STAR Kids Implementation
Detailed Transition Plan
Effective Date: November 1, 2016

OVERVIEW

HHSC will expand managed care through amendments to the Texas Healthcare Transformation and Quality Improvement Program 1115 demonstration waiver effective November 1, 2016. On the operational start date for STAR Kids (November 1, 2016), children and young adults under the age of 21 with SSI or disability-related Medicaid and those receiving 1915(c) Home and Community-based Services (HCBS) will transition from fee-for-service and STAR+PLUS to STAR Kids for provision of their 1905(a) State Plan services.

STAR Kids will provide both Medicaid 1905(a) State Plan services and 1915(c) HCBS for children and young adults enrolled in MDCP. This transition plan details how eligible individuals will receive services through the STAR Kids managed care program effective November 1, 2016.

SECTION 1: Establishing the STAR Kids program statewide

SECTION 2: Transitioning 1915(c) MDCP waiver to STAR Kids.

SECTION 3: Transitioning other community program members to STAR Kids

SECTION 4: Transitioning 1915 (c) IDD waiver members and ICF/IID residents to STAR Kids

SECTION 5: Transitioning YES waiver members to STAR Kids

SECTION 6: Transitioning PCS and CFC clients to STAR Kids

SECTION 7: Transitioning NorthSTAR members to STAR Kids

SECTION 8: Transitioning Wellness Program clients to STAR Kids

SECTION 9: Age-out process for the transition period

SECTION 1:
Establishing the STAR Kids Medicaid managed care program statewide

Section 1.01
STAR Kids Member Enrollment

All eligible participants statewide, will be enrolled in the STAR Kids managed care program effective the first day of the first month of the STAR Kids Operational Start Date.

Table 1. STAR Service Areas - County Tables

Service Area Name	Counties in Service Area
Bexar - STAR Kids	Atascosa
	Bandera
	Bexar
	Comal
	Guadalupe
	Kendall
	Medina
	Wilson

Service Area Name	Counties in Service Area
Dallas - STAR Kids	Collin
	Dallas
	Ellis
	Hunt
	Kaufman
	Navarro
	Rockwall

Service Area Name	Counties in Service Area
El Paso - STAR Kids	El Paso
	Hudspeth
Service Area Name	**Counties in Service Area**
Harris - STAR Kids	Austin
	Brazoria
	Fort Bend
	Galveston
	Harris
	Matagorda
	Montgomery
	Waller
	Wharton

Service Area Name	Counties in Service Area
Hidalgo - STAR Kids	Cameron
	Duval
	Hidalgo
	Jim Hogg
	Maverick
	McMullen
	Starr
	Webb
	Willacy
	Zapata

Service Area Name	Counties in Service Area
Jefferson – STAR Kids	Chambers
	Hardin
	Jasper
	Jefferson
	Liberty
	Newton
	Orange
	Polk
	San Jacinto
	Tyler
	Walker

Service Area Name	Counties in Service Area
Lubbock – STAR Kids	Carson
	Crosby
	Deaf Smith
	Floyd
	Garza
	Hale
	Hockley
	Hutchinson
	Lamb
	Lubbock
	Lynn
	Potter
	Randall
	Swisher
	Terry

Service Area Name	Counties in Service Area

Medicaid RSA STAR Kids – Central Texas	Bell
	Blanco
	Bosque
	Brazos
	Burleson
	Colorado
	Comanche
	Coryell
	DeWitt
	Erath
	Falls
	Freestone
	Gillespie
	Gonzales
	Grimes
	Hamilton
	Hill
	Jackson
	Lampasas
	Lavaca
	Leon
	Limestone
	Llano
	Madison
	McLennan
	Milam
	Mills
	Robertson
	San Saba
	Somervell
	Washington

Service Area Name	Counties in Service Area
Medicaid RSA STAR Kids - Northeast Texas	Anderson
	Angelina
	Bowie
	Camp
	Cass
	Cherokee
	Cooke
	Delta
	Fannin
	Franklin

	Grayson
	Gregg
	Harrison
	Henderson
	Hopkins
	Houston
	Lamar
	Marion
	Montague
	Morris
	Nacogdoches
	Panola
	Rains
	Red River
	Rusk
	Sabine
	San Augustine
	Shelby
	Smith
	Titus
	Trinity
	Upshur
	Van Zandt
	Wood

Service Area Name	**Counties in Service Area**		
Medicaid RSA – STAR Kids– West Texas	Andrews	Gray	Presidio
	Archer	Hall	Reagan
	Armstrong	Hansford	Real
	Bailey	Hardeman	Reeves
	Baylor	Hartley	Roberts
	Borden	Haskell	Runnels
	Brewster	Hemphill	Schleicher
	Briscoe	Howard	Scurry
	Brown	Irion	Shackelford
	Callahan	Jack	Sherman
	Castro	Jeff Davis	Stephens
	Childress	Jones	Sterling
	Clay	Kent	Stonewall
	Cochran	Kerr	Sutton
	Coke	Kimble	Taylor
	Coleman	King	Terrell
	Collingsworth	Kinney	Throckmorton

	Concho	Knox	Tom Green
	Cottle	La Salle	Upton
	Crane	Lipscomb	Uvalde
	Crockett	Loving	Val Verde
	Culberson	Martin	Ward
	Dallam	Mason	Wheeler
	Dawson	McCulloch	Wichita
	Dickens	Menard	Wilbarger
	Dimmit	Midland	Winkler
	Donley	Mitchell	Yoakum
	Eastland	Moore	Young
	Ector	Motley	Zavala
	Edwards	Nolan	
	Fisher	Ochiltree	
	Foard	Oldham	
	Frio	Palo Pinto	
	Gaines	Parmer	
	Glasscock	Pecos	

Service Area Name	Counties in Service Area
Nueces – STAR Kids	Aransas
	Bee
	Brooks
	Calhoun
	Goliad
	Jim Wells
	Karnes
	Kenedy
	Kleberg
	Live Oak
	Nueces
	Refugio
	San Patricio
	Victoria

Service Area Name	Counties in Service Area
Tarrant – STAR Kids	Denton
	Hood
	Johnson
	Parker
	Tarrant
	Wise

Service Area Name	Counties in Service Area
Travis – STAR Kids	Bastrop
	Burnet
	Caldwell
	Fayette
	Hays
	Lee
	Travis
	Williamson

Mandatory Populations
Medicaid populations who must participate in STAR Kids include children and young adults aged 20 and younger that:

- Receive Supplemental Security Income (SSI) and SSI-related Medicaid
- Receive SSI and Medicare
- Receive MDCP waiver services
- Receive YES waiver services
    - State plan services and service coordination only; YES waiver services will continue to be provided through YES waiver providers
- Receive IDD waiver services (e.g., CLASS, DBMD, HCS, and TxHmL)
    - Most state plan services and service coordination only; LTSS waiver services will continue to be provided through appropriate IDD waiver providers (Note: CFC will continue to be provided through the IDD waiver providers)
- Reside in an ICF-IID or in a nursing facility (other than Truman Smith or a state veteran's home or a SSLC)
    - Acute care and service coordination only; LTSS will continue to be provided through institutional settings
    - Children and young adults ages 20 and younger who move into Truman Smith or a state veteran's home or an SSLC at the time of implementation will be disenrolled or retroactively disenrolled from STAR Kids, and receive services through FFS
- Meet STAR Kids eligibility criteria and are enrolled in HIPP
- Meet STAR Kids eligibility criteria and are enrolled in MBI (ages 19-20)
- Meet STAR Kids eligibility criteria and are enrolled in MBIC (through the end of the month of the 19th birthday)

Voluntary Populations
Self-declared (during the eligibility process) enrolled members of federally recognized tribes are voluntary for STAR Kids. Eligibility workers with the HHSC Office of Social Services (OSS) are responsible for updating this information. Following are the federally recognized tribes and tribal-related entities in Texas:

- Kickapoo Traditional Tribe of Texas
- Alabama-Coushatta Tribes of Texas

- Ysleta Del Sur Pueblo
- Urban inter-Tribal Center of Texas

Excluded Populations
The individuals listed below will continue receiving medical services through traditional Medicaid FFS or through another managed care model.

- Children and young adults in state conservatorship and receiving services through the STAR Health program.
    - Individuals in STAR Health who age out at 18 and who are TP13 will have a segment in FFS before they become a candidate for STAR Kids.
- Children and young adults, age 20 and younger, residing in the Truman W. Smith Children's Care Center will continue receiving all services through FFS.
- Children and young adults, age 20 and younger, residing in state veteran's homes will continue receiving all services through FFS.
- Children and young adults, age 20 and younger, who are in adoption assistance or who receive adoption services, will receive services through FFS.
- Children and young adults, age 20 and younger, who reside in an SSLC, are excluded from managed care.
- All adults, 21 and older, are excluded from STAR Kids.

Section 1.02
STAR Kids Managed Care Organizations

The following are the managed care organizations that will be providing STAR Kids services on November 1, 2016.

Table 2. STAR Kids Plans

Service Area	Plan Name	Plan Codes
Bexar	Community First Health Plans, Inc.	KA
	Superior HealthPlan	KE

Service Area	Plan Name	Plan Codes
Dallas	Amerigroup	K2
	Children's Medical Center Health Plan (CMCHP)	K9

Service Area	Plan Name	Plan Codes
El Paso	Amerigroup	K3
	Superior Healthplan	KF

Service Area	Plan Name	Plan Codes
Harris	Amerigroup	K4

	Texas Children's Health Plan, Inc.	**KM**
	UnitedHealthcare Community Plan	**KQ**

Service Area	**Plan Name**	**Plan Codes**
Hidalgo	**Driscoll Health Plan**	**KC**
	Superior HealthPlan	**KG**
	UnitedHealthcare Community Plan	**KR**

Service Area	**Plan Name**	**Plan Codes**
Jefferson	**Texas Children's Health Plan, Inc.**	**KN**
	UnitedHealthcare Community Plan	**KS**

Service Area	**Plan Name**	**Plan Codes**
Lubbock	**Amerigroup Texas, Inc.**	**K5**
	Superior HealthPlan	**KH**

Service Area	**Plan Name**	**Plan Codes**
RSA West Texas	**Amerigroup**	**K6**
	Superior HealthPlan	**KJ**

Service Area	**Plan Name**	**Plan Codes**
RSA Northeast Texas	**Texas Childrens' Health Plan**	**KP**
	UnitedHealthcare Community Plan	**KU**

Service Area	**Plan Name**	**Plan Codes**
RSA Central Texas	**Blue Cross and Blue Shield of Texas**	**K7**
	UnitedHealthcare Community Plan	**KT**

Service Area	**Plan Name**	**Plan Codes**
Nueces	**Driscoll Health Plan**	**KD**
	Superior HealthPlan	**KV**

Service Area	**Plan Name**	**Plan Codes**
Tarrant	**Aetna Better Health**	**K1**
	Cook Children's Health Plan	**KB**

Service Area	**Plan Name**	**Plan Codes**

Travis	**Blue Cross and Blue Shield of Texas**	**K8**
	Superior HealthPlan	**KL**

Section 1.03
Health and Welfare/Continuity of Care

(a) STAR Kids Contract Requirements

Managed care organizations must ensure that the care of newly enrolled Members is not disrupted or interrupted. The managed care organization must take special care to provide continuity in the care of newly enrolled members whose health or behavioral health condition has been treated by specialty care providers or whose health could be placed in jeopardy if medically necessary covered services are disrupted or interrupted.

Managed care organizations are required to ensure that individuals receiving acute care or pharmacy services through a prior authorization as of the Operational Start Date, receive continued authorization of those services for the shorter of: (1) six months after Operational Start Date, (2) until the expiration date of the current authorization, or (3) until the MCO does a new assessment. Managed care organizations are also required to ensure that individuals who qualify for STAR Kids and are receiving long term services and supports through a prior authorization (including PCS, PDN, and CFC) as of the Operational Start Date that will be provided by the MCO receive continued authorization of those services for the shorter of: (1) six months after operational start date, or (2) until the MCO does a new assessment.

The MCO must pay a Member's existing Out-of-Network Providers for Medically Necessary and Functionally Necessary Covered Services and equipment and supplies for six months following the Operational Start Date or until the Member's records, clinical information, and care can be transferred to a Network Provider, whichever is longer, unless the Member is no longer enrolled in that MCO. If, at the time of enrollment, the Member has an existing scheduled appointment with an Out-of-Network specialist physician, the MCO must authorize and pay the Out-of-Network specialist physician for any Covered Service provided to the Member during that Member's scheduled appointment with the Out-of-Network specialist physician. Payment to Out-of-Network Providers must be made within the time period required for Network Providers. The MCO must comply with Out-of-Network Provider reimbursement rules as adopted by HHSC.

Individuals who are eligible for STAR Kids will receive an introduction letter in July 2016 informing them that they will be receiving services through STAR Kids beginning November 1, 2016. HHSC will send an enrollment packet in August 2016, which will inform them of the managed care organization choices in their area and related information.

(b) TMHP Actions

To help mitigate potential disruptions in services, HHSC will direct TMHP to extend services as follows: all Personal Care Services (PCS), private duty nursing (PDN), Community First Choice (CFC), physical therapy, occupational therapy, and speech therapy authorizations ending on any date between October 1, 2016 and November 30, 2016 will be extended by 90 days (for further information, see Section 6);

For current MDCP participants with ISP ends dates between August 31, 2016, and April 30, 2017, the HHSC and Community Care Eligibility staff will **extend the current MN and ISP dates by one year** to ensure continuity of care and continuity of eligibility during the transition. See Section 2 for more information.

Section 1.04
Right to a Fair Hearing

Individuals receiving Medicaid-funded services are entitled to appeal agency actions by requesting fair hearings. All fair hearings and appeals must follow the rules set forth in 1 Texas, Administrative Code, Chapter 357.

Transition activities for HHSC's administrative services contractor, the Community Care Eligibility Department, the HHSC Program Support Unit (PSU), the HHSC Program Support Interest List (PSIL) and managed care organizations are outlined below.

(a) Fair Hearings related to MDCP

Fair hearings and appeals for individuals receiving or seeking services through MDCP encompass three types of actions: Medicaid eligibility determinations, financial determinations, and medical necessity/level of care assessments.

(1) Cases may have a Medicaid eligibility determination that is determined by HHSC Medicaid for the Elderly and People with Disabilities (MEPD) staff. All fair hearing requests related to financial determinations will be handled by MEPD staff.
(2) Cases may require a medical necessity/level of care assessment, processed by the Community Care Eligibility staff and evaluated by HHSC's administrative services contractor.
(3) Cases may require a medical necessity/level of care assessment, processed by the, managed care organization and evaluated by HHSC's administrative services contractor.

MCOs will make available to the Community Care Eligibility staff, via the HHSC PSU, any individual documents required for HHSC fair hearings for transition cases.

Because the fair hearings process may take months to complete, the Community Care Eligibility case files for individuals who have requested fair hearings will be stored separately so that they are easily accessible during transition and post implementation. The Community Care Eligibility staff will follow the transition plan until all requests for fair hearings filed before November 1, 2016, have a hearing officer decision.

The following is applicable to the Community Care Eligibility staff for all actions:

- Prior to November 1, 2016, the Community Care Eligibility staff will continue to follow policy regarding continuation of services for requests for fair hearings filed within the time frames set forth in 1 Texas Administrative Code, Chapter 357.
- Community Care Eligibility staff will send the HHSC Program Support Interest List (PSIL) Unit a list of all pending fair hearings and any related case information by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us **by November 3, 2016**

(1) Requests for fair hearings and fair hearings occurring before November 1, 2016

i) For existing individuals requesting fair hearings to appeal a case action involving a reduction in services, other Community Care Eligibility functional action, or denial of waiver services, the Community Care Eligibility staff are responsible for all activities relating to the fair hearing.

ii) For existing individuals requesting fair hearings to appeal a medical necessity/level of care denial, the Community Care Eligibility staff will enter Form 4800-D (DADS Fair Hearing Request Summary) into Texas Integrated Eligibility Redesign System (TIERS) listing TMHP as the Agency Representative. The TMHP representative will attend the hearing, provide all necessary evidence, represent the agency, and work with the Community Care Eligibility staff to implement any decisions. Community Care Eligibility staff will enter the implementation into TIERS.

iii) For new applicants requesting fair hearings to appeal a denial of waiver services, the Community Care Eligibility staff will enter Form 4800-D into TIERS. The Community Care Eligibility staff will attend the hearing, provide all necessary evidence, represent the agency, and enters the implementation into TIERS if Form 4807 (Community Care Eligibility Action Taken on a Hearing Decision) is received before October 20, 2016. If Form 4807 is received on or after October 20, 2016, the Community Care Eligibility staff will provide the document and implementation information to the PSIL unit within one business day of receipt by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us. The email's subject line must read: MDCP Form 4807 for XX. The "XX" in the title represents the initials of the individual; therefore, the subject line of the email on behalf of Ann Smith would read "MDCP Form 4807 for AS". The PSU will provide the form to the managed care organization through TxMedCentral and coordinate

with the MCO to implement the decision. The PSU will enter the Form 4807 into TIERS.

iv) For new applicants requesting fair hearings to appeal a medical necessity/level of care denial, the Community Care Eligibility staff will enter Form 4800-D into TIERS listing the TMHP as the Agency Representative. The TMHP representative will attend the hearing, provide all necessary evidence, represent the agency, and work with the Community Care Eligibility staff to implement any decisions. The Community Care Eligibility staff will enter the implementation if Form 4807 is received before October 20, 2016. If Form 4807 is received after October 20, 2016, the Community Care Eligibility staff will provide the document and implementation information to the PSIL unit by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us. The email's subject line must read: MDCP_MN_Form 4807 for XX. The "XX" in the title represents the initials of the individual; therefore, the subject line of the email on behalf of Ann Smith would read "MDCP_MN_Form 4807 for AS". The PSU will provide the form to the managed care organization through TxMedCentral and will coordinate with the MCO to implement the decision. The PSU will enter Form 4807 into TIERS.

(2) Requests for fair hearings submitted before November 1, 2016 and fair hearings held after November 1, 2016

i) For existing individuals requesting fair hearings to appeal a case action involving a reduction in services, other Community Care Eligibility functional action, or denial of waiver services, the Community Care Eligibility staff is responsible for all activities relating to the fair hearing. The Community Care Eligibility staff will attend the hearing, provide all necessary evidence, represent the agency, and in doing so, inform the hearings officer of the status of the case and the transition to STAR Kids. The Community Care Eligibility staff will provide Form 4807 to the PSIL unit by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us. The email's subject line must read: MDCP Form 4807 for XX. The "XX" in the title represents the initials of the individual; therefore, the subject line of the email on behalf of Ann Smith would read "MDCP Form 4807 for AS". The PSU will provide the form to the managed care organization and coordinate with the MCO to implement the decision. The PSU will enter Form 4807 into TIERS.

ii) For individuals requesting fair hearings to appeal a case action involving a medical necessity/level of care denial, the Community Care Eligibility staff will enter Form 4800-D listing the TMHP as the Agency Representative. The TMHP representative will attend the hearing, provide all necessary evidence, represent the agency, and in doing so, inform the hearing officer of the status of the case and the transition to STAR Kids. The Community Care Eligibility staff will provide Form 4807 to the PSIL unit by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us. The email's subject

line must read: MDCP_MN_Form 4807 for XX. The "XX" in the title represents the initials of the individual; therefore, the subject line of the email on behalf of Ann Smith would read "MDCP_MN_Form 4807 for AS". The PSU will provide the form to the managed care organization and will coordinate with the MCO to implement the decision. The PSU will enter Form 4807 into TIERS.

(3) Request for fair hearings and fair hearings submitted on or after November 1, 2016, and fair hearings occurring on or after November 1, 2016:

The MCO and PSU will follow established state fair hearing rules at 1 Texas Administrative Code Chapter 357 and STAR Kids and STAR Health policy for request for hearings and hearings occurring on or after November 1, 2016.

(4) Appeals for actions and hearings occurring on or after November 1, 2016, when the participant still has an open previous appeal for a different action

Managed care organizations will follow established state fair hearing rules at 1 Texas Administrative Code Chapter 357 and STAR Kids and STAR Health policy for actions and hearings occurring on or after November 1, 2016. If the action or hearing relates to an open appeal for a different action regarding another managed care organization action, a Community Care Eligibility action, or a TMHP action, the managed care organization staff will attend the hearing and inform the hearing officer on the record that the case is in transition and another appeal was requested.

Managed care organizations will make available to the PSIL by emailing any documentation that may be pertinent to the Community Care Eligibility staff regarding a previous appeal for a different action not involving that managed care organization within the timelines set in the fair hearing rules.

(b) Fair Hearing related to non-MDCP services

(1) Fair Hearings for Case Actions Performed Before November 1, 2016, and Fair Hearings Open as of November 1, 2016

For fair hearings related to case actions on state plan acute care, behavioral health and state plan LTSS performed before November 1, 2016, including fair hearings still open as of November 1, 2016, the agency in charge of the state plan acute care, behavioral health or state plan LTSS at the time of the action will follow established state fair hearing rules at 1 Texas Administrative Code, Chapter 357. The agency representative who made the decision and the individual who conducted the assessment will attend the

hearing, provide all necessary evidence, represent the agency and in doing so, inform the hearings officer on the record that the case is in transition to STAR Kids.

The agency representative will notify the PSIL Unit of the hearing outcome by emailing the STAR_Kids_Managed_Care_Program@hhsc.state.tx.us. The email's subject line must read: Non MDCP Hearing for XX. The "XX" in the title represents the initials of the individual; therefore, the subject line of the email on behalf of Ann Smith would read "Non-MDCP Hearing for AS". PSU will notify the managed care organization of the hearing outcome and coordinate with the MCO to implement the decision. The PSU will enter the decision implementation information into TIERS.

(2) Requests for Fair Hearings Related to Actions Performed On or After November 1, 2016
The managed care organization will follow established state fair hearing rules at 1 Texas Administrative Code, Chapter 357 and STAR Kids policy for requests for fair hearings related to case actions on state plan acute care, behavioral health and state plan LTSS performed on or after November 1, 2016. This applies to managed care organization actions on or after November 1, 2016.

(3) Continued Benefits
In those instances in which a fair hearing related to state plan acute care, behavioral health and state plan LTSS for an individual transitioning to STAR Kids continues after November 1, 2016, in which the appellant is receiving continuing benefits, services will continue to be provided by the Medicaid provider until the hearings officer has ruled in the case. The STAR Kids MCOs will cover those continuing benefits until the hearings office has ruled in the case.

(4) NorthSTAR
Please see the NorthSTAR section for a caveat to the above related to NorthSTAR fair hearings held after December 31, 2016.

Section 1.05
Transition Period MCO Assessment Requirements

(1) Within 10 business days, the MCO must document in its system the services the member was receiving upon the transition to the MCO (SK Contract 8.1.38.11)

(2) Within 15 business days, MCOs must conduct initial telephonic outreach to determine (a) assessment prioritization and (b) if the member must be assessed by a nurse. (SK Contract 8.1.39).

(3) The MCO will assign Priority Levels as follows:

a. Priority 1: those who become STAR Kids Members after the Operational Start Date (i.e., on December 1, 2016 or after) and request immediate services.
b. Priority 2: members with the most urgent or unmet needs for services or service coordination.
c. Priority 3: members with few unmet needs who are currently receiving the services they require to remain stable.
d. Priority 4: members receiving MDCP services, other LTSS, or non-capitated waiver services (including CLASS, DBMD, HCS, TxHmL, and YES services).

(4) The MCO must assess all members within six months of the implementation date. Within that six month period, the MCO must schedule assessments according to priority level, assessing Priority 1 and Priority 2 members first and Priority 4 members (MDCP members) last.

(5) Notwithstanding the member's priority level, the MCO must assess any member who has experienced a significant change in condition and contacts the MCO to request assessment within 15 business days.

(6) For members assessed within the first six months following implementation who do not have MN, the MCO may conduct an off-cycle reassessment during the following six months to stagger assessments throughout the year.

Section 1.06
Dates Subject to Revision

The dates specified in this Transition Plan are predicated on the STAR Kids project receiving approval from CMS and serving members beginning November 1, 2016. Should the Operational Start Date be postponed, the Parties agree to revise the dates as necessary to meet the revised Operational Start Date.

Section 2:
Transitioning MDCP to STAR Kids

Section 2.01 Medically Dependent Children Program (MDCP) Waiver Interest List

(a) MDCP Interest List Release and Enrollment Activities through July 31, 2016

(1) Cases submitted to the Texas Medicaid & Healthcare Partnership for MN determination prior to October 31, 2016

The Community Services Interest List (CSIL) unit will continue to release individuals from the MDCP waiver interest list, to include the completion of

enrollment and determination activities, **through July 31, 2016**, as slots become available. The CSIL unit will manage a reasonable number of releases from the MDCP waiver interest list for this time period. Case managers or designees will make a valid effort to complete all enrollment and determination activities **prior to the November 1, 2016** implementation.

For individuals released from the interest list **as of July 31, 2016**, in pending status, case management staff or designee will make a valid effort to complete all pending cases **by September 30, 2016 and no later than October 31, 2016**. For any releases remaining in pending status in which a medical necessity determination has been submitted and is pending with the Texas Medicaid & Healthcare Partnership (TMHP) on **October 31, 2016**, case management staff or designee will continue to work all cases until the receipt of the final disposition of the medical necessity level of care. The CSIL unit or its designee will provide the Program Support Interest List (PSIL) unit all relevant case documentation in which medical necessity has been approved. The PSIL unit will be responsible for coordinating the enrollment process with the individual. For cases in which medical necessity has been denied, case management staff or designee will notify the individual of the denial.

(2) Cases not submitted to the Texas Medicaid & Healthcare Partnership for MN determination by October 21, 2016

Pending cases that have not yet been submitted for medical necessity determination to TMHP for processing by **October 21, 2016**, will be transferred to the managed care organization (MCO). The MCO will be expected to conduct a Screening and Assessment Instrument (SAI), submit the assessment for medical necessity determination, and develop the initial individual service plan within the timeframe outlined in Section 1.05 of this plan.

(3) Cases not submitted for MN determination prior to October 1, 2016

For cases that remain in pending status, but have not yet been submitted for medical necessity determination, after **September 30, 2016**, the Community Services Interest List (CSIL) unit will contact the individuals to explain the transition of MDCP waiver services under the STAR Kids program starting **November 1, 2016**, and inform individuals someone from the HHSC Program Interest List (PSIL) unit will contact them to provide an overview of the STAR Kids program and the requirements. When contacting the individual, PSU will follow the process outlined below.

(i) Initial Outreach

The Community Services Interest List (CSIL) unit will email a list of individuals still in pending status for reasons other than medical necessity determinations and any relevant case documentation to the Program Support Interest List (PSIL) unit at MDCP_Interest_List@hhsc.state.tx.us **on October 21, 2016.** As HHSC MDCP case managers or the designee will be responsible for completing the final actions on certain pending cases, the CSIL unit will send an updated list to the PSIL unit **by close of business each Friday thru October 31, 2016**, recording the most recent status. The list will include the following data elements:

1. Name
2. Name of Authorized Representative
3. Medicaid ID, if applicable
4. Social Security Number
5. Date of Birth
6. Address
7. Contact phone numbers
8. County
9. Case Manager Assign to date
10. Interest List Number
11. Status of pending case

Upon receipt of the lists, the PSIL Unit will be responsible for monitoring pending case information, such as Medicaid eligibility and medical necessity determinations by checking the Texas Integrated Eligibility Redesign System (TIERS) and the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care portal.

The PSIL unit will notify the Enrollment Resolution Services (ERS) department of MCO selections once identified by following the process outlined below. The PSIL Unit will post the information to TxMedCentral to the respective MCO's STAR Kids folder, if known.

Within two calendar days of receipt of the individual's name from the CSIL unit, the PSIL unit must:

- create a case in the HHS Enterprise Administrative Report and Tracking System (HEART);
- check TIERS for the Medicaid type program and document the individual's current Medicaid status and managed care organization (MCO) enrollment, if applicable in HEART;
- contact the individual or the authorized representative, by phone to confirm continued interest and give a general description of the MDCP services;

- discuss a list of managed care organizations (MCOs) and encourage the individual to contact one for service information;
- discuss the importance of choosing an MCO so assessments and initial individuals service plans (ISPs) can be completed timely in order to avoid delay in eligibility determination for MDCP services;
- inform the individual or the authorized representative the MCO in which he/she enrolls can be changed at any time after the first month of service; and
- discuss the importance of returning the H1200, if applicable, and other required documents.

Within two calendar days of the initial contact with the individual, the PSIL unit assigns the HEART case to the appropriate Program Support Unit (PSU) regional staff to take all necessary case actions described in the sections below.

(4) <u>Procedures For Medical Assistance Only (MAOs) in pending status after October 31, 2016:</u>

Within two calendar days of receiving the assignment from the Program Support Interest List (PSIL) unit, the Program Support Unit (PSU) sends an enrollment packet containing the following forms to the individual for completion:

- Form 2439, Selection Acknowledgement, to confirm interest in applying for MDCP services;
- Form H2053-B, Health Plan Selection, and Form H2053-BS (Spanish);
- MDCP frequently asked questions (FAQ) information sheet;
- Form H1200, Application for Assistance – Your Texas Benefits, if applicable; and
- a postage-paid envelope.

Within fourteen calendar days from the mailing of the packet to the individual, the PSU contacts the individual regarding selection of an MCO as quickly as possible so the selected MCO can conduct the assessment and develop the initial individual service plan. Any delay in selecting an MCO will result in a delay in eligibility determination for MDCP services.

The individual chooses an MCO and notifies the PSU verbally or in writing using Form H2053-B, Health Plan Selection.

The PSU within two calendar days of receiving the MCO selection will:

- upload completed enrollment forms submitted back from the individual in HEART;
- check the Texas Medicaid & Healthcare Partnership (TMHP) Long Term Care Portal to identify the final disposition of a medical necessity level of care initiated and submitted by the Community Services Interest List (CSIL) unit for any pending case;
- complete Form H2067-MC, notifying the MCO of the final disposition of the medical necessity level of care and post to TxMedCentral to the MCOs STAR Kids folder;
- complete Section A of Form H3676, Managed Care Pre-Enrollment Assessment Authorization, noting "Interest List Release/Number in the appropriate box" on the form and post to TxMedCentral to the MCOs STAR Kids folder; and
- upload enrollment packet documents and all applicable forms into HEART.

The MCO is required to complete all assessment activities which include:

- the STAR Kids Screening and Assessment Instrument (SK-SAI); and
- individual service plan (ISP).

The MCO is expected to submit the results via Form H3676, Part B, to the PSU within sixty days of receiving the initial request. In addition, the MCO will post the MDCP ISP to TxMedCentral in the MCO's STAR Kids folder and submit to the Texas Medicaid & Healthcare Partnership (TMHP) the electronic ISP via the 278 transaction file.

Within five working days of receipt of all required waiver eligibility documentation, PSU confirms:

- Medicaid eligibility;
- medical necessity;
- the individual has an ISP cost within the individual's annual cost limit based on the established Resource Utilization Group value; and
- a need for at least one MDCP waiver service.

If eligibility is approved, PSU completes Form H2065-D, Notification of STAR Kids Program Services, and:

- mails the original to the individual;
- posts the form on TxMedCentral to the respective MCO's SK folder;
- emails a copy to MEPD staff;
- notifies Enrollment Resolution Services (ERS) by emailing HPO_Star_Plus@hhsc.state.tx.us; and

- uploads a copy of Form H2065-D, document case actions, and immediately close HEART; and
- closes the interest list record in the Community Services Interest List (CSIL) database with the appropriate closure reason.

If eligibility is denied, the PSU completes Form H2065-D, and:

- mails the original to the individual;
- posts it on TxMedCentral in the MCO's MDCP folder;
- emails a copy to MEPD staff;
- uploads a copy of Form H2065-D, document case actions, and immediately closes HEART; and
- closes the interest list record in the Community Services Interest List (CSIL) database with the appropriate closure reason.

(5) Procedure for Supplemental Security Income (SSI) in pending status after October 31, 2016

Within two calendar days of receiving the assignment, the Program Support Unit (PSU): will:

- mail Form 2439, Selection Acknowledgement, to the individual to confirm interest in applying for MDCP services, MDCP frequently asked questions (FAQ) information sheet; and a postage-paid envelope;
- verify that the individual receives SSI in the Texas Integrated Eligibility Redesign System (TIERS);
- verify the Medicaid type program and MCO enrollment in TIERS;
- upload completed forms returned by the individual into HEART upon;
- complete Form H3676 Section A and upload to TxMedCentral to the MCOs STAR Kids folder.

The MCO is required to complete all assessment activities and submit the results via Form H3676, Part B, to the PSU within sixty days of receiving the initial request. In addition, the MCO will post the MDCP Individual Service Plan (ISP) to TxMedCentral in the MCO's STAR Kids folder and submit to the Texas Medicaid & Healthcare Partnership (TMHP) the electronic ISP via the 278 transaction file.

Within five calendar days of receipt of all required waiver eligibility documentation, the PSU confirms:

- Medicaid eligibility;
- medical necessity;

- the individual has an ISP cost within the individual's annual cost limit based on the established Resource Utilization Group value; and
- a need for at least one MDCP waiver service.

If eligibility is approved, the PSU completes Form H2065-D, Notification of STAR Kids Program Services, and:

- mails the original to the individual;
- posts the form on TxMedCentral to the respective MCO's STAR Kids folder;
- emails a copy to MEPD staff;
- notifies Enrollment Resolution Services (ERS) by emailing HPO_Star_Plus@hhsc.state.tx.us; and
- uploads a copy of Form H2065-D, document case actions, and immediately close HEART; and
- closes the interest list record in the Community Services Interest List (CSIL) database with the appropriate closure reason.

If eligibility is denied, the PSU completes Form H2065-D, and:

- mails the original to the individual;
- posts it on TxMedCentral in the MCO's STAR Kids folder;
- emails a copy to MEPD staff; and
- uploads a copy of Form H2065-D, document case actions, and immediately close HEART; and
- closes the interest list record in the Community Services Interest List (CSIL) database with the appropriate closure reason.

(b) MDCP Interest List Release Activities Beginning on August 1, 2016

The initial outreach and enrollment process for MDCP may take up to 90 days. To mitigate client confusion and facilitate a smooth transition, the Community Services Interest List (CSIL) unit will limit releases **between August 1, 2016, and February 1, 2017**, to the initial data "scrubbing" process, which ensures that the prospective client is still interested in services and that the assessor who reaches out the prospective MDCP client will have accurate contact information. The CSIL unit will continue these limited release activities **through January 31, 2017**, as slots become available.

Starting August 1, 2016, through October 31, 2016, the CSIL unit or their designee will provide a list of individuals in released status **by the third Friday of each month** to the Program Support Interest List (PSIL) unit by emailing MDCP_Interest_List@hhsc.state.tx.us. The list will include the following data elements:

1. Name

2. Name of Authorized Representative
3. Medicaid ID, if applicable
4. Social Security Number
5. Date of Birth
6. Address
7. Contact phone numbers
8. County
9. Interest List Number
10. Release date

The PSIL Unit will be responsible for initiating contact with the individual, or the authorized representative, to provide an overview of the program and to mail the enrollment packet for completion as described in Section 2000, Medically Dependent Children Program Interest List Procedures in the STAR Kids handbook.

The PSU will be responsible for coordinating all enrollment and eligibility determination activities with MCOs until final disposition of the interest list release as described in Section 2000, Medically Dependent Children Program Interest List Procedures in the STAR Kids handbook.

(c) MDCP Interest List Activities After February 1, 2017

The Community Services Interest List (CSIL) unit will closely manage releases from the MDCP waiver interest list for the time period of **November 1, 2016, through January 31, 2017**, to prevent an overflow of interest list releases held in pending status. **Starting February 1, 2017**, the CSIL unit will resume full interest list release volumes.

2.02 Money Follows the Person (MFP)

(a) Individuals seeking MDCP services through the MFP process with an anticipated nursing home discharge on or after 10/31/16

Beginning October 31, 2016, the Community Services Interest List (CSIL) unit will provide to the PSIL unit a list of individuals accessing MDCP through the MFP process in the process of transitioning from a nursing facility to the community with an anticipated discharge **date on or after October 31, 2016,** if known. This includes any new applications received and not processed by the case management staff or designee **after October 21, 2016.**

The CSIL unit will provide a list of individuals to the PSIL Unit **on October 21, 2016**, by emailing MDCP_Interest_List@hhsc.state.tx.us. The list will include the following data elements:

- Name
- Medicaid ID
- Social Security Number
- Date of Birth
- Planned discharge date, if known
- Status of Case, including relevant case documentation

The CSIL unit will send relevant case documentation for all pending cases to the PSIL unit **by October 21, 2016**. The PSIL unit will notify the Enrollment Resolution Services (ERS) department of MCO selections once identified by following the process outlined below. The PSIL Unit will post the information to TxMedCentral to the respective MCO's STAR Kids folder, if known. Relevant case documentation includes:

- Form 2410, Medical-Social Assessment and Individual Plan of Care
- Medical Necessity/Level Of Care form, if applicable
- Form 2067 - Case Information, if applicable
- Consumer Directed Services Forms
- Form 8604 - Transition Assistance Services (TAS) Assessment and Authorization
- MFP Checklist, if applicable
- Form 2405, Narrative Notes

Within two calendar days of receipt of the individual's name from the CSIL unit, the PSIL Unit:

- creates a case in the HHS Enterprise Administrative Report and Tracking System (HEART); and
- assigns the HEART case to the appropriate PSU regional staff to take all necessary case actions described in the sections below.

Upon receipt of the assignment, PSU will **immediately** contact the individual, the individual's LAR or permanency planner to explain transition to the STAR Kids program for MDCP waiver services, obtain an MCO selection for MAO individuals, and follow standard procedure for Money Follow the Person outlined in the STAR Kids handbook.

2.03 Money Follows the Person (MFP) Limited Nursing Facility Stay Option

Authorization of MDCP Services if Limited Nursing Facility Stay is Completed on or Before 10/31/16

The case management staff or designee will continue to process eligibility in the Service Authorization System Online (SASO) for all MDCP MFP applicants who discharge from a nursing facility **on or before October 31, 2016**. For these cases, authorizations with a

start date on or prior to October 31, 2016, must be entered in SASO once Medicaid eligibility has been established.

Starting August 1, 2016, the CSIL unit will send notifications via mail to all MFP applicants pending MDCP enrollment. The first notice will provide an explanation on the following:

- transition of MDCP services under STAR Kids program;
- importance of choosing a managed care organization (MCO); and
- additional contacts will be made by the Program Support Interest List staff.

If the enrollment process for MDCP services has not been completed prior to the October enrollment cutoff date on October 18, 2016, the CSIL unit will provide a list to PSU to contact individuals to assist with an MCO selection. The PSU will follow the enrollment process outlined in Section 2420.6 of the STAR Kids handbook.

The list will include the following data elements:

1. Name
2. Name of Authorized Representative
3. Social Security Number
4. Date of Birth
5. Address
6. Contact phone numbers
7. County
8. Description of pending case information

Beginning September 1, 2016, a separate notification will be sent to any applicant pending MDCP enrollment**.** The notification will inform of the appropriate entity along with contact information that will be responsible for coordinating the MFP process. The MDCP CM or designee will be listed as a contact prior to November 1st and PSU staff will be listed as a contact beginning November 1st.

For individuals transitioning to STAR Kids who have been approved to complete the MFP limited stay process beginning November 1, 2016, the STAR Kids MCO will be responsible for the authorization of services and coordinating with service providers. The MCO is required to offer network provider agreements to all Medicaid Significant Traditional Providers (STPs) identified by HHSC.

Individuals approved to access Medically Dependent Children Program (MDCP) through the Money Follows the Person (MFP) Limited Nursing Facility Stay option and have not discharged from the nursing facility on or before 10/31/16:

(1) Cases transmitted to Texas Medicaid & Healthcare Partnership (TMHP) for Medical Necessity determination prior to October 21, 2016

For pending cases in which a medical necessity determination has been submitted to the Texas Medicaid & Healthcare Partnership (TMHP) for processing **prior to October 21, 2016**, and a medical necessity determination has not been made by TMHP **on or by October 31, 2016**, the managed care organization (MCO) will be responsible for conducting the initial home visit and resubmitting the assessment. The MCO will be expected to conduct a Screening and Assessment Instrument (SAI), submit the assessment for medical necessity determination, and develop the initial individual service plan.

For any cases remaining in pending status in which a medical necessity determination has been submitted and a determination has been made by the Texas Medicaid & Healthcare Partnership (TMHP) on or by **October 31, 2016**, case management staff or designee will continue to work all cases until the final disposition. The CSIL unit will provide the Program Support Interest List (PSIL) unit all relevant case documentation for cases in which medical necessity has been approved. For cases in which medical necessity has been denied, case management staff or designee will notify the individual of the denial.

The Community Services Interest List (CSIL) unit will email a list of individuals still in pending status for reasons other than medical necessity determinations to the Program Support Interest List (PSIL) unit at MDCP_Interest_List@hhsc.state.tx.us **on October 21, 2016.** As case management staff will be responsible for completing the final actions on certain pending cases, the CSIL unit will send updated lists to the PSIL unit **by close of business each Friday thru October 31, 2016**, recording the most recent status. The list will include the following data elements:

1. Name
2. Name of Authorized Representative
3. Medicaid ID, if applicable
4. Social Security Number
5. Date of Birth
6. Address
7. Contact phone numbers
8. County
9. Case Manager Assign to date
10. Interest List Number
11. Status of pending case

(2) Cases not submitted for Medical Necessity determination prior to October 21, 2016

For pending cases in which the case management staff has not transmitted the medical necessity for final determination to the Texas Medicaid & Healthcare Partnership (TMHP) for processing by **October 21, 2016**, the managed care organization (MCO) will

be responsible for conducting the initial home visit and submitting the assessment. The MCO will be expected to conduct a Screening and Assessment Instrument (SAI), submit the assessment for medical necessity determination, and develop the initial individual service plan.

For these pending cases, the CSIL unit will provide a list to the Program Support Interest List (PSIL) unit via email to the MDCP_Interest_List@hhsc.state.tx.us **by October 21, 2016**, to further coordinate the enrollment process with the Program Support Unit (PSU) regional staff. The list will include the same data elements as described in the above (Section 2.03(1)) managed care enrollment section. The Program Support Unit staff will follow the enrollment process outlined in Section 2000 of the STAR Kids handbook.

(3) Cases pending for reasons other than Medical Necessity determination prior to October 31, 2016

For individuals pending enrollment for reasons other than medical necessity determinations or a scheduled nursing facility stay **on or prior to October 31, 2016**, the CSIL unit will send to the Program Support Interest List (PSIL) unit at MDCP_Interest_List@hhsc.state.tx.us **on October 21, 2016.** The list will include the same data elements as described in the above managed care enrollment section.

The CSIL unit will send relevant case documentation for all pending cases to the PSIL unit **by October 21, 2016**. The PSIL unit will post the information to TxMedCentral to the respective MCO's STAR Kids folder, if known. Relevant case documentation includes the following forms:

- 2406, Physician Recommendation for Length of Stay in a Nursing Facility
- Limited stay approval notification
- 2410, Medical-Social Assessment and Individual Plan of Care
- Medical Necessity/Level Of Care form
- 2067, Case Information, if applicable
- Consumer Directed Services Documents, if applicable:
    - 1581, Consumer Directed Services Option Overview
    - 1582, Consumer Directed Services Responsibilities
    - 1583, Employee Qualification Requirements
    - 1584, Consumer Participation Choice
    - 1740, Service Backup Plan
- 1746-A, MEPD Referral Cover Sheet, along with:
    - H1200, Application for Assistance
    - H3034, Disability Determination Socio-Economic Report
    - H3035, Medical Information Release/Disability Determination

Upon receipt of the lists and case documentation, the PSIL Unit will continue to coordinate with the HHSC MDCP case managers or designated staff on a case-by-case basis to ensure a smooth transition to STAR Kids for all individuals

New requests to access MDCP through the MFP Limited Nursing Facility Stay option received on October 24, 2016 and ongoing

The Program Support Unit will follow established policy described in Section 2420, Money Follows the Person (MFP) Limited Nursing Facility Stay for Medically Fragile Individuals in the STAR Kids handbook for any new request to access MDCP services through the MFP limited nursing facility stay option received **beginning on October 24, 2016 and after**.

(b) Individuals accessing MDCP through the MFP process with an anticipated discharge date of 11/1/16 or after

Beginning November 1, 2016, responsibility for coordinating MDCP enrollment through the MFP process will transfer to the PSU. The PSU will follow established policy for Money Follows the Person outlined in Section 2410 of the STAR Kids handbook, PSU will contact applicants to explain transition to the STAR Kids program for MDCP waiver services, obtain an MCO selection for individuals who do not yet have Medicaid eligibility, and complete other eligibility enrollment steps required to fulfill MDCP and MFP requirements.

Section 2.04 Current MDCP Waiver Participants

(a) Continuity of Care

HHSC will provide the managed care organizations with all current MDCP service authorization data. The managed care organizations must honor these service authorizations for up to 6 months or until a new authorization can be determined.

(b) Annual Reassessments

(1) Individuals with ISP ends dates on or before July 31, 2016

Community Care Eligibility staff will complete individual service plan (ISP) reassessments for current MDCP participants with ISP end dates of July 31, 2016, and earlier and complete the necessary Service Authorization System Online entries by July 15, 2016.

(2) Individuals with ISP end dates after August 31, 2016

For current MDCP participants with ISP ends dates between August 31, 2016, and April 30, 2017, the HHSC and Community Care Eligibility staff will **extend the current MN and ISP dates by one year** to ensure continuity of care and continuity of eligibility during the transition.

After the November 1, 2016 STAR Kids implementation date, the MCO will complete the initial assessment using the STAR Kids SAI within six months of the operational start date, according to the prioritization laid out above (Section 2.04(b)).

The annual reassessment process should begin about 90 days prior to the end date of the member's current MDCP ISP, as described in the STAR Kids Handbook, Section 3200. If the initial assessment using the STAR Kids SAI falls within this reassessment timeframe for the member (i.e., within 90 days of the ISP end date), the MCO will treat this as an annual reassessment and will request an MN determination. The MCO will submit both the SAI (as an initial assessment) and, after receiving appropriate confirmation, the SK-ISP as an initial ISP.

If the initial assessment using the STAR Kids SAI *does not* fall within this reassessment timeframe for the member (i.e., within 90 days of the ISP end date), the MCO will complete the SK-SAI, but *will not* treat this as the annual reassessment and *will not* request an MN determination. The MCO will submit the SAI (as an initial assessment) but will not submit an SK-ISP.

90 days prior to the end date of the member's MDCP ISP, the MCO must come back to reassess the client. This will result in more than one assessment within the rolling year. The MCO will treat this as the annual reassessment and will request an MN determination. The MCO will submit both the SAI (as a reassessment) and, after receiving appropriate confirmation, the SK-ISP as an initial ISP.

Note: these assessment procedures will also apply to non-MDCP members who currently receive CFC through a nursing facility (NF) level of care.

(3) ISP Change Requests

Community Care Eligibility staff will continue to process ISP changes through October 19, 2016. Requested ISP changes and any applicable updated forms received from Community Care Eligibility staff on or after October 20, 2016, will be forwarded to the HHSC PSU via email.

The Program Support Unit will forward individual service plan changes and any applicable forms and other documents to the appropriate managed care organization.

The PSU will post ISP changes to TxMedCentral to the XXXISP folder (regardless of the type of form). The PSU will send the notification email to the MCOs (see contacts). MCOs will be responsible for ISP change requests made on or after November 1, 2016.

Section 2.05 Information Technology (IT) Automation Activities

a) MDCP waiver service authorizations in the Service Authorization System (SAS) will continue to be maintained during the transition period until TMHP is capable of communicating medical necessity and waiver dates to TIERS.

2.06 MDCP ISP Manual Processes

From November 1, 2016, through January 27, 2017, the MCOs will be required to follow a manual process for individual services plans (ISPs) completed during the months of November, December, and January.

Once the MCO has received medical necessity approval from TMHP, the MCO posts the following forms ***at the same time*** to the MCO's STAR Kids folder on TxMedCentral:

- Form XXXX, Individual Service Plan, using the first of the following month as the "From" date and one year minus a day as the "To" date
- Form H3676, Managed Care Pre-Enrollment Assessment Authorization, with Section B completed
- Form H2067-MC, Managed Care Programs Communications, indicating the member's cost limit and Resource Utilization Group (RUG) value

MCOs must use the following naming convention when posting forms to TxMedCentral:

Form 2604, Individual Service Plan

This form is posted to the STAR Kids folder and should **not** be posted in any other folder.

Two-Digit Plan Identification (ID)	Form Number (#)	Member ID, Medicaid # or Social Security Number (SSN)	Member Last Name (first four letters)	Sequence Number of Form
##	2604	123456789	ABCD	2

This file would be named ##_2604_123456789_ABCD_2.doc.

Form H3676, Managed Care Pre-Enrollment Assessment Authorization

This form is posted to the STAR Kids folder and should **not** be posted in any other folder.

Two-Digit Plan ID	Form #	Member ID, Medicaid # or SSN	Member Last Name (first four letters)	Section Number	Sequence Number of Form
##	3676	123456789	ABCD	A	2

This file would be named ##_3676_123456789_ABCD_A_2.doc.

Form H2065-D, Notification of Managed Care Program Services

This form is posted to the STAR Kids folder and should **not** be posted in any other folder.

Two-Digit Plan ID	Form #	Member ID, Medicaid # or SSN	Member Last Name (first four letters)	Section Number	Sequence Number of Form
##	2065	123456789	ABCD	D	2D or 2A

- Denials will be coded with a “D” (denial) immediately following the form’s sequence number. This denial file would be named ##_2065_123456789_ABCD_D_2D.doc.
- Approvals will be coded with an “A” immediately following the sequence number. This approval file would be named ##_2065_123456789_ABCD_D_2A.doc.

Form H2067-MC, Managed Care Programs Communication

This form is posted to the STAR Kids folder and should **not** be posted in any other folder. An "M" or "S" is added to the sequence number to indicate whether the MCO or Program Support Unit (PSU) posted the form.

Two-Digit Plan ID	Form #	Member ID, Medicaid # or SSN	Member Last Name (first four letters)	Sequence Number of Form
##	2067	123456789	ABCD	2M

This file would be named ##_2067_123456789_ABCD_2M.doc.

Additional to the standardized naming convention for Form H2067-MC, a separate naming convention has been developed to address use of Form H2067-MC for nursing facility residents who request transition to the community under MDCP. These individuals are considered expedited cases for application to MDCP services. For this

reason, staff from both the MCO and PSU must be able to readily identify communications specific to these cases.

An "M" or "S" continues to be added to the sequence number to denote, respectively, whether the MCO or PSU has posted the form. The new naming convention for posting Form H2067-MC, on both member and non-member cases in a nursing facility, is expanded as follows:

Two-Digit Plan ID	Form #	Member ID, Medicaid # or SSN	Member Last Name (first four letters)	Sequence Number of Form
##	2067	123456789	ABCD	1M or 1S_MFP

This form file posted by the MCO would be named ##_2067_123456789_ABCD_1M_MFP.doc.

If the MCO does not post an ISP within 60 days after the PSU posted Form H3676, Part A, the PSU notifies the health plan manager assigned to the MCO by email.

Within five business days of receipt of all required waiver eligibility documentation, PSU verifies eligibility based on Medicaid eligibility, medical necessity (MN), and an ISP cost within the individual's assessed cost limit based on the established RUG value.

The start of care (SOC) date for MDCP is the same as the ISP begin date, and **will always be the first day of the month** following receipt of the latter of:

- MN;
- ISP within the cost limit; and
- Medicaid eligibility.

Example: MN is approved by Texas Medicaid & Healthcare Partnership on November 15th, the ISP is posted to TxMedCentral on November 22nd, and Medicaid eligibility is effective November 1st. The SOC date is December 1st.

To establish the ISP effective dates for applicants or members accessing MDCP through Money Follows the Person, the PSU will follow established policy described in Section XXXX, Money Follows the Person, in the STAR Kids handbook.

If eligibility is approved, PSU completes Form H2065-D, and:

- mails the original to the applicant/member;
- posts the form on TxMedCentral in the MCO's STAR Kids folder, following established naming conventions;
- faxes or mails a copy to MEPD staff, if applicable;
- posts a copy of the form in HEART; and

- notifies Enrollment Resolution Services (ERS) by emailing HPO_Star_Plus@hhsc.state.tx.us, for individuals who are not enrolled in managed care.

If eligibility is denied, PSU completes Form H2065-D and:

- mails the original to the applicant/member;
- posts it on TxMedCentral in the MCO's STAR Kids folder, following established naming conventions;
- posts a copy of the form in HEART; and
- faxes or emails a copy to MEPD staff, if applicable.

After an individual who is not enrolled in managed care has been determined eligible for MDCP, ERS updates the member's TIERS record to indicate managed care enrollment.

Upon receipt of the Form 2065-D from the PSU, the MCOs add the ISP dates to the 278 transaction and submit the ISP to TMHP in the Long Term Care (LTC) portal.

Starting January 28, 2017, all ISPs effective March 1st or later, will be transmitted by the managed care organizations (MCOs) to the LTC portal for electronic processing.

Section 2.07 MDCP Provider Contracts

Current MDCP provider contracts will remain open until January 31, 2017. Contracted Community Services will discontinue new MDCP contract enrollments after July 1, 2016. Any pending waiver contracts not executed by July 1, 2016, will be processed. At any time during this process, a contractor may provide a 60-day notice of voluntary contract termination.

SECTION 3:
Transitioning other community program members to STAR Kids

Section 3.01 Day Activity Health Services

This section refers to Title XIX Day Activity and Health Services.

(a) New Day Activity and Health Services Applicants

HHSC Community Care Eligibility staff will continue enrollment activities for all Title XX Day Activity Health Services applicants and Title XIX applicants determined to have a Medicaid type not eligible for STAR Kids. HHSC Community Services Program Operations staff will continue enrollment activities for individuals who are eligible to receive Title XIX DAHS through STAR Kids through October 17, 2016.

(b) Current Day Activity and Health Services Recipients

For individuals who should be receiving DAHS through STAR Kids, HHSC will provide to the managed care organizations the data extracts of the elements in relevant member case documentation.

(c) Day Activity and Health Services Authorization Changes

- For individuals who should be receiving DAHS through STAR Kids, Community Care Eligibility staff will provide any DAHS changes received through October 31, 2016 to the PSU via secure email as they are received. The changes will be on Form 2067. Form 2067 includes Medicaid ID, Name, current hours/units, provider, and telephone number. See Community Care Eligibility staff Forms List.
- The PSU will provide the appropriate MCO Form H2067-MC by posting it to TxMedCentral .
- Effective November 1, 2016 normal STAR Kids procedures as outlined in the STAR Kids Handbook will be used.

Section 3.02 IT Automation Activities

a) Individuals receiving Day Activity Health Services in an ICF-IID waiver program will not be end-dated.
b) Community Care Eligibility staff will close all service authorizations for SSI and SSI-related Consumer- Managed Personal Attendant Services (CMPAS) prior to the operational start date. Community Care Eligibility staff will also provide a list to HHSC by August 3, 2016 of CMPAS participants with a spousal attendant to HHSC to be manually disenrolled from managed care and a system edit will be put into place to prevent the individual from entering managed care. HHSC will provide Community Care Eligibility staff a response regarding the managed care status of the individuals on the list within two (2) business days.

The Community Care Eligibility staff information technology plan will include business requirements that address the detailed requirements for the above tasks.

SECTION 4: Transitioning 1915 (c) IDD waiver members and ICF/IID residents to STAR Kids

Section 4.01
STAR Kids Members in an ICF-IID Waiver or ICF-IID Facility Enrollment (statewide)

All eligible participants who qualify for and are receiving services in an intermediate care facility for individuals with intellectual disabilities or related conditions (ICF-IID) or who are enrolled in a Medicaid 1915(c) waiver serving persons with intellectual or

developmental disabilities will transition into the STAR Kids managed care program. These individuals are eligible for STAR Kids statewide and will receive acute care services only through the managed care program. These individuals will continue to receive LTSS through the ICF-IID or 1915(c) waiver in which they are enrolled. The ICF-IID waivers are:

- CLASS,
- DBMD,
- HCS, and
- TxHmL.

Individuals enrolled in an ICF-IID waiver or who reside in a community-based ICF-IID who are eligible for Medicaid and Medicare are included in STAR Kids statewide.

Section 4.02 Medical Assistance Only ICF-IID Waiver Interest List Applicants

HHSC will continue enrollment activities for all ICF-IID waivers in accordance with current practice. Once approved for the ICF-IID waiver, staff will provide HHSC the necessary information via secure email to the HPO_Star_Plus@hhsc.state.tx.us mailbox, which will include:

- Name
- Medicaid ID

Note: All managed care enrollments are prospective based on a cutoff date.

Section 4.03 Level of Care/Plan of Care

HHSC ICF-IID waiver program enrollment staff will ensure that eligibility and plan of care authorizations in CARE and SAS reflect the current services an individual is eligible to receive based on information received from current providers. HHSC ICF-IID enrollment staff will work to ensure that all individuals who live in an ICF-IID have a current level of care based on information received from current providers, and all individuals who receive services in an ICF-IID have a current level of care.

If the LOCs or IPCs are not current for individuals eligible for SSI, the individuals may not be identified as receiving ICF-IID waiver services or community-based ICF-IID services and may inadvertently receive LTSS services through the STAR Kids managed care organization. If Medical Assistance Only individuals do not have current levels of care or individual plans of care, the system may not recognize that the individual is eligible for Medicaid.

SECTION 5: Transitioning YES waiver members to STAR Kids

On November 1, 2016, all clients enrolled in the Medicaid 1915(c) YES waiver are eligible for STAR Kids statewide and will transition to STAR Kids managed care for all

state plan acute care and state plan LTSS, including 1915(k) CFC services. YES waiver participants will continue to receive their 1915(c) LTSS through their current HCBS delivery system, which is operated by DSHS.

YES waiver utilizes Targeted Case Management (TCM), a state plan service, to coordinate waiver services. On November 1, 2016, YES waiver clients will begin receiving their TCM benefits through the STAR Kids MCO.

DSHS approves level of care-YES (LOC-YES) if the child is enrolled in the YES waiver. TCM providers will continue to follow current processes and timelines for requesting authorizations for LOC-YES from an MCO for new applicants and reauthorizations. MCOs are required to authorize LOC-YES upon request for intensive case management services by TCM providers. TCM providers will send this request to STAR Kids MCOs beginning November 1, 2016, for YES waiver clients.

SECTION 6: Transitioning PCS and CFC clients to STAR Kids

The following Department of State Health Services (DSHS) and HHSC transition activities apply only to those current and future PCS and CFC clients in fee-for-service who will transition to STAR Kids on November 1, 2016 (see eligibility above). It does not impact procedures or timelines related to intake, assessment, reassessment, or authorization for PCS and CFC clients not required to enroll in a STAR Kids MCO.

Section 6.01
Transition for current PCS clients with authorizations ending before October 1, 2016

Per current Department of State Health Services (DSHS) policy, regional case managers begin the reassessment process 90 days before the end of the authorization period. For future STAR Kids clients whose PCS authorizations will expire on any date from February 1, 2016 through September 30, 2016, DSHS case managers will follow current processes and timelines for reassessments and reauthorizations. PCS authorizations are valid for one year.

Existing PCS authorizations will remain open past November 1, 2016. After November 1, 2016, STAR Kids MCOs will be required to honor existing PCS authorizations for the shortest of 6 months or until the MCO completes the STAR Kids Screening and Assessment Instrument and, if appropriate, issues a new authorization.

Section 6.02
Transition for current PCS clients with authorizations ending on dates from October 1, 2016 through November 30, 2016

For current PCS clients whose authorizations will expire on any date from October 1, 2016, through November 30, 2016, DSHS case managers will not begin the reassessment process 90 days before the end of the authorization period. HHSC will work with TMHP to extend these authorizations by 90 days from their end date.

After November 1, 2016, STAR Kids MCOs will be required to honor existing PCS authorizations for the shortest of 6 months or until the MCO completes the STAR Kids Screening and Assessment Instrument and, if appropriate, issues a new authorization.

Section 6.03
Procedures for new clients requesting PCS before August 1, 2016

DSHS case managers will follow current initial assessment and authorization procedures for new clients seeking PCS through July 31, 2016.

Section 6.04
Procedures for new clients requesting PCS and CFC on any date from August 1, 2016, and through October 31, 2016

DSHS case managers will continue to accept new referrals for PCS and CFC during the period beginning August 1, 2016, and ending October 14, 2016. Upon initial outreach, DSHS case managers must explain that the eligibility and assessment process for PCS may take up to 90 days to complete. DSHS case managers will make a reasonable effort to complete their processes and authorize services prior to October 14. DSHS case managers must explain to potential clients that, if necessary processes cannot be completed prior to October 14, their case will be handed off to the STAR Kids MCO they choose, which may create some delays in obtaining an authorization for services.

If the process cannot be completed and services cannot be authorized on or before October 14, 2016, DSHS case managers will follow the procedure outlined below:

1. Prior to October 14, DSHS case managers will make a reasonable effort to complete all steps in the PCS or CFC assessment and authorization process. For those referrals received after October 15, DSHS case managers will not begin the assessment process, but will simply document the referral information.

2. For each pending case that is not yet authorized for services on October 31, DSHS case managers will document their current progress in working the case using the "PCS/CFC Case History" form.
    a. For outstanding LOC referrals:
        i. NF LOC - DSHS will contact AxisPoint to have them remove the client from the list of pending MN/LOCs to complete.
        ii. IDD and IMD LOCs - the LIDDA or LMHA, as appropriate, will continue to work the LOC referral according to their prioritization procedures. If available, DSHS will include contact information for the appropriate LIDDA or LMHA on the Case History Form in the Additional Case Notes section.

3. DSHS case managers will attach to the "PCS/CFC Case History" the following documentation, as applicable: a completed Intake Form, CFC Screening Referral Tool, PCAF, PCAF CFC addendum, PSON, Attestation Form, Communication Tool, and PCS/CFC Authorization Form.

4. DSHS case managers will create a pdf of these documents and will name it using the following naming convention: MID_DOB_HR.pdf.
    a. MID = the client's Medicaid ID number
    b. DOB = the client's date of birth
    c. HR = health services region number of the DSHS case manager

5. Each DSHS health services region will send all their incomplete PCS/CFC cases to the STAR Kids Command Center at ManagedCareExpansion@hhsc.state.tx.us. Case managers will include "STAR Kids 2016 Expansion - PCS/CFC Case" in the subject line of the email.

6. HHSC Command Center staff will review all received pdfs, obtain the plan code of the receiving STAR Kids MCO, and rename the pdfs as follows: PCSCASEFILE_PC_MID_DOB_HR.pdf.
    a. PC = the plan code of the receiving STAR Kids MCO
    b. MID = the client's Medicaid ID number
    c. DOB = the client's date of birth
    d. HR = health services region number of the DSHS case manager

7. HHSC Command Center will distribute incomplete PCS/CFC cases to the STAR Kids MCOs as soon as possible after November 1, 2016 by posting to TexMedCentral.

8. STAR Kids MCOs will receive and continue to work the incomplete cases.

9. DSHS case managers may be contacted for technical assistance or other questions related to incomplete cases.

Starting November 1, 2016, DSHS will no longer accept referrals for PCS/CFC clients who have a STAR Kids plan code.

Referrals for PCS or CFC services received between October 15 and October 31 will be documented on the PCS/CFC Case History form. DSHS case managers will not take action to work these cases.

Section 6.05
Transition for current CFC clients with authorizations ending before October 1, 2016

Per current DSHS policy, regional case managers begin the reassessment process 90 days before the end of the authorization period. For future STAR Kids clients whose

CFC authorizations will expire on any date from February 1, 2016 through September 30, 2016, DSHS case managers will follow current processes and timelines for referral to the appropriate entity for level of care redetermination (i.e., AxisPoint Health for NF LOC, the LIDDA for ICF-IID LOC, and the LMHA for IMD LOC), reassessments and reauthorizations. CFC authorizations are valid for one year.

Existing CFC authorizations will remain open past November 1, 2016. After November 1, 2016, STAR Kids MCOs will be required to honor existing CFC authorizations for the shortest of 6 months or until the MCO completes the STAR Kids Screening and Assessment Instrument and, if appropriate, issues a new authorization. The MCO is required to honor an existing LOC until its expiration.

Section 6.06
Transition for current CFC clients with authorizations ending on any date from October 1, 2016 through November 30, 2016

(a) Authorizations

For current CFC clients whose authorizations will expire on any date from October 1, 2016, and through November 30, 2016, DSHS case managers will not begin the reassessment process 90 days before the end of the authorization period. HHSC will work with TMHP to extend these authorizations by 90 days from their end date.

After November 1, 2016, STAR Kids MCOs will be required to honor existing CFC authorizations for the shortest of 6 months or until the MCO completes the STAR Kids Screening and Assessment Instrument and, if appropriate, issues a new authorization.

(b) Levels of Care

(i) Nursing Facility/Medical Necessity (MN) Level of Care

HHSC will extend all NF LOCs (stored in the TMHP LTC portal under SG 23) expiring on any date from August 1, 2016 through April 30 2017 by one year.

After the November 1, 2016 STAR Kids implementation date, the MCO will complete the initial assessment using the STAR Kids SAI within the timeframe appropriate to the member's priority level as specified in the STAR Kids. When the MCO submits this SAI to TMHP, it will not request an MN determination.

90 days prior to the member's MN end date, the MCO will then conduct the annual MN reassessment using the STAR Kids SAI. This will result in these members receiving an extra year of CFC program eligibility.

(ii) ICF Level of Care

HHSC will extend all ICF LOCs (stored in the CARE system) expiring on any date from October 1, 2016 through January 31, 2017 by one year.

After the November 1, 2016 STAR Kids implementation date, the MCO will complete the initial assessment using the STAR Kids SAI within the timeframe appropriate to the member's priority level as specified in the STAR Kids contract. The MCO submits will this SAI to TMHP, but it will not make a referral to the LIDDA for a LOC determination.

90 days prior to the end date of the member's ICF LOC, the MCO will then conduct the annual reassessment using the STAR Kids SAI. They will then make a referral to the LIDDA for LOC redetermination. This will result in these members receiving an extra year of CFC program eligibility.

(iii) IMD Level of Care

IMD LOCs will not be extended.

After the November 1, 2016 STAR Kids implementation date, the MCO will complete the initial assessment using the STAR Kids SAI within the timeframe appropriate to the member's priority level as specified in the STAR Kids contract. The MCO submits will this SAI to TMHP, and if appropriate, will make a referral to the LMHA for the IMD LOC redetermination.

Section 6.07
DSHS Responsibilities for PCS and CFC after November 1, 2016

After the November 1, 2016, implementation date for STAR Kids, DSHS will continue performing current functions related to PCS and CFC for those individuals who are (1) served in the STAR Medicaid managed care model or (2) are not required to enroll in a Medicaid managed care model.

SECTION 7 Transitioning NorthSTAR members to STAR Kids

Section 7.01 Transition for NorthSTAR members

NorthSTAR currently serves individuals in Dallas and six contiguous counties, including Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall. In accordance with legislative direction, 84th Texas Legislature, Regular Session, 2015, the State will terminate the NorthSTAR program (TX.0014) on December 31, 2016. Upon the termination of the NorthSTAR waiver, NorthSTAR members will begin receiving their behavioral health services through existing managed care programs under the Texas Healthcare Transformation and Quality Improvement Program 1115 Demonstration Waiver. NorthSTAR members transitioning to STAR Kids will continue to receive their behavioral health services through their NorthSTAR waiver provider, contracted through DSHS, until October 31, 2016. These members will begin receiving their behavioral health services through STAR Kids MCOs on November 1, 2016.

This section addresses the transition of NorthSTAR behavioral health services to STAR Kids. The NorthSTAR termination transition plan to be submitted to CMS on July 1, 2016 will address the transition of NorthSTAR behavioral health services to STAR, STAR+PLUS and STAR Health.

Section 7.02 Care Coordination for NorthSTAR members transitioning to STAR Kids

HHSC will work closely with NorthSTAR providers and MCOs to ensure that appropriate care coordination occurs for any individual impacted by this transition. All current NorthSTAR providers that serve the STAR Kids population are considered Significant Traditional Providers (STPs) for the STAR Kids program. As described above (Section 7.01), continuity of care provisions will apply to Medicaid behavioral health services currently authorized through NorthSTAR. STAR Kids service coordination will be available to assist members in accessing needed capitated or non-capitated resources. STAR Kids MCOs must provide enhanced levels of service coordination to members with significant behavioral health conditions.

Section 7.03 Transition of Targeted Case Management for NorthSTAR members to STAR Kids

Youth Empowerment Services (YES) utilizes Targeted Case Management (TCM), a state plan service delivered through NorthSTAR, to coordinate YES waiver services. YES members receiving TCM and Mental Health Rehabilitation (MHR) through NorthSTAR will continue to receive these services through NorthSTAR providers until October 31, 2016. Beginning November 1, 2016, YES members will begin receiving TCM and MHR through their STAR Kids MCO.

Section 7.04 NorthSTAR STAR Kids Age-Out Policy

STAR Kids-eligible individuals turning age 21 between November 1, 2016 and December 31, 2016 who are currently enrolled in NorthSTAR will not enroll in STAR Kids, and instead will continue to receive their Medicaid behavioral health services through NorthSTAR until their 21st birthday. Following their 21st birthday, these individuals will receive their behavioral health services through STAR+PLUS, if eligible.

NorthSTAR members who turn 21 between January 1 and January 31, 2017 will continue to receive their Medicaid behavioral health services through NorthSTAR until the program terminates on December 31, 2016,at which point these individuals will be enrolled early into STAR+PLUS, if eligible. HHSC will coordinate with NorthSTAR and STAR+PLUS MCOs to ensure continuity of services for this age-out population.

Section 7.05 Fair Hearings for NorthSTAR Case Actions

For NorthSTAR fair hearings held between November 1, 2016 and December 31, 2016, please refer to Section 3.6 of this document titled 'Right to a Fair hearing Related to Case Actions for state plan Acute Care, Behavioral Health and state plan LTSS.'

For NorthSTAR fair hearings held after December 31, 2016, STAR Kids MCOs will take primary responsibility of the fair hearing processes; however the NorthSTAR MCO will be contractually required to continue to assist with NorthSTAR fair hearings until the hearing officer has ruled in the case.

SECTION 8 Transitioning Wellness Program clients to STAR Kids

On November 1, 2016, all STAR Kids-eligible individuals currently enrolled in and eligible for the 1915(b) TMWP waiver will transition to STAR Kids and receive service coordination through a STAR Kids MCO.

STAR Kids-eligible TMWP waiver participants will continue to be served by AxisPoint Health, the provider contracted with HHSC, for their TWMP services until October 31, 2016. AxisPoint Health will follow current processes and timelines for new enrollments and reassessments through September 30, 2016.

Beginning November 1, 2016, these STAR-Kids eligible TMWP members will receive service coordination through their STAR Kids MCO.

SECTION 9 Age-out process for the transition period

A. Age-out Process for Medically Dependent Children Program and Comprehensive Care Program

- For participants turning age 21 through October 31 2016

For Medically Dependent Children Program (MDCP) participants turning 21 years of age on or before October 31, 2016, the Community Care Eligibility staff will continue the MDCP age-out process specified in the Case Manager MDCP Handbook, Section 9552, Aging out to the STAR+PLUS Waiver (SPW) Program. The Program Support Unit (PSU) will follow the current STAR+PLUS enrollment guidelines as outlined in the STAR+PLUS Handbook, Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN.

For Comprehensive Care Program (CCP) /private duty nursing (PDN) participants turning 21 years of age on or before October 31, 2016, The Department of State Health Services (DSHS) case managers will continue to follow the current age-out procedures specified in the Personal Care Service Policy Manual, Section J. PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the STAR+PLUS Handbook, Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN.

During the six month contact described in Section 3421, the PSU will also educate the individual they may potentially receive an enrollment packet from MAXIMUS and the importance of selecting the same managed care organization (MCO).

- For participants turning 21 years of age on November 1, 2016, through January 31, 2017

MDCP participants who are eligible for the STAR Kids program, but who are scheduled to transition to an adult program between November 1, 2016, and January 31, 2017, will bypass STAR Kids and remain in fee-for-service FFS/MDCP until their 21st birthday. On their 21st birthday services will be provided by STAR+PLUS (if they meet STAR+PLUS eligibility). MAXIMUS will identify these individuals using date of birth and will systematically exclude them from the STAR Kids program.

The Community Care Eligibility staff will continue the MDCP age-out process specified in the Case Manager MDCP Handbook, Section 9552, Aging out to the STAR+PLUS Waiver Program. PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the STAR+PLUS Handbook, Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN.

CCP/PDN participants who are eligible for the STAR Kids programs, but who are scheduled to transition to an adult program between November 2016 and January 2017, will bypass STAR Kids and remain in FFS until their 21st birthday. On their 21st birthday services will be provided by STAR+PLUS (if they meet STAR+PLUS eligibility). MAXIMUS will identify these individuals using date of birth and will systematically exclude them from the STAR Kids program.

CCP/PDN (DSHS) case manager will continue to follow the CCP/PDN age-out procedures specified in the Personal Care Service Policy Manual, Section J. PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the STAR+PLUS Handbook, Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN.

Due to PDN extensions, Accenture will need to close out PDN authorizations for individuals with PDN services effective on their 21st birthday. The Transition/High Need Coordinator will send via email a list containing the name and Medicaid number of all PDN transitions for this time frame to Accenture by September 15, 2016.

Due to PCS extensions, DSHS will need to close out PCS authorizations for individuals with PDN and MDCP services effective on their 21st birthday.
The Transition/High Needs Coordinator will send via email a list containing the name and Medicaid number of all PDN and MDCP transitions for this timeframe to Velma Gonzales with DSHS by September 15, 2016.

During the six month contact described in Section 3421, the PSU will also educate the individual they may potentially receive an enrollment packet from MAXIMUS and the importance of selecting the same MCO.

- For participants turning 21 years of age on February 1, 2017, through July 31, 2017

During the specified timeframe of the transition, the Community Care Eligibility staff, CCP/PDN (DSHS) case manager and HHSC PSU will follow the transition process detailed below.

MDCP Contact Before Initial Transition Home Visit

Prior to the 12-month visit, the Community Care Eligibility staff must send the individual the Initial Age-out Letter found in the Case Manager MDCP Handbook, Appendix XIX, Age-out Timeline, Progress Logs, Letters and Talking Points. This letter will serve as an introduction to the process and advise the individual or parent to expect the contact from the Community Care Eligibility staff to schedule the 12 month visit. Also before the face-to-face visit to begin the transition process, the Community Care Eligibility staff must request SPW enrollment packets from the PSU. If multiple transition visits are planned, the Community Care Eligibility staff should identify the number of enrollment packets needed.

12 Months Before the Individual's 21st Birthday

Twelve months prior to the 21st birthday of an individual receiving MDCP services or CCP/PDN:

PSU staff:

- Monitors the CCP Transition Report and identifies all individuals referenced in Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN, turning 21 years of age in 12 months and not enrolled in one of the following IDD 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS);
    - Deaf Blind and Multiple Disabilities (DBMD);
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);

- creates a case in the HHS Enterprise Administrative Report and Tracking System (HEART) noting:
    - if the Community Care Eligibility staff determines the individual is high needs;
    - the program type transitioning from; and
    - the due date for the 6-month contact; and
- provides STAR+PLUS enrollment packets (containing the managed care organization (MCO) lists and comparison chart) to the:
    - Community Care Eligibility staff; and
    - CCP/PDN regional case manager.

For Individuals enrolled in MDCP, the Community Care Eligibility Staff:

- monitors the CCP Transition Report identifies all individuals enrolled in MDCP, turning 21 years of age in 12 months;
- schedules a transition visit with the regional nurse and the individual/family to explain the following:
    - STAR Kids eligibility and MDCP or PDN services will terminate on the last day of the month in which their 21st birthday occurs.
    - SPW services are an option available to the individual at age 21. The Community Care Eligibility staff also presents an overview of the array of services available within SPW.
    - the SPW enrollment packet is presented to the individual and reviewed. The packet contains a MCO list in the service area and a comparison chart to assist the individual in making a selection. The individual will choose an MCO in his service area that will perform the assessment for services and oversee the delivery of services.
    - the importance of choosing an MCO six months before the 21st birthday in order to avoid being assigned an MCO or having a gap in services.
    - the individual can change MCOs any time after the first month of enrollment.
    - SPW has a cost limit based on a medical assessment, the Medical Necessity/Level of Care (MN/LOC) assessment. The assessment results in the cost limit for the annual service plan.
    - to be eligible for SPW services, an individual service plan (ISP) must be developed within the cost limit that will meet the individual's needs and ensure health and safety.
    - if an ISP cannot be developed within the cost limit that ensures health and safety, the SPW application will be denied.
    - the ISP considers all resources available to meet the individual's needs, including community supports, other programs, and what the individual's informal support system can provide to meet the individual's needs.
    - the SPW application procedures will begin six months before the individual's 21st birthday. The PSU will contact the individual to begin the

application process and find out which MCO has been selected. If an MCO has not been selected, then 30 days is allowed for a selection. After 30 days, an MCO is selected for the individual.

- after the MCO is selected, the MCO service coordinator will contact the individual to begin the assessment for services and assist the individual or family in identifying and developing additional resources and community supports to help meet the individual's needs.
- the MCO service coordinator will assist the individual in determining the services needed within this service array to meet his needs and ensure health and safety. For example: If other needs are met, but the individual primarily requires nursing, then a plan can be developed with the maximum number of nursing hours within the cost limit while the individual's other needs are met through other resources.
- reassure the family that every effort will be made to help them make a successful transition to SPW and develop a plan that will meet the individual's needs.

During the transition process, the Community Care Eligibility staff will:

- contact the PSU to discuss any problems or concerns; and
- advise the regional complex needs coordinator and the PSU of a high needs individual.

For individuals receiving PDN only services, the CCP/PDN (DSHS) case manager:

- monitors the CCP Transition Report and identifies individuals receiving CCP/PDN services only, turning 21years of age in 12 months;
- schedules a transition visit with the individual/family to discuss:
    - STAR Kids eligibility and PDN services will terminate on the last day of the month in which their 21st birthday occurs.
    - Home-Community Based Services (HCBS) SPW services may be an option available to the individual at age 21;
    - the importance of choosing an MCO and primary care physician (PCP) six months before the 21st birthday in order to avoid default assignment of an MCO.
    - the individual or family can change MCOs at any time after the first month of enrollment; and
- provides STAR+PLUS enrollment packet (containing the STAR+PLUS MCO list and a comparison chart) to the individual.

Six Months Before the Individual's 21st Birthday

Six months prior to the 21st birthday of an individual receiving MDCP services or (DSHS) CCP/PDN:

PSU staff:

- monitors the CCP Transition Report and identifies all individuals referenced in Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN, turning 21 years of age in six months and not enrolled in one of the following IDD 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS);
    - Deaf Blind and Multiple Disabilities (DBMD);
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);
- sends Form H2116, Age-out MDCP and PDN Contact Letter, to the individual;
- contacts the individual/family by telephone to:
    - review the STAR+PLUS enrollment packet discussed at the 12-month transition visit;
    - inform the individual or family of a 30-day timeframe to choose an MCO and a PCP;
    - explain if the individual or family does not timely choose an MCO, the state will assign an MCO for the individual;
    - explain that the individual may potentially receive an enrollment packet from MAXIMUS and the importance of selecting the same MCO; and
    - explain that the individual can change MCOs any time after the first month of enrollment;
- notifies the HHSC Program Support and Utilization Review Transition/High Needs Coordinator by email regarding all possible high needs situations; and
- updates the case in the HEART by noting the:
    - contact or contact attempt date;
    - MCO selection; and
    - due date for the 5-month contact.

Five Months Before the Individual's 21st Birthday

The PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the following sections of the STAR+PLUS Handbook:

- 3421.3 Five Months Prior to the Individual's 21st Birthday; and
- 3421.5 Confirm HCBS STAR+PLUS Waiver Eligibility.

PSU must request SPW enrollment from Enrollment Resolution Services no later than 60 days prior to the individual's 21st birthdate, so MAXIMUS will not send SPW enrollment packets to individual.

- For participants turning 21 years of age from August 1, 2017, through October 31, 2017

During the specified timeframe of the transition, the PSU will follow the transition process detailed below.

12 Months Before the Individual's 21st Birthday

Twelve months prior to the 21st birthday of an individual receiving MDCP services or CCP/PDN:

PSU staff:

- monitors the CCP Transition Report and identifies all individuals referenced in Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN, turning 21years of age in 12 months and not enrolled in one of the following IDD 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS);
    - Deaf Blind and Multiple Disabilities (DBMD);
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);
- creates a case in the HHS Enterprise Administrative Report and Tracking System (HEART) noting:
    - if the Community Care Eligibility staff determines the individual is high needs;
    - the program type transitioning from; and
    - the due date for the 6-month contact; and
- provides STAR+PLUS enrollment packets (containing the managed care organization (MCO) lists and comparison chart) to the:
    - Community Care Eligibility staff; and
    - CCP/PDN regional case manager.

For Individuals enrolled in MDCP, the Community Care Eligibility Staff:

- monitors the CCP Transition Report identifies all individuals enrolled in MDCP, turning 21 years of age in 12 months;
- schedules a transition visit with the regional nurse and the individual/family to explain the following:
    - STAR Kids eligibility and MDCP or PDN services will terminate on the last day of the month in which their 21st birthday occurs.

- SPW services are an option available to the individual at age 21. The Community Care Eligibility staff also presents an overview of the array of services available within SPW.
- the SPW enrollment packet is presented to the individual and reviewed. The packet contains a MCO list in the service area and a comparison chart to assist the individual in making a selection. The individual will choose an MCO in his service area that will perform the assessment for services and oversee the delivery of services.
- the importance of choosing an MCO six months before the 21st birthday in order to avoid being assigned an MCO or having a gap in services.
- the individual can change MCOs any time after the first month of enrollment.
- SPW has a cost limit based on a medical assessment, the Medical Necessity/Level of Care (MN/LOC) assessment. The assessment results in the cost limit for the annual service plan.
- to be eligible for SPW services, an individual service plan (ISP) must be developed within the cost limit that will meet the individual's needs and ensure health and safety.
- if an ISP cannot be developed within the cost limit that ensures health and safety, the SPW application will be denied.
- the ISP considers all resources available to meet the individual's needs, including community supports, other programs, and what the individual's informal support system can provide to meet the individual's needs.
- the SPW application procedures will begin six months before the individual's 21st birthday. The PSU will contact the individual to begin the application process and find out which MCO has been selected. If an MCO has not been selected, then 30 days is allowed for a selection. After 30 days, an MCO is selected for the individual.
- after the MCO is selected, the MCO service coordinator will contact the individual to begin the assessment for services and assist the individual or family in identifying and developing additional resources and community supports to help meet the individual's needs.
- the MCO service coordinator will assist the individual in determining the services needed within this service array to meet his needs and ensure health and safety. For example: If other needs are met, but the individual primarily requires nursing, then a plan can be developed with the maximum number of nursing hours within the cost limit while the individual's other needs are met through other resources.
- reassure the family that every effort will be made to help them make a successful transition to SPW and develop a plan that will meet the individual's needs.

During the transition process, the Community Care Eligibility staff will:

- contact the PSU to discuss any problems or concerns; and

- advise the regional complex needs coordinator and the PSU of a high needs individual.

For individuals receiving PDN only services, the CCP/PDN (DSHS) case manager:

- monitors the CCP Transition Report and identifies individuals receiving CCP/PDN services only, turning 21years of age in 12 months;
- schedules a transition visit with the individual/family to discuss:
    - STAR Kids eligibility and PDN services will terminate on the last day of the month in which their 21st birthday occurs.
    - Home-Community Based Services (HCBS) SPW services may be an option available to the individual at age 21;
    - the importance of choosing an MCO and primary care physician (PCP) six months before the 21st birthday in order to avoid default assignment of an MCO.
    - the individual or family can change MCOs at any time after the first month of enrollment; and
- provides STAR+PLUS enrollment packet (containing the STAR+PLUS MCO list and a comparison chart) to the individual.

Nine Months Before the Individual's 21st Birthday

Nine months prior to the 21st birthday of an individual receiving MDCP or CCP/PDN, the following process begins.

PSU staff:

- monitors the CCP Transition Report and identifies all individuals referenced in Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN, turning 21 years of age in 9 months and not enrolled in one of the following IDD 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS);
    - Deaf Blind and Multiple Disabilities (DBMD);
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);
- sends the individual the Initial Age-out Letter found in the STAR+PLUS handbook with an SPW enrollment packet. This letter will serve as an introduction to the process and advise the individual/parent that a PSU staff will contact them within 30 days to discuss the transition process and review the enrollment packet.
- Update case in the HHS HEART noting:
    - if the Regional Nurse determines the individual is high needs;
    - the program type transitioning from; and

- the due date for the telephonic contact 30 days from the date the SPW enrollment packet is mailed

Within 30 days from when the enrollment packet was mailed, PSU schedules and completes a telephonic contact with the individual or family to explain the following:

- STAR Kids eligibility and MDCP or private duty nursing services will terminate on the last day of the month in which their 21st birthday occurs.
- SPW services are an option available to the individual at age 21. The PSU staff also presents an overview of the array of services available within SPW.
- the SPW enrollment packet sent to the individual is reviewed. The packet contains a managed care organization (MCO) list in the service area and a comparison chart to assist the individual in making a selection. The individual will choose an MCO in his service area that will perform the assessment for services and oversee the delivery of services.
- the importance of choosing an MCO six months before the 21st birthday in order to avoid being assigned an MCO or having a gap in services.
- the individual can change MCOs anytime after the first month of enrollment.
- SPW has a cost limit based on a medical assessment, the MN/LOC assessment. The assessment results in the cost limit for the annual service plan.
- to be eligible for SPW services, an ISP must be developed within the cost limit that will meet the individual's needs and ensure health and safety.
- if an ISP cannot be developed within the cost limit that ensures health and safety, the SPW application will be denied.
- the ISP considers all resources available to meet the individual's needs, including community supports, other programs, and what the individual's informal support system can provide to meet the individual's needs.
- the SPW application procedures will begin six months before the individual's 21st birthday. The PSU will contact the individual to begin the application process and find out which MCO has been selected. If an MCO has not been selected, then 30 days is allowed for a selection. After 30 days, an MCO is selected for the individual.
- after the MCO is selected, the MCO service coordinator will contact the individual to begin the assessment for services and assist the individual or family in identifying and developing additional resources and community supports to help meet the individual's needs.
- the MCO service coordinator will assist the individual in determining the services needed within this service array to meet his needs and ensure health and safety. For example: If other needs are met, but the individual primarily requires nursing, then a plan can be developed with the maximum number of nursing hours within the cost limit while the individual's other needs are met through other resources.
- reassure the family that every effort will be made to help them make a successful transition to SPW and develop a plan that will meet the individual's needs.

After the 30 day contact occurs, PSU updates the HEART case with due date for the six month contact.

Six Months Before the Individual's 21st Birthday

Six months prior to the 21st birthday of an individual receiving MDCP or CCP/PDN, the following process begins.

PSU staff:

- monitors the CCP Transition Report and identifies all individuals referenced in Section 3421, Procedures for Children Transitioning from MDCP or THS-CCP/PDN, turning 21 years of age in six months and not enrolled in one of the following IDD 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS);
    - Deaf Blind and Multiple Disabilities (DBMD);
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);
- sends Form H2116, Age-out MDCP and PDN Contact Letter, to the individual;
- contacts the individual/family by telephone to:
    - review the STAR+PLUS enrollment packet discussed at the 12-month transition visit;
    - inform the individual/family of a 30 day timeframe to choose an MCO and a PCP;
    - explain if the individual or family does not timely choose an MCO, the state will assign an MCO for the individual;
    - explain that the individual may potentially receive an enrollment packet from Maximus and the importance of selecting the same MCO; and
    - explain that the individual can change MCOs any time after the first month of enrollment;
- notifies the HHSC Program Support and Utilization Review Transition/High Needs Coordinator by email regarding all possible high needs situations; and
- updates the case in the HEART by noting the:
    - contact or contact attempt date;
    - MCO selection; and
    - due date for the 5-month contact.

Five Months Before the Individual's 21st Birthday

The PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the following sections of the STAR+PLUS Handbook:

- 3421.3 Five Months Prior to the Individual's 21st Birthday; and

- 3421.5 Confirm HCBS STAR+PLUS Waiver Eligibility.

PSU must request SPW enrollment from Enrollment Resolution Services no later than 60 days from the individual's 21st birthdate, so MAXIMUS will not send SPW enrollment packets to individual.

The following chart outlines the responsibilities and timeframes for contacting individuals transitioning from the STAR Kids program and receiving MDCP or PDN only services to SPW from February 1, 2017, through October 31, 2017

Month/Year of 21st Birthday	**12-Month Contact**	**Staff Responsible for 12-Month Contact**	**PSU 6-Month Contact**
February 2017	**February 2016**	**MDCP or DSHS Case Manager**	**August 2016**
March 2017	**March 2016**	**MDCP or DSHS Case Manager**	**September 2016**
April 2017	**April 2016**	**MDCP or DSHS Case Manager**	**October 2016**
May 2017	**May 2016**	**MDCP or DSHS Case Manager**	**November 2016**
June 2017	**June 2016**	**MDCP or DSHS Case Manager**	**December 2016**
July 2017	**July 2016**	**MDCP or DSHS Case Manager**	**January 2017**
August 2017	**August 2016**	**PSU**	**February 2017**
September 2017	**September 2016**	**PSU**	**March 2017**
October 2017	**October 2016**	**PSU**	**April 2017**

C. Procedures for Non-Waiver Individuals Transitioning from Comprehensive Care Program-Personal Care Services or Community First Choice administered by HHSC

- <u>For participants turning 21 years of age through October 31 2016</u>

For CCP/PCS only or CFC only participants turning 21 years of age on or before October 31, 2016, CCP/PCS case managers will continue to follow the current age-out

procedures specified in the Personal Care Service Policy Manual, Section J. PSU will follow the current STAR+PLUS enrollment guidelines as outlined in the STAR+PLUS Handbook, Section 3422, Procedures for Non-Waiver Individuals Transitioning from CCP/PCS or Community First Choice (CFC) administered by HHSC.

During the six month contact described in Section 3422, the PSU will also educate the individual they may potentially receive an enrollment packet from Maximus and the importance of selecting the same MCO.

- For participants turning 21 years of age from November 1, 2016, through January 31, 2017

For CCP/PCS only or CFC only participants who are eligible for the STAR Kids program, but who are scheduled to transition to an adult program between November 1, 2016, and January 31, 2017, will bypass STAR Kids and remain in FFS until the end of the month of their 21st birthday. MAXIMUS will identify these individuals using date of birth and will systematically exclude them from STAR Kids.

With the exception of early enrollment in STAR+PLUS, DSHS case manager will continue to follow the CCP/PCS or CFC age-out procedures specified in the Personal Care Service Policy Manual, Section J. Individuals turning 21 years of age during this timeframe will remain in FFS through the end of the month of their 21st birthday

MAXIMUS will reach out to the member 30-days prior to the member's 21st birthday and provide the member with STAR+PLUS enrollment packets (containing the STAR+PLUS MCO list). Fifteen days is allowed for the member to make an MCO selection. After 15-days, Maximus will select an MCO for the individual.

The PSU staff will:

- monitor the CCP report and identify all PCS only and CFC only transitions and not enrolled in one of the following Intellectual and Developmental Disability (IDD) 1915 (c) waivers:
    - Community Living Assistance and Support Services (CLASS),
    - Deaf Blind and Multiple Disabilities (DBMD),
    - Home and Community-based Services (HCS); and
    - Texas Home Living (TxHmL);
- create a case in the HHS Enterprise Administrative Report and Tracking System (HEART) three months prior to the members 21st birthday noting the due date to check TIERS for MCO enrollment;
- check TIERS two weeks before the individuals 21st birthday for an MCO selection; and
- post Form H2067-MC, STAR+PLUS Communication, to TxMedCentral in the MCO's XXXSPW folder, using the appropriate naming convention to communicate:

- an individual receiving PCS or CFC individual will be enrolled;
- the enrollment date;
- the service hours;
- the need to complete Form H2060, Needs Assessment Questionnaire and Task/Hour Guide, or Form H6516, Community First Choice Assessment;
- the need to complete the appropriate level of care, if applicable, for CFC eligibility; and
- services must be in place by the enrollment date.

- For participants turning 21 years of age on or after February 1, 2017

For CCP/PCS only or CFC only participants turning 21 years of age on or after February 1, 2017, MAXIMUS will reach out to the member 30-days prior to the member's 21st birthday and provide the member with STAR+PLUS enrollment packets (containing the STAR+PLUS MCO list). Fifteen days is allowed for the member to make an MCO selection. After 15-days, Maximus will select an MCO for the individual.

The PSU staff will:

- monitor the CCP report and identify all PCS only and CFC only transitions and not enrolled in one of the following Intellectual and Developmental Disability (IDD) 1915 (c) waivers:
  - Community Living Assistance and Support Services (CLASS),
  - Deaf Blind and Multiple Disabilities (DBMD),
  - Home and Community-based Services (HCS); and
  - Texas Home Living (TxHmL);
- create a case in the HHS Enterprise Administrative Report and Tracking System (HEART) three months prior to the members 21st birthday noting the due date to check TIERS for MCO enrollment;
- check TIERS two weeks before the individuals 21st birthday for an MCO selection; and
- post Form H2067-MC, STAR+PLUS Communication, to TxMedCentral in the MCO's XXXSPW folder, using the appropriate naming convention to communicate:
  - an individual receiving PCS or CFC individual will be enrolled;
  - the enrollment date;
  - the service hours;
  - the need to complete Form H2060, Needs Assessment Questionnaire and Task/Hour Guide, or Form H6516, Community First Choice Assessment;
  - the need to complete the appropriate level of care, if applicable, for CFC eligibility; and
  - services must be in place by the enrollment date.