Health and Human Services

State Medicaid Managed Care Advisory Committee

August 21, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

State Medicaid Managed Care Advisory Committee provides recommendations and ongoing input on the statewide implementation and operation of Medicaid managed care. Members:

Janet Concha
Pediatric Providers
El Paso, TX

Marcella Ford
Community based organizations engaged in perinatal services and outreach
Lubbock, TX

Lisa Gore
Family member of a child who is a Medicaid recipient
Tulia, TX

Demetria Haffort
Managed Care Organizations
Nash, TX

Yulanda Haynes-Mims
Community Mental Health Centers
Pflugerville, TX

Tyra Hinton
Clients with disabilities, including intellectual or developmental disabilities or consumer advocates representing those clients
Houston, TX

Elizabeth Hughes
Advocate representing people who use mental health services
Denton, TX

Jeff Humber
Advocate for Medicaid managed care clients 65 or older
Fort Worth, TX

Robert Shane Kernell
Rural providers
Graham, TX

Samantha Moreno
Advocate for Medicaid managed care clients 65 or older
Sherman, TX

Neel Naik, MD (Vice-Chair)
Primary care providers and specialty care providers
Houston, TX

Katie Noffsker
Family member of a child who is a Medicaid recipient
Amarillo, TX

Shahid Rahman, MD
Hospitals
Houston, TX

Theresa Scepanski (Chair)
Managed Care Organizations
San Antonio, TX

Karl Serrao, MD
Managed Care Organizations
Corpus Christi, TX

Jacob Ulczynski
Community Mental Health and Intellectual Disability Centers
San Antonio, TX

Lindsey Vasquez, MD
Obstetrical Care Providers
Houston, TX

1. Call to order, opening remarks, introductions, and roll call

The meeting was convened by Theresa Scepanski, Chair. A quorum was present.

2. Consideration of May 15, 2025, draft meeting minutes

The minutes were approved as drafted.

3. HHSC updates

New Patient Driven Payment Model that is replacing Resource Utilization Group for nursing facility services and managed care waiver programs.

Project History

- 2019: Centers for Medicare & Medicaid Services (CMS) implemented PDPM for Medicare Nursing Facility (NF)
- 2022: Nursing Facility Payment Methodology Advisory Committee Recommendation
- 2023: 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, HHSC, Rider 25)
- Sept. 2024: Rule changes to establish the PDPM LTC reimbursement methodology effective Oct. 2024 & July 2025: Public hearings for proposed rates
- Sept. 2025: PDPM LTC implementation

Members will transition to PDPM LTC level after their first assessment on or after 9/1/2025

Key Deliverables and Activities

1. Assessment Forms and Guides
2. Technology Changes
3. Rates & Cost Limits
4. ALF Reimbursement Levels
5. Trader Partner. Testing
6. Policy Update

RUG Certification Training (and transition to PDPM)

- Nursing facilities are no longer able to access RUG Certification training via Texas State University effective June 16, 2025.
- During the transition (June 16, 2025 – Aug 30, 2025), nurse assessors who need to renew certification or certify for the first time will be required to fill out a form on the TSU website to be added to file.

1604 SAN ANTONIO, AUSTIN, TEXAS 78701 TEL: 512-944-8994 WWW.TXINSIGHT.COM

- Certifications will not lapse during the certification transition as long as the form is submitted. The interim process for completing the form will end August 30,2025.

RUG Certification Training (and transition to PDPM)

- PDPM LTC and Fraud, Waste, and Abuse (FWA) NF training will be available on the OIG Website.
  - The training will be available at no cost.
  - There will be no certificates administered upon completion.
- OIG Website: The training will be linked on the OIG Provider Resources page within the "Nursing Facilities" box. The training link will be accessible September 1, 2025.

https://oig.hhs.texas.gov/resources/informationproviders

RUG Certification Training for STAR+PLUS HCBS and MDCP --Training includes overview document, review of assessment guide, review of technical guide, and completion of the OIG fraud, waste, and abuse training.

Key Details

- No charge for new PDPM LTC Waiver training that will be available on HHSC website
- A systematic process at HHSC will no longer be used to verify training compliance for MN/LOC assessments
- Same transition process as nursing facilities MCO nurses and service coordinators will take the MCS
- PDPM LTC certification training when the person's RUG training expires (2 years)

Discussion.

Takeaways

PDPM LTC replaces RUG methodology for nursing facilities and impacts STAR+HCBS and MDCP waivers due to their status as nursing facility alternatives.

Timeline of development: CMS started PDPM for Medicare in 2019, adoption in Texas following rule and rate hearings, effective September 1st (2025) for both nursing facilities and waivers.

Transition occurs after each member's first assessment post-9/1, not all at once; overlapping period with RUG and PDPM; no direct crosswalk between methodologies.

Data collection tools updated (MDS for nursing facilities, MNL-OC for STAR+HCBS, SK-SAI for MDCP); section G changed to section GG for functionality questions, with additional updates for self-care and mobility.

ALF reimbursement levels and waiver cost limits aligned with PDPM LTC; capitation rates and instructions updated for MCOs.

Extensive policy, form, and technology updates; handbook changes ongoing due to late-breaking rate changes.

OIG is taking over RUG/PDPM LTC certification trainings from Texas State; transition period from June–November 2025; online fraud/waste/abuse and assessment training materials to be housed on state/OIG sites.

Emphasis on monitoring transition through daily meetings with efforts to avoid common issues from past transitions.

Q and A

Question period covered concerns about impacts on waiver budgets, eligibility, and monitoring for unintended adverse effects; MCOs and ombudsman involved in issue escalation.

Did you all do field testing to see how this might change waiver budget and is there any thought to look at eligibility impact? HHSC stated that they have tried to anticipate impacts to people's budgets, and it has been a problem. We don't know how the needs will change with a new assessment. We will monitor this as it rolls out.

2024-2025 General Appropriations Act, House Bill 1, 88th Texas Legislature, Regular Session, 2023 (Art. II, HHSC, Rider 32), Transition of Medicaid-only services into managed care for dually eligible people. (*The presenter was not close enough to the microphone and at times was not audible)*

Rider 32 Implementation Beginning 09/01/2025, Managed Care Organizations (MCOs) must cover, as Medicaid wrap-around services for certain full dual-eligible members, Medicaid-only acute care services that:

1. Are not covered by Medicare; and
2. MCOs cover for members who do not have Medicare

Non-risk, "Medicaid-only" wraparound drugs for dual eligible members will be incorporated into the capitation rate and become at-risk.

The Rider 32 Implementation project seeks to improve dually eligible client services by:

- Reducing provider administrative burden and confusion
- Enhancing MCOs' ability to coordinate services
- Improving care for members and more timely receipt of services due to MCOs paying and processing claims directly

Rider 32 Does Not Change

- Services are covered by and how providers bill for Medicare services provided to dual-eligible individuals
- How HHSC pays crossover claims
- Which services are covered by Medicaid MCOs for non-dual eligible members
- Which services are carved out of managed care for all Medicaid beneficiaries
- How 1915(c) waiver services for dual-eligible members are carved out of managed care

Examples of Medicaid-only acute care services in Rider 32 include:

- Targeted case management and mental health rehabilitation
- Substance use disorder treatment services provided in a chemical dependency treatment facility
- Routine podiatry
- Hearing aids and fitting exams

- Most disposable medical supplies such as those for incontinence and tube feeding
- Vision services

Key Deliverables and Activities

1 Member Notices & ID Cards

2 Provider Notices

3 Prior Authorization Data

4 Trader Partner Testing & Readiness Reviews

5 Transition Log Updates

6. Policy Updates

Next Steps ---Go Live September 1, 2025

- Continue readiness activities
- Monitor implementation
- Stakeholder support

Discussion.

Takeaways

HHSC to transition certain Medicaid-only services for dually eligible (Medicare/Medicaid) individuals from fee-for-service to managed care effective 9/1/2025.

MCOs will directly process and pay Medicaid-only acute wraparound services not covered by Medicare, reducing provider confusion and improving care coordination.

Providers should bill MCOs directly; FFS-billed claims will be forwarded to the correct MCO.

Wraparound drugs, not covered by Medicare Part D, now at-risk in capitation rate; These include OTC drugs, select vitamins/minerals, etc.

Implementation focuses on streamlining provider/member communication, ID card updates, provider notices, readiness reviews, and regular updates via a transition log; ombudsman briefed for stakeholder support.

No changes to Medicare-covered services, billing for Medicare, services carved out of managed care, or managed care enrollment requirements.

There were no questions.

Community First Choice. To be eligible for Community First Choice (CFC) Personal Assistance Services (PAS) or habilitation services a person must: 1. need a CFC service and 2. meet an institutional level of care (LOC).

Level of Care (LOC)

Hospital or Nursing Facility
• Medical Necessity Level of Care Assessment • STAR Kids Screening and Assessment Instrument (SK-SAI), Core and Nursing Care Assessment Modules

Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (IDD)
• Intellectual Disability/Related Condition Assessment • Determination of Intellectual Disability (DID)

Institution for Mental Disease (IMD)
• Child and Adolescent Needs and Strengths Assessment (CANS) • Adult Needs and Strengths Assessment (ANSA

Functional Assessment

Hospital or Nursing Facility
• STAR Kids Screening and Assessment Instrument (SK-SAI) • Form H6516, CFC Assessment • Personal Care Assessment Form (PCAF)

Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (IDD)

- Form 8578
- Form H6516, CFC Assessment 6
- PCAF

Institution for Mental Disease (IMD)

- Form H6516, CFC Assessment
- PCA

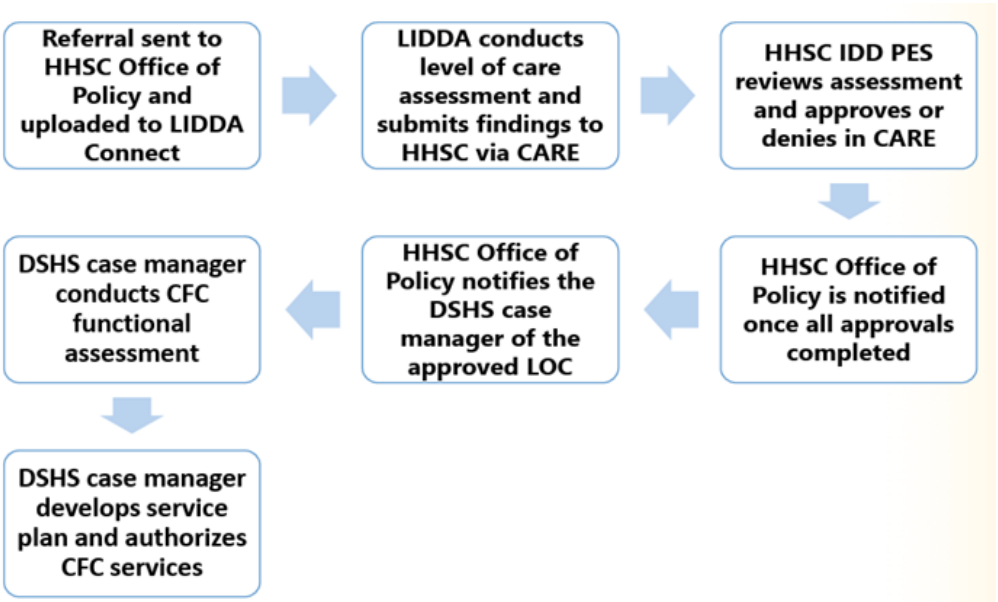
CFC for STAR Members

- Individuals in STAR receive CFC through fee-for-service (FFS)
- Sometimes referred to as "non-waiver CFC"
- DSHS case managers are responsible for:
    - Processing referrals,
    - Assessing for eligibility, and
    - Authorizing services

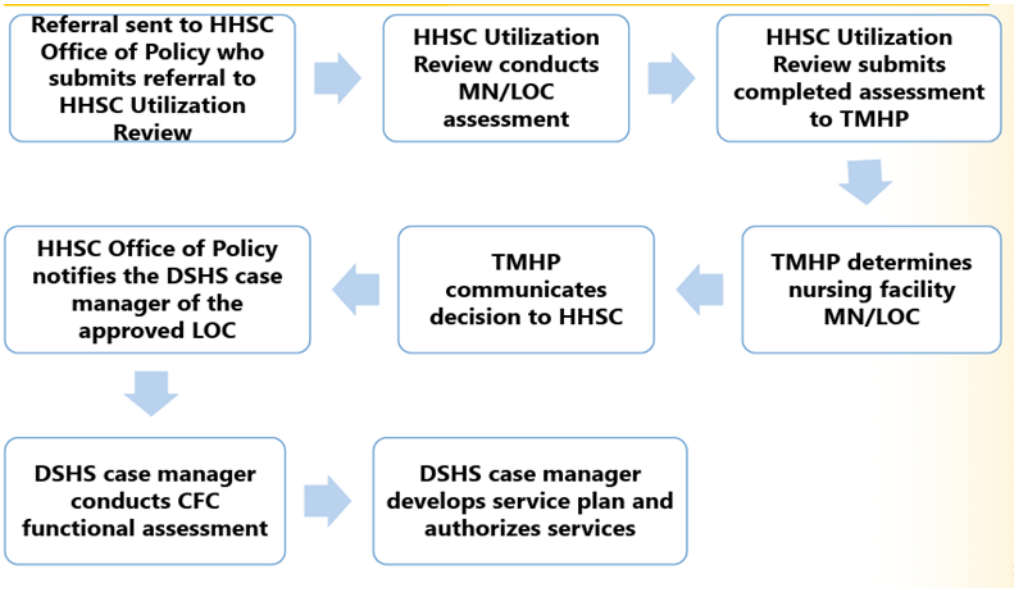
Non-Waiver CFC Intake PCS/CFC Referral Line: 1-888-276-0702

- ***A person can be referred for CFC by anyone who recognizes they may have a need for CFC, including***:
    - Client self-referral or family member
    - Primary practitioner or primary care provider
    - Medical home
    - MCO representative
- Upon referral, a DSHS case manager will explain the LOC determination process
- PCS will also be assessed during the interim while the client waits for an LOC assessment

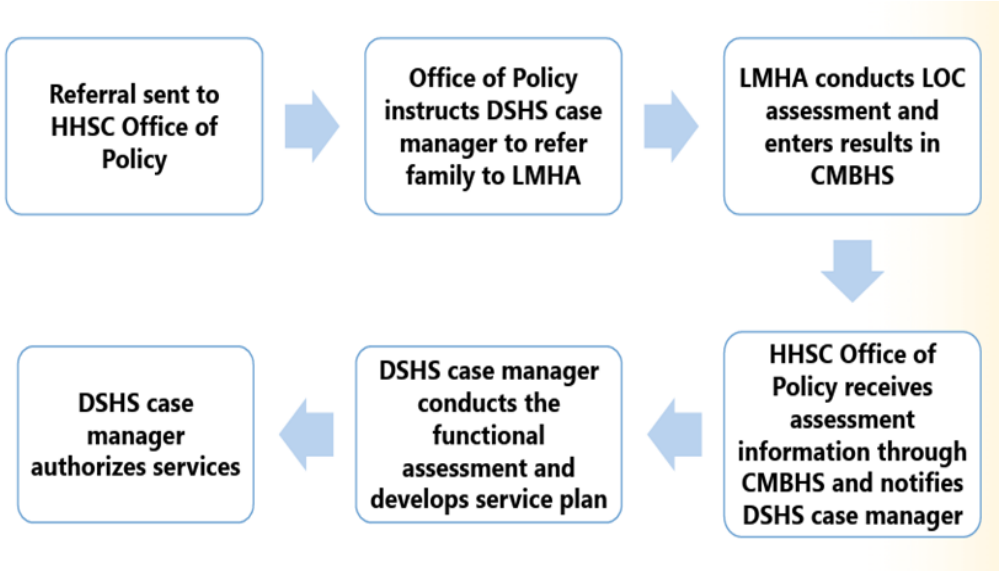
ICF/IID Level of Care



Nursing Facility Level of Care



IMD Level of Care



Discussion:

Takeaways.

To qualify for CFC, individuals must meet both institutional LOC and need for CFC services; most individuals meeting LOC will require CFC due to attendant and habilitation needs.

Functional assessment determines the specific services, intensity, and frequency an individual needs, differing by program and focusing on individual assistance requirements.

LOC determination is a prerequisite for CFC; a functional assessment follows and informs the service plan based on actual needs.

CFC is a set of services (not a standalone program) and may be referred to as "non-waiver CFC" for STAR program participants.

For non-waiver CFC (e.g., STAR), referrals can come from individuals, families, care providers, or managed care organizations.

DSHS case managers assess functional needs and authorize services; LOC determination depends on suspected LOC: IDD authorities (LIDDA) for ICF, HHSC (with TMHP) for nursing facilities, and local mental health authorities (LMHA) for IMD.

There is ongoing case management after intake.

Q and A
Multiple questions and concerns about referral requirements, wait lists for institutional LOC assessments, use of algorithms by MCOs reducing service hours, and need for contractual clarity on referrals from STAR service coordinators.

From start to finish how long does the process take? How many people are staffed to just do that process. HHSC stated regarding the length of the process, it depends on the different factors that come into play. HHSC stated they do not know how many staff are specifically assigned to this effort.

People get the level of care and functional assessment confused. Please expand on how they differ. HHSC stated the level of care is for just the base level to meet institutional/nursing level of care requirements. The functional assessment drills down to determine what kinds of services they actually need.

Are there updates on information request regarding mental health diagnosed children and CFC access. Also, how many people who wanted CFC actually got CFC. These were requests from STAR Kids advisory. HHSC stated they did not have that information. The team member leading that workgroup retired and we will get that group going again.

CFC in STAR has an identity issue. There are families receiving STAR services who do not know that CFC is an option. Is there a requirement for a CFC referral? Perhaps this should be a requirement in contract.

Some people think there is a waitlist for CFC services. There are MCOs using algorithms limiting CFC access. HHSC stated there is language around making referrals and they will look at it to clarify around CFC. The Class level of care tool use will require further discussion.

Bills related to Medicaid managed care, 89th Texas Legislature, Regular Session, 2025.

Key Bill Topics

- STAR Health and foster care
- Adding new benefits
- Network adequacy and access to care
- Provider credentialing or licensing
- Medicaid program delivery
- Modernization
- Managed care oversight
- Teleservices
- Nursing facilities
- Dental services
- Key takeaways, 2026-27 General Appropriations Act

STAR Health/Foster Care

House Bill 2809 (Rose)– Requires DFPS to report attempted suicide attempts by youth in the DFPS managing conservatorship– Adds suicide attempt to the definition of a "significant change in medical condition"

Senate Bill 855 (Sparks)– Allows medical consenters to assume financial responsibility for certain out-of-network medical care provided to children in foster care– Managed Care Organization (MCO) would not be liable for cost of care or services

Added Benefits

House Bill 26 (Hull)– Requires HHSC to add nutritional counseling as an in-lieu-of service (ILOS)– Requires HHSC to implement an ILOS pilot for pregnant women to receive nutritional counseling and medically-tailored meals

House Bill 136 (Hull)– Requires HHSC to add lactation consultation as a reimbursable Medicaid benefit

House Bill 426 (Bernal)– Requires HHSC to expand the allowable diagnoses for coverage of childhood cranial remolding orthosis in Medicaid– Requires HHSC to add childhood cranial remolding orthosis as a reimbursable benefit comparable to the amended Medicaid benefit

Senate Bill 1044 (Parker)– Requires DSHS to add Duchenne muscular dystrophy to newborn screening– Requires HHSC to update interagency contract to reimburse for this additional screening

Network Adequacy and Access to Care

House Bill 2516 (Guillen) − Expands the Medicare supplement benefit plan coverage to individuals younger than 65 diagnosed with end stage renal disease or Amyotrophic Lateral Sclerosis (ALS)

House Bill 3940 (Johnson) − Members eligible for both Medicare and Medicaid, known as dually eligible individuals, may experience an impact to their Medicare services − Requires HHSC to notify medical providers, hospitals, birthing centers, and managed care organizations that a newborn not yet assigned a Medicaid ID number may use the mother's Medicaid ID

Provider Credentialing or Licensing

House Bill 2038 (Oliverson)– Allows for a provisional license to practice medicine to be issued by the Texas Medical Board

House Bill 3151 (Hull)– Adds Federally Qualified Health Centers (FQHC) as a provider type that qualifies for expedited credentialing under Medicaid

Senate Bill 1266 (Alvarado)– Requires HHSC to implement improvements to the provider enrollment and credentialing processes; Requires HHSC to develop an electronic complaint and feedback submission process

Medicaid Program Delivery

House Bill 388 (Harris Davila)– Requires the Texas Department of Insurance (TDI) establish a uniform coordination of benefits questionnaire to obtain information from members.

House Bill 3211 (Dean)– Adds requirements for vision care plans, which are not applicable to Medicaid and CHIP– Additional requirements that a contract between an

MCO, including Medicaid and CHIP MCOs, and provider include electronic access to a fee schedule and use standardized codes and definitions

Senate Bill 926 (Hancock)– Allows an MCO, including Medicaid and CHIP MCOs, to provide incentives to use services from a particular physician or provider– MCOs must comply with federal rules that ensure provider incentive plans are not for the purpose of limiting medically necessary services or lowering the quality of care

Senate Bill 963 (Hughes) --Allows a Medicaid MCO to inform Medicaid recipients about the availability of private health benefit plan coverage

Senate Bill 1307 (Cook)– – Requires TDI to collaborate with HHSC on a reference guide to educate the public on health care coverage in Texas.

Modernization

House Bill 3812 (Bonnen)– Prohibits a physician who conducts utilization review to hold a license to practice administrative medicine; Updates insurance code prior authorization requirements and exemptions, including an annual report submission on exemptions

House Bill 5195 (Capriglione)– Modernization of state agency systems, including website and online form updates

Senate Bill 1188 (Kolkhorst)– Requires HHSC, Texas Medical Board, and TDI to adopt rules with requirements for storage, content, and management of electronic health records

Senate Bill 815 (Schwertner)– Regulates the use of artificial intelligence (AI) in utilization review in health benefit plans, including Medicaid and CHIP MCOs; Prohibits the use of an automated decision-making system from whole or partly making an adverse determination, but does not prohibit use of AI for administrative support or fraud-detection functions.

Managed Care Oversight

House Bill 142 (Noble)– Allows disclosure of Office of Inspector General (OIG) information obtained while conducting administrative oversight activities– Expands the work of the OIG Recovery Audit Contractor (RAC) beyond fee-for-service and into managed care

House Bill 4224 (Hull)– Requires providers to prominently post on their website and at any facility instructions for how to request health records and to contact the licensing authority to file a consumer complaint.

Teleservices

House Bill 1700 (Fairly)– Requires standardization of formats and record retention related to patient consent to treatment, data collection, and data sharing when they utilize telehealth, telemedicine or teledentistry

Nursing Facilities

Senate Bill 457 (Kolkhorst)– Establishes a patient care expense ratio that requires 80% of payments made to certain nursing facilities be spent on patient care expenses; HHSC to develop a process that allows for successor liability agreements in the event of a Change of Ownership (CHOW) to allow providers to continue receiving Medicaid payments during the CHOW process.

Dental Services

Senate Bill 527 (Schwertner)– Requires health benefit plans to cover general anesthesia in connection with certain pediatric dental services– HHSC and MCOs are already in compliance

House Bill 4070 (Johnson)– Adds restrictions on designing or manufacturing an orthodontic device that the provider has not examined in-person– Increases record keeping timelines from five years to seven years

2026-27 General Appropriations Act: Key Takeaways

Rider 23– Attendant wage increases and impacts to the attendant care rate enhancement programs

Rider 24-- Certain Medicaid maternal fetal medicine radiological services

Rider 25– – Medicaid nursing facility services

Rider 30– Certain Medicaid ABA services

Rider 31– Certain nursing facilities serving people with IDD

Rider 36– Annual review of "Pediatric Care Center" rates

Rider 10– Therapy services waiting list report moved to annual

Rider 21-- Increases interest list slots for waiver programs, including MDCP– No slot increases for STAR+PLUS, because they did not have to be increased to keep up with current waiting list. MDCP diversion slots are being implemented.

Rider 28– – Provider Enrollment Management System (PEMS) funding

Rider 29– Electronic Visit Verification (EVV) fraud prevention criteria reporting

Rider 34– Improve credentialing processes in STAR Health (single process for credentialling)

Rider 35– Nutritional counseling and instructional services as in-lieu-of services (HB26 related)

Rider 38 – Evaluate feasibility of creating a diabetes prevention program reporting

Rider 95 − Funding for services provided by mobile stroke units and reimbursement for tissue plasminogen activator (tPA)

Rider 39– Reallocation of Medicaid dental provider rates

Rider 76-- Requires HHSC to use an HTW short eligibility application form, if allowed by federal law

Special Provision 31– – Requires development of service coordination protocols in STAR Health

Discussion. No discussion

4. HHSC advisory committee chair updates

Behavioral Health Advisory Committee--

- Committee focused on advancing stakeholder recommendations for behavioral health services in Texas.
- Key 2025 recommendations included: defining peer recovery organizations (PROs) in state statute, establishing sustainable funding and contracting models for PROs, and implementing training for authorities to clarify duties in serving individuals with IDD and mental health diagnoses.
- Met three times in 2025; received agency updates on alternative response, Medicaid and CHIP, behavioral health programs, and coordinated initiatives like the Texas Targeted Opioid Response Team.
- Strategic plan for behavioral health to be renewed by 2026; committee actively working on subcommittee input.
- Update provided on legislative bills and the impact of the 89th legislative session.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Behavioral Health Advisory Committee – Texas Insight

~~Drug Utilization Review Board~~ TABLED

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Drug Utilization Review Board – Texas Insight

eHealth Advisory Committee

- Provides strategic counsel on health IT, exchange systems, telemedicine, and telehealth.
- Focused on advancing remote healthcare, emergency preparedness, system integration, data quality, and behavioral health integration into digital strategies.

- Two productive meetings in 2025; successfully transitioned oversight office within HHSC.
- Discussed key legislation on remote monitoring, death record communication, EHR requirements, and telehealth documentation.
- Worked on emergency response frameworks, especially post-Hill Country floods.
- Upcoming meetings scheduled to maintain strategic momentum.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Health and Human Services e-Health Advisory Committee – Texas Insight

Palliative Care Advisory Council

- Works to improve access and awareness of patient-centered palliative care in Texas.
- Current priorities: awareness, evidence-building for supportive care coverage, family caregiver support, and advancing education/training.
- Preparing for the 2026 legislative report and working on SB 1233 implementation.
- Held meetings in May and July 2025; elected new leadership and recruited new members.
- 10th anniversary educational event planned for October 2025, focusing on pediatric palliative care.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Palliative Care Interdisciplinary Advisory Council – Texas Insight

Value Based Payment and Quality Improvement Advisory Committee

- Focused on value-based payments and quality improvement initiatives.
- Reviewed implementation of recent legislation, including bills on screening pregnant women, nutrition counseling, and strategic directions for Medicaid innovation.
- Working toward the next biannual report due December 2026.
- Noted leadership change and ongoing policy discussions.

Texas Insight attended the meeting, and the full meeting summary can be accessed by following. Value-Based Payment and Quality Improvement Advisory Committee – Texas Insight

1604 SAN ANTONIO, AUSTIN, TEXAS 78701 TEL: 512-944-8994 WWW.TXINSIGHT.COM

~~Hospital Payment Advisory Committee~~ TABLED

Texas Insight attended the meeting as well as the meeting of the rural hospital advisory committee and the full meeting summary of both meetings can be accessed by following: Hospital Payment Advisory Committee – Texas Insight; Rural Hospital Advisory Committee – Texas Insight

Intellectual and Developmental Disability System Redesign Advisory Committee

- Advises HHSC on system issues for people with IDD in managed care.
- Shifted focus from pilot programs to system of care improvements and outcomes.
- Leadership transition in 2025.
- Subcommittees working on employment, community first utilization, transportation education, mental/behavioral health capacity, rate and wage adequacy, waiver access, and crisis diversion for MDCP.
- Monitoring the impact of interest list questionnaire and working to address complex medical and behavioral needs.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Intellectual and Developmental Disability System Redesign Advisory Committee – Texas Insight

~~Medical Care Advisory Committee~~ TABLED

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Medical Care Advisory Committee – Texas Insight

Perinatal Advisory Council.

The Perinatal Advisory Council, created by House Bill 15 of the 83rd Texas Legislature (Regular Session), developed and recommended criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation and a process for the assignment of levels of care to a hospital, and made recommendations for dividing the state into neonatal and maternal care regions. The Perinatal Advisory Council continues to examine utilization trends in neonatal and maternal care and recommends ways to improve neonatal and maternal outcomes.

House Bill 3433 of the 84th Texas Legislature (Regular Session) amended House Bill 15 by adding two new members to PAC and extended the date of its report. The council

submitted a report with its recommendations to the Health and Human Services Commission and the Department of State Health Services in September 2016. The report was published on time and can be found here

- Charged with recommendations on maternal/neonatal levels of hospital care designation.
- Met quarterly with new data showing reduced severe maternal morbidities statewide, credited to improved designation and collaboration initiatives. 2018 and 2022 data were used.
- Working on a comprehensive database for maternal/infant care and enhanced infant outcomes tracking.
- Initiatives underway for fetal centers of excellence; planning to examine neonatal outcomes and facility transfers.
- Council leadership change noted.

Policy Council for Children and Families. tx-children-policy-council-recs-impr-svcs-nov-2024.pdf (Policy Council report and recommendations)

- Focuses on service coordination, quality, and outcomes for children with disabilities and their families.
- Latest report available online with detailed recommendations across early childhood, education, transitions, family support, and healthcare.
- Highlighted need for increased waiver slots, in-home support rate increases, and alternative staffing for medical complexities.
- Advocating for a statewide disability registry, health home access, funding for comprehensive care clinics, incentives for child-focused care, and improvements in crisis/respite supports.
- Facing quorum and membership challenges; bylaw revisions needed.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: Policy Council for Children and Families – Texas Insight

5. SMMCAC subcommittee updates

Children and Youth with Medical, Behavioral and Developmental Complexity. Reviewed STAR Kids program recommendations and HHSC findings on alternative models; no immediate action items, short meeting.

Texas Insight attended the meeting and the full meeting summary can be accessed by following: State Medicaid Managed Care Advisory Committee (SMMCAC) Children and Youth with Medical, Behavioral and Developmental Complexity (CYC) Subcommittee – Texas Insight

Clinical Oversight and Administrative Simplification.
Brief update on provider enrollment system (PEMS); no action items. Texas Insight attended the meeting and the full meeting summary can be accessed by following: State Medicaid Managed Care Advisory Committee (SMMCAC) Clinical Oversight and Administrative Simplification (COAS) Subcommittee – Texas Insight

Complaints, Appeals and Fair Hearings
Ongoing monitoring of MDCP eligibility and fair hearing processes; plan for regular reporting and continued process improvements. Noted the need to reduce the MDCP interest list and acknowledged high compliance in providing information for expedited medical review. Heard public concerns on state fair hearings. Texas Insight attended the meeting and the full meeting summary can be accessed by following: State Medicaid Managed Care Advisory Committee (SMMCAC) Complaints, Appeals, and Fair Hearings (CAFH) Subcommittee – Texas Insight

Network Adequacy and Access to Care.
Updates on MCO/DMO network performance and rural access initiatives; no action items, next meeting set. Texas Insight attended the meeting and the full meeting summary can be accessed by following: State Medicaid Managed Care Advisory Committee (SMMCAC) Network Adequacy and Access to Care Subcommittee – Texas Insight

Service and Care Coordination and Service Delivery Options. Subcommittee did not meet.

6. Discussion on the SMMCAC 2025 annual report and possible integration of various recommendations from the former STAR Kids Managed Care Advisory Committee 2023 report

The committee reviewed 13 pages of recommendations and report language, but this was not shared with the public. HHSC clarified that this was to be a discussion on what the report would look like and that recommendations would be presented at the next meeting for a vote.

Recommendations from the STAR Kids report were summarized in this report according to HHSC.

The committee requested more time to review the document and there was consensus for the subcommittees to review the recommendations and bring them back at the next meeting.

MOTION: subcommittees to review the recommendations and bring them back to the full committee at its next meeting prevailed.

7. Public comment.

Jordan Smelley, representing himself spoke from his testimony at the Fair hearings subcommittee. He commented on those professionals being denied attendance in violation of fair hearings and due process requirements. The present denial of specific professionals is in violation of several legal standards. He provided several legal precedents. He asked the committee to ask HHSC to amend the TAC to grant exception requests for fair hearings.

Hannah Mehta, representing herself stated she had some concerns about the functional implications of the transition to PDPM and the assessment. She stressed the assessment questions have to be validated and stated her concern that stakeholder involvement was non-existent. She requested an escalation line for stakeholders to use when they encounter problems.

8. Review of action items and agenda items for future meeting. Next meeting November 20, 2025.

Action items.
Report and recommendations review

9. Adjourn. There being no further business, the meeting was adjourned.