



STAR+PLUS Overview

1915(i) HCBS-AMH Program Recovery Manager Training

November 2014

STAR+PLUS

- Designed to integrate the delivery of acute care and long-term services and supports (LTSS) through a managed care system
- About 519,910 members currently served
- Each member is enrolled in an MCO
- Main feature - service coordination
 - Specialized care management service that is available to all members and performed by an MCO service coordinator
- Available statewide as of September 1, 2014

Mandatory Populations in STAR+PLUS

- Adults age 21 and older who:
 - Have a disability and qualify for Supplemental Security Income (SSI) or Medicaid because of low income
 - Qualify for Medicaid because they receive STAR+PLUS Home and Community Based Services (HCBS) waiver services
 - Are not dually eligible and are receiving services through one of the five DADS programs for individuals with intellectual and developmental disabilities (IDD) must enroll in STAR+PLUS for acute care only

Voluntary Populations in STAR+PLUS

- Children and young adults residing in the community age 20 or younger who receive SSI or SSI-related benefits may choose to enroll in STAR+PLUS managed care or remain in traditional Medicaid.

Adult STAR+PLUS Benefits

- Medicaid Only
 - Traditional Medicaid benefits
 - Primary care provider (PCP)
 - Community-based LTSS
 - Service coordination
 - Unlimited prescriptions
 - Value-added services
- Dual eligibles receive LTSS through STAR+PLUS and acute care through Medicare

Children's STAR+PLUS Benefits

- Children's Medicaid benefits
- Primary care provider (PCP)
- Community-based LTSS
- Service coordination
- Unlimited prescriptions
- Unlimited necessary days in a hospital
 - Children in traditional Medicaid also receive unlimited prescriptions and unlimited necessary days in a hospital
- Value-added services

LTSS in STAR+PLUS

- Personal Assistance Services (PAS)
- Day Activity and Health Services (DAHS)
- STAR+PLUS HCBS Waiver – services provided through CBA in traditional Medicaid:
 - Assisted living
 - Adaptive aids
 - Minor home modifications
 - Personal assistance services
 - Respite care
 - Emergency response
 - Transition assistance services
 - Home delivered meals
 - Nursing services
 - Medical supplies
 - Adult foster care
 - Dental
 - Therapies
 - Financial management services
 - Cognitive Rehabilitation Therapy
 - Supported Employment and Employment Assistance

Delivery Service Options

- Agency Option (AO)
 - The MCO contracted provider is responsible for managing the day to day activities of the attendant and all business details
- Consumer Directed Services (CDS) Option
 - The member or legally authorized representative (LAR) employs and retains service providers and directs the delivery of STAR+PLUS HCBS Waiver
- Service Responsibility Option (SRO)
 - The member manages most day-to-day activities and the MCO is responsible for managing all business details

What is Service Coordination?

- Specialized care management service that is available to all members and performed by an MCO service coordinator
- MCO nurses, social workers, and other professionals with the necessary skills to coordinate care
- Service coordinators make home visits and assess member needs
 - Coordinate with Medicaid and Medicare providers
 - Authorize community-based LTSS
 - Arrange for other services (e.g. medical transportation)
 - Coordinate community supports (e.g. housing, utilities, legal)

Service Coordination Workgroup

- October 2012 - HHSC established a workgroup
 - Managed care organizations
 - State office staff
 - Stakeholders
- Purpose of the Workgroup
 - Identify the aspects of effective service coordination
 - Provide recommendations to improve service coordination
 - Develop contract language to support the recommended changes

Service Coordination Language Prior to Workgroup

- Furnish a service coordinator to STAR+PLUS members:
 - When requested by the Member
 - When MCO determines one is required through an assessment of the Member's health and support needs
- Service Coordinator serves as a central point of integration and coordination of covered services including
 - Acute care
 - Long-term services and supports
 - Behavioral health

Service Coordination Requirements Prior to Workgroup

- Service Coordinator ensures the Member has a qualified PCP
 - Service coordinator must work as a team with PCP to coordinate all STAR+PLUS covered Services and any applicable Non-capitated services
- MCO must identify and train members or families to coordinate their own care, to the extent of the Member's or the family's want to coordinate care
- MCO must employ as service coordinators persons experienced in meeting the needs of vulnerable populations who have a chronic or complex condition

Additional Service Coordination Requirements Post-Workgroup

- Service Coordination plan requirements:
 - How outreach to Members will be conducted
 - How Members are assessed and their service plans developed
 - How Members will be identified as needing an assessment when changes in their health or life circumstances occur
 - The Member's needs and preferences
 - The minimum number of service coordination annual contacts
 - How service coordination will be provided
 - How these service coordination services will be tracked by the MCO

Additional Service Coordination Requirements Post-Workgroup

- **Level 1 Member: Highest level of utilization**
 - **Members receiving services through the STAR+PLUS HCBS Waiver and other Members with complex medical needs**
 - **Single identified person as their assigned service coordinator**
 - **Two face-to-face visits annually**

Additional Service Coordination Requirements Post-Workgroup

- Level 2 Member: Lower risk/utilization
 - Members receiving LTSS Personal Assistance Services (PAS) or Day Activity and Health Services (DAHS)
 - History of behavioral health issues
 - Single identified person as their assigned service coordinator
 - A minimum of one face-to-face visit and one telephonic contact annually
 - Dual eligibles must receive a minimum of two telephonic contacts annually

Additional Service Coordination Requirements Post-Workgroup

- Level 3 Member: Members who do not qualify as Level 1 or 2
 - Members are not required to have a single identified person as their assigned service coordinator, unless they request one
 - A minimum of two telephonic contacts annually

Additional Service Coordination Requirements Post-Workgroup

- MCOs must provide written notice to all Members
 - A description of service coordination
 - MCO's service coordination phone number
- MCOs must notify all STAR+PLUS Members receiving service coordination of the:
 - Name of their service coordinator
 - Phone number of their coordinator
 - Minimum number of contacts they will receive every year
 - Types of contact they will receive

Additional Service Coordination Requirements Post-Workgroup

- Service Coordination structure
 - Assigned service coordinator for Level 1 or Level 2
 - Notify members within 15 business days, if their service coordinator changes and post the new information on the portal
 - Service coordination teams must be led by at least one service coordinator
 - Dedicated toll-free service coordination phone number

Additional Service Coordination Requirements Post-Workgroup

- Team members must have expertise or access within the MCO to identified subject matter experts in the following areas:
 - Behavioral health
 - Substance abuse
 - Local resources
 - Pediatrics
 - Long-term services and supports
 - End of life/advanced
 - Acute care

Additional Service Coordination Requirements Post-Workgroup

- Preventive care
- Cultural competency
- Pharmacology
- Nutrition
- Texas Promoting Independence Strategies
- Consumer Direct Services Options
- Person-directed planning
- Service Coordination teams will have an overarching philosophy of independent living, self-determination, and community integration

Additional Service Coordination Requirements Post-Workgroup

- Service Coordinators must meet the following minimum requirements:
 - A service coordinator for a Level 1 Member must be a registered nurse (RN) or nurse practitioner (NP). Licensed vocational nurses (LVNs) employed as service coordinators before March 1, 2013 will be allowed to continue in that role.
 - A service coordinator for a Level 2 or 3 Member must have an undergraduate or graduate degree in social work or related field or be an LVN, RN, NP, or physician's assistant; or have a minimum of a high school diploma or GED and direct experience with the SSI population in three of the last five years.

Additional Service Coordination Requirements Post-Workgroup

- A service coordinator for Level 3 Members must have experience in meeting the needs of the member population served
- Service coordinators must possess knowledge of the principles of most integrated settings, including federal and state requirements
- Service coordinators must complete 16 hours of service coordination training every two years

Additional Service Coordination Requirements Post-Workgroup

- MCOs must administer the training, which must include:
 - Information related to the population served
 - How to assess Member's needs
 - Person-directed planning
 - Refresher of available local and statewide resources
 - Respect for cultural, spiritual, racial, and ethnic differences of others

Recent and New STAR+PLUS Initiatives

- September 1, 2014
 - MRSA expansion
 - IDD carve-in
 - Behavioral health services carve-in
- March 1, 2015
 - Nursing facility services carve-in
 - Dual demonstration
 - Community First Choice

Questions?

Email

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