**Document History Log**

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| --- | --- | --- | --- |
| **STATUS1** | **DOCUMENT REVISION2** | **EFFECTIVE DATE** | **DESCRIPTION3** |
| Baseline | 2.0 | September 1, 2011 | Initial version of UMCM Chapter 4.5 “Physical and Behavioral Health Value-Added Services Template.” |
| Revision | 2.1 | March 15, 2015 | Template is completely revised to better capture information regarding Value-added Services.Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. |
| Revision | 2.2 | April 1, 2015 | Template is revised to remove columns for the Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.Revision 2.2 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, and 529-13-0042. |
| Revision | 2.3 | July 15, 2015 | A column is added for STAR Kids and template is reformatted to use fewer pages. Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-13-0042, 529-13-0071. |
| Revision | 2.4 | January 30, 2024 | Template is revised to streamline review by making service descriptions clear. Template is reformatted to shorten overall length.  |

1 Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.

1. **MCO INFORMATION**

**MCO:**

**PERIOD COVERED:**

**MCO CONTACT NAME:**

**MCO CONTACT EMAIL:**

**MCO CONTACT PHONE NUMBER:**

1. **VALUE-ADDED SERVICES (copy and repeat this table for each Value-added Service)**

| **Physical Health and Behavioral Health Value-added Service** |
| --- |
| 1. **General Category:**
	1. **Brief Title:**
 |
| 1. **Description of Value added Services and Members Eligible to Receive the Services**
 |
|  |
| 1. **Applicable Programs**
 |
| **CHIP** | **STAR** | **STAR+PLUS Medicaid Only** | **STAR+PLUS Dual Eligibles** | **STAR+PLUS Nursing Facility Medicaid Only** | **STAR+PLUS Nursing Facility Dual Eligibles** | **STAR Kids** |
|  |  |  |  |  |  |  |
| 1. **Applicable Service Areas**
 |
|  |  |  |  |  |  |  |
| 1. **Limitations or Restrictions (Please note any differences by program)**
 |
|  |  |  |  |  |  |  |
| 1. **Proposed Comparison Chart Language (Please note any differences by program)**
 |
|  |  |  |  |  |  |  |
| 1. **Is this a new or previously approved VAS? (Please note any differences by program)**
 |
|  |  |  |  |  |  |  |
| 1. **Date initially approved**
 |
|  |  |  |  |  |  |  |
| 1. **Describe how the MCO will identify the Value-added Service in administrative data (Encounter Data) (Please note any differences by program)**
 |
|  |
| 1. **Are any of these codes and/or services in the managed care contract, TMPPM or CHIP EOC? If so, include relevant references. (Please note any differences by program)**
 |
|  |  |  |  |  |  |  |
| 1. **If so, how is the VAS different than the covered benefit? (Please note any differences by program)**
 |
|  |  |  |  |  |  |  |
| 1. **Provider Responsible for Providing this Service (if there is a difference by Program, make sure it is noted)**
 |
|  |
| 1. **How and when will Providers be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)**
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|  |
| 1. **How and when will Members be notified about the availability of VAS (if there is a difference by Program, make sure it is noted)**
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|  |
| 1. **How may a Member obtain or access the VAS? (if there is a difference by Program, make sure it is noted)**
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