger: if you have multiple insurances and Medicaid isn't paying for the doctor visit, can you use NEMT to pay for your attendant's travel if the visit itself is being covered by other insurances? If so, how do you do that?
  - Naomi: If there's a private insurance that covers transportation or travel-related services, the MCO would have to confirm with that insurance carrier before approving NEMT services. It sounds like Medicaid would be the payor of last resort here.
- Susan Murphree: how timely are these preauthorizations?
  - Naomi: with using NEMT services, you have to give 2-5d notice prior to the apt. That'd give them time to do verification and let you know if you've been approved for services. If you need a same day apt, they would be able to cover it under non-medical transportation (transport with less than 24h notice).
- Sue Burek: my daughter's covered in FFS, not MCO. Prior to the switchover we'd been under managed care and were completing forms by hand. I don't know if the MCO clients are still completing transportation forms by hand? Or if forms have to be created by a transportation vendor at the MCO then mailed? Or sent to the Medicaid recipients in order to get the signatures they need for transportation. One of the things on the HHSC side for the emergency non medical transportation, that was a change for us in 2021, was that the medical transportation dept generated a preprinted form they'd mail to us and the provider would sign it then that'd be the authorization and we could file for reimbursement. Problem was when we called 2d in advance and they filled out and mailed the preprinted form, we'd always get it after the date of the medical apt. One of the changes that was made was that we were allowed to get a school note from the provider and submit the school note w the transportation form for reimbursement. And the transportation provider from HHSC initially told us they couldn't email these forms. About 8 or 9m later, miraculously they were able to email the preprinted forms which was wonderful and could get the forms on time.

- Leah Rummell: up until you said “reimbursement for gas” I wasn't sure what you were talking about. With United, you can do paper if you want but we now have an app that you can use. If you're taking medical transport from a vendor (not driving) then you have to call within an hour to get the transport arranged. You can take a paper copy there if you want to, to get the dr signature, or do via app. We're not really using email.
- Cites that the easiest way for Medicaid members to communicate is apps. Most everybody has smart phones. They have 3x success rate using apps for all patients in Medicaid. They also have paper if folks need.
- Kate Layman: each MCO can create its own approach (within some parameters) to schedule trips. We do require there to be multiple ways trips can be scheduled.

## System updates for individual plan of care dates

- Rachel Patton
- Issue identified in their system caused individuals to be enrolled in managed care erroneously. Either through candidacy or risk group? Inaccurate candidacy or risk group records.
- They've identified the root cause. There'd be lapse in IPC, if date wasn't updated it'd result in a trigger which would assign the individual in error. They were able to manually correct the cases but have identified the root cause and have a tech update which has been programmed. It's currently being tested. In the final steps of deploying a system update which will correct inaccurate assignments. Doesn't have an exact deployment date.
- Leah: Were you able to recognize ones that shouldn't have been let off the waiver programs?
  - Patton: Yes, we're working through error reports. If you have some you feel are inaccurate let me know. But yes, we've identified that issue and should be able to manually correct for the time being.
- Caren Zysk: Can we get an update when that's deployed?
  - Patton: yes. We can send out an MCO notice.

## Public comment

- Alicia Sullivan: son Timothy's on the CLASS program. This is regarding dental. It was brought up at one of the last meetings, she's trying to get the dental policy amended so it'd include special cases like her son's. At this point she feels like HHSC policy as it's written is basically blocking her son from utilizing funds he's eligible for under CLASS because he can't get a treatment plan done in the dental office. All his dental care is done while he's under general anesthesia.
  - Leah Rummel: Do you want to go over the story on where it fell through so folks can understand the issue?
  - Alicia: i'm in the denial process now. Appealing decision that HHSC made. My son is severely special needs and has behavior issues. Is also autistic, was just reaffirmed at 25 and he's 28 now. Because of behavioral issues he can't be seen at a dental office. I can't even get him out of the car. This happens with all dental care, we can't get him seen at Dell ether without anesthesia. It takes us months to get a dental visit prepared bc we arrange with all his providers at once (dental, EKG, etc). I'm trying to get the budget changed because I can't get a treatment plan. The dentist can't submit what dental fillings he needs. Because of his heart defect we only want to put him under anesthesia once a year to get his oral health going. He's at a high rate of arrhythmias because of his heart defect. Dental needs to be done because he has a regurgitating aortic valve. If eh gets an infection from his mouth he could also have a risky event of heart infection to cause him to be ill or die from this. We have to get him seen at least once a year so he can keep up with his dental care. Because of his behaviors we can't do much at home, he won't really let us brush his teeth. Because we can't get him seen at a dental office he always gets denied. Based on the dentist's experience, he knows he'll need a handful of fillings. Bc we can't get xrays done ahead of time and a treatment plan written up, the budget he proposes is a guess of what he'll need and it gets bounced back every year. It's getting harder and harder to get this approved. We normally get a letter saying they can't get in there and see him, it goes more and more rounds each year. This year they flat-out denied it. We can't get a treatment plan based on xrays. I only want my son

- getting general anesthesia once a year. The dentist will take care of him in that moment when he gets anesthesia. We never have current xrays, bc as soon as he gets them the dentist does the work immediately then they're out of date. At a point where we can't do much with the state because nothing's current.
- Leah: So the state's asking you to submit one plan for the dentist, 1 for anesthesiologist, and it's almost impossible to define what services need to be done? And worried you're going to get into treatment and need something else, or stop treatment and come back?
  - Sullivan: yes. I have letters from anesthesiologist, dentist, and behavior therapist. None of those help.
  - Leah: And was there a request for you to have primary insurance?
  - Sullivan: They didn't ask any of that. My son is over the 1k cap from BCBS. The state denied fillings, and those are always needed. I'm appealing it but don't know how to justify it aside from having the dentist write a letter. He can't justify what's needed until he gets in there and looks at his mouth.
  - Leah: Kate, can you let us know where the group is on this issue?
  - Kate: Yes, I'm one of the people who can help. As part of open meetings, we can't respond to questions posed through public comment. But we can provide responses to the recommendations at the next full committee. This may be something that a subcommittee or full committee can put on the agenda, we're happy to talk it through.
  - Leah: Yes, let's add it to the next meeting. There are some easy fixes to this, you're not treating it like medical reimbursement, you're treating it like a medical judgment. We've talked about not stopping procedures in the middle so you can get approval. For some reason it's only CLASS that seems to have this issue and it's because of the way it's set up.
  - Susan Murphree: I support what you're saying LEah. I was under the impression this had been addressed already and HHSC wouldn't require them having to do a second procedure, that there'd be some flexibility. I think the committee needs clarity on this.
  - Sullivan: because this is tied to yearly budget, the remands that kept coming from dental held up the budget for 1m. I lost several therapists because they weren't getting paid. I'm on CDS, and couldn't pay his attendants because the

- agency said they couldn't pay them without an approved budget. After we finally got it approved I went and entered all their times so they'd get paid. The only reason the budget got approved was because they took dental out of it, and resubmitted dental as an amendment after it got approved. This impacted my son badly because all of his therapy stopped abruptly, my attendants didn't want to come in because they weren't paid. It was detrimental to his welfare because his budget wasn't approved.
- Leah: Let's put it on agenda to determine why we still haven't fixed this issue.
  - Kate: Yes, we can figure out which committee or subcommittee to send this to. I also want to mention that we at HHSC are working on our dental process. We thought that HHSC had started to resolve, or may have already resolved, these issues that have been noted. We'll add topics to a future agenda so we can really get into the details of it, and ensure we've got the right HHS folks there and have the right questions.
  - Susan Murphree: doesn't HHSC have a dental director?
  - Kate: Yes, a dental, medical director. We have the appropriate expertise within the agency, I just want to be sure they're available for the conversation and they aren't here today.
  - Murphree: I think the dental decision maker should come to participate. There's urgency and it's high-risk how people get their dental or don't get it because of the policy. We need a high-level dental person from HHSC for that meeting.

## Review of action items and agenda items for next meeting

- Dental Issue
- STAR+PLUS Pilot