



April 26, 2017

STAR Kids Health Plans,

Federal regulations at 42 CFR 438.208(c) require managed care organizations to comprehensively assess and regularly reassess members receiving long term services and supports and members with special health care needs. In compliance with this regulation, and as required by STAR Kids Contract Section 8.1.39, STAR Kids managed care organizations must assess each enrolled member using the STAR Kids Screening and Assessment Instrument within six months of the operational start date, with the exception of Priority 1 Members, who must be assessed within seven Business Days of the Member requesting services. STAR Kids managed care organizations must make every effort to comply with this requirement. If the managed care organization is unable to reach the member, despite a good faith effort, the managed care organization must demonstrate and document inability to establish contact with the member. If the member refuses assessment, the managed care organization must document this refusal and must ensure the member is appropriately educated on how refusal to participate in the assessment might impact the efficacy of service coordination and their ability to receive certain services.

Managed care organizations must ensure members refusing assessment understand that the STAR Kids Screening and Assessment Instrument is required in order to determine eligibility for Personal Care Services, Community First Choice, and Medically Dependent Children Program services and that these services may not be accessed without an assessment.

The Health and Human Services Commission is cognizant of the challenges related to completion of the assessment for members enrolled in STAR Kids. The Health and Human Services Commission will not pursue compliance action related to an unassessed member the managed care organization has adequately documented as a refusal or as unable to reach, should completion of the STAR Kids Screening and Assessment Instrument for enrolled members extend beyond the six month deadline.

The Health and Human Services Commission expects managed care organizations to extend long term services and supports (such as Personal Care Services, Community First Choice, and Private Duty Nursing) authorizations for services until completion of the STAR Kids Screening and Assessment Instrument, but no longer than July 1, 2017, in the event the assessment is completed after the six month deadline. A member's services should not be negatively impacted if the MCO is at fault for not completing the assessment. Managed care organizations must also ensure members receiving Medically Dependent Children Program services are reassessed prior to the expiration of their individual service plan, as specified in the STAR Kids Handbook. Furthermore, managed care organizations must actively communicate all authorization extensions to impacted families.

Kari Brock, STAR Kids Specialist, serves as the lead on this matter and can be reached at (512) 424-6511 or by email at Kari.Brock@hhsc.state.tx.us.

Sincerely,

Jami Snyder
Associate Commissioner of Medicaid and CHIP Services