
SENATE BILL 1165
MEDICAID MANAGED CARE PILOT
IDENTIFYING CHILDREN WITH COMPLEX SPECIAL HEALTH CARE NEEDS (CCSHCN)
BEXAR SERVICE DELIVERY AREA
SEPTEMBER 1999 – MAY 2000
BUSINESS RULES 10/18/99

BACKGROUND:

Senate Bill 1165, which was passed during the 1997 Legislative session, directed the Health and Human Services Commission to do the following:

1. By rule prescribe qualifications for classification of a child as a Child with Special Health Care Needs (CSCHN).
This must include children with:
 - ✧ Severe disabilities;
 - ✧ Medically complex or fragile conditions; and
 - ✧ Rare, complex or chronic health care conditions that are likely to last at least one year and result in limitations of function and activities in comparison with the health of children of the same age.
2. Monitor and Assess health care services provided to CSHCN under FFS and managed care.
3. Adopt Quality of Care Standards applicable to CSHCN under managed care.
4. Initiatives: develop, test, implement optimal methods for delivery of appropriate, comprehensive, and cost-effective health care under managed care plans, including coordination of health care services with educational program and other social and community services and promotion of family involvement and support.
5. Develop procedures for determination that enrollment will improve availability of appropriate comprehensive health care services.
6. Develop procedures for exemption from MCOs for good cause.

Starting in late fall, 1997, HHSC organized a SB 1165 Workgroup with representation from advocacy groups, parents of CSHCN, state agencies, the Managed Care Organizations (Texas Health Network and HMOs) including: TX Respite Resource Network, Any Baby Can (San Antonio), Advocates with University Affiliated Programs, Texas Advocates Supporting Kids with Disabilities, HHSC Families Are Valued Program, UT San Antonio Division of Community Pediatrics, TDH Bureau of Managed Care, TDH Children with Special Health Care Needs Division, TXMHMR, HHSC, STAR+PLUS, Parents of CSHCN, Children's Hospital Association of Texas, Physicians (pediatrics), Case Managers. In fall of 1997, the Health and Human Services Commission applied for a \$100,000 Center for Health Care Strategies, Inc. grant to help develop a model for integrating CSHCN into managed care. This grant will help us access contractors with national expertise in quality, risk adjustment, and identification tools (particularly the latter), help us develop additional expertise internally, and help us provide training and expert consultation to HMOs

The SB 1165 group's first task was defining CSHCN. **SB 1165 Definition of Children with Complex Special Health Care Needs (CCSHCN)**. Such children must:

- a) Range in age from birth up to age 21 years; and
- b) Have a serious ongoing illness, or a complex chronic condition, or a disability that has lasted or is anticipated to last at least twelve continuous months or more; and
- c) Such illness, condition or disability results (or without treatment would be expected to result) in limitation of function, activities, or social roles in comparison with accepted pediatric age-related milestones in the general areas of physical, cognitive, emotional, and/or social growth and/or development; and
- d) Require regular, ongoing therapeutic intervention and evaluation by appropriately trained health care personnel; and
- e) Have a need for health and/or health-related services at a level significantly above the usual for the child's age.

A CSHCN Pilot

The HHSC applied for and received approval for a Center for Health Care Strategies, Inc. grant to help develop a model for integrating CSHCN into managed care. This grant will help us access contractors with national

expertise in quality, risk adjustment and identification tools, help us develop additional expertise internally, and help us provide training and expert consultation to HMOs.

HHSC is collaborating with the South Texas Center to Study Children with Special Health Care Needs at the University of Texas Health Science Center in San Antonio. The Center has received a grant from the U.S. Department of Health and Human Services and part of their grant relates to research and implementation of SB 1165.

The Bexar service delivery area has been selected as a pilot site. We have started discussions with site HMOs on their participation in the pilot. **The pilot will test identification and tracking methods for CCSHCN in a managed care setting, and also gather data on service utilization and cost for the purposes of developing risk adjustment approaches.** We are using a collaborate approach, with health plans, advocates, academics, providers and consumers, in developing these complex operational processes. This partnership approach has been the key to our success to date in the development of a definition and is a fundamental presumption in our future work.

PROCESS SUMMARY:

Identification of Children with Complex Special Health Care Needs (CCSHCN) will be a two step process of screening and identification. Potential CCSHCN candidates will initially enter through one of three methods: 1) the health status screening tool which will be administered to new enrollees at the time of enrollment into managed care; 2) the THSteps Information and Outreach case management referral screen which will be administered to THSteps New and Recertified Medicaid recipients; or 3) through a general referral form which can be submitted by anyone (with parent/guardian approval) on behalf of a potential CCSHCN candidate. Candidates will be referred on to THSteps Case Management Informing Unit staff who will administer an eight-question CCSHCN identification tool to confirm CCSHCN status. Respondents who answer YES to questions (1, 1A, 2, 2A & 4, 4A or 1, 1A, 3, 3A & 4, 4A) on the identification tool will be flagged in the MaxSTAR system and tracked for the duration of the pilot.

CANDIDATE IDENTIFICATION PROCESS:

Potential candidates will enter the system through one of three ways. *(See attached flow charts A & B.)*

1. **Enrollment Broker Health Status Screen.** This is an 11-question health status screening tool, which will be piloted in the Bexar SDA for a six-month period, beginning September 1, 1999. The screen will be administered to new STAR eligibles, via telephone, through the mail or in person, at the time of enrollment. The completed results from the entire screen will be stored electronically on the MaxSTAR system and passed on to the plans via the BBS. Three questions (#7, #8 & #9) on the screen pertain specifically to CSHCN.

MAXIMUS ROLE: Information on any child (age 0-20) screened that has given a positive response to either of the three questions pertaining to CSHCN (#7, #8 & #9) will be forwarded directly on to THSteps Case Management Informing Unit staff (at Maximus), electronically via the MaxSTAR/CARES System, who will administer the identification tool. *See Identification Process below.*

Expected Start Date: September 1, 1999

2. **THSteps Information and Outreach.** Information and Outreach (I&O) staff are expected to make contact with 85% of New and Recertified THSteps eligibles within 60 days of Medicaid certification by DHS. A letter is sent out by TDH to the specified THSteps eligibles requesting that they contact the program through the toll free number provided in the letter. A follow-up letter is sent out by the THSteps I&O contractor 15 days later, if there is no response to the initial letter. If contact is not made to the toll free line, the contractor (Maximus' THSteps staff) must try to establish contact, primarily via telephone or in person, with the remaining eligibles.

MAXIMUS ROLE: Maximus, as the THSteps I&O contractor, will be making contact with this group. If the contact is via phone or in person, they will ask each eligible a question currently asked of THSteps eligibles in the Bexar SDA, to determine whether a referral to THSteps Medical Case Management (MCM) is desired and appropriate. An eligible responding YES to the case management question (*see attachment A*) would be referred on to Case Management Informing Unit staff who will provide MCM information and will also administer the CCSHCN identification tool.

Expected Start Date: November 1, 1999

3. **General Referral Forms.** The third way that a potential CCSHCN candidate can be identified is through a general referral form which can be completed and submitted by anyone (family member, friend, school, PCP, Plan) (*See attachment C*). The referral form is mailed or faxed in to the tool administrator (THSteps Case Management Informing Unit staff).

MAXIMUS ROLE: Receives completed referral forms, via mail or fax, makes contact with candidate and administers identification tool. If Case Management Informing Unit staff are unable to make contact via telephone or face-to-face, the tool can be sent by mail. HHSC will provide copies of the self-administered tool and a cover letter explaining the project.

Expected Start Date: November 1, 1999

CCSHCN IDENTIFICATION PROCESS:

Children identified through one of the three methods described above, as potential CCSHCN will be referred on to the THSteps Case Management Informing Unit staff who will administer an eight-question identification tool. There must be a YES response to the designated questions (1, 1A, 2, 2A, 4, 4A OR 1, 1A, 3, 3A, 4 4A) for the child to be considered CCSHCN for the purposes of the pilot.

MAXIMUS ROLE: Maximus' Case Management Informing Unit staff will administer the CCSHCN Identification Tool to all candidates identified through any of the three processes described above, primarily via telephone or face to face contact. However, if a candidate cannot be reached, the identification form can be mailed to them. A candidate must respond YES to the designated questions on the identification tool to be confirmed as a CCSHCN for the purposes of the pilot. Maximus will "flag" a confirmed CCSHCN in the MaxSTAR system for the duration of the pilot so that the confirmed children can continue to be tracked in the event of a plan change or temporary loss of eligibility (*See flagging process below*).

The Identification Tool (*See attachment E-1/E-2*) responses will be included in the CCSHCN database for the pilot (*See attachment F, for database needs*).

Expected Start Date: November 1, 1999

"FLAGGING" CONFIRMED CCSHCN:

Children who are deemed CCSHCN through the identification process will be "flagged" in the MaxSTAR system for the duration of the pilot so they can continue to be tracked in the event of a plan change or temporary loss of eligibility.

MAXIMUS ROLE: Maximus will flag any confirmed CCSHCN in the MaxSTAR system. The flag will remain with the child for the duration of the pilot. Maximus will separate the information by plan and will provide the MCOs with a listing of their members who are flagged as CCSHCN, in a format that is agreeable to all parties, via the BBS on a monthly basis. Maximus will also provide a complete set of data to HHSC, via the BBS.

MCO ROLE: The MCOs will pull the confirmed (flagged) CCSHCN information from the BBS (Cap+Address file) and will assess member needs and ensure appropriate care and referrals are provided based on current contract requirements (Section 6.13, People with Disabilities or Chronic or Complex Conditions). MCO will provide data to HHSC on their CCSHCN members on a monthly basis.

HHSC ROLE: HHSC will pull a complete set of data on the CCSHCN process to include both the confirmed CCSHCN and those children who were initially identified as candidates but did not meet the identification requirements and will run reports, as needed.

RECORD RETENTION: Electronic information will be stored for the duration of the pilot, plus 3 months. Paper information will be stored and provided to HHSC upon completion of the pilot.