House Bill 4533
Implementation

October 2019
House Bill (HB) 4533

Stage one:

• Establish Pilot Program Workgroup (PPW).

• Coordinate and collaborate with PPW and IDD System Redesign Advisory Committee (IDD SRAC).

• Evaluate dental services for pilot participants.

• Develop and implement STAR+PLUS Pilot by September 1, 2023.
HB 4533

Stage two:

• Develop and implement a plan to transition the following programs:
  • September 2027 - Texas Home Living (TxHmL).
  • September 2029 - Community Living Assistance and Support Services (CLASS).
  • September 2031 - Nonresidential services provided under Home and Community-based Services (HCS) and Deaf-blind with Multiple Disabilities (DBMD).

• Implement pilot to evaluate feasibility and cost efficiency of transitioning residential services.
STAR+PLUS Pilot
STAR+PLUS Pilot Purpose

- Test the delivery of long-term services and supports (LTSS) through managed care for people with:
  - IDD not currently enrolled in an IDD waiver or an ICF/IID.
  - Traumatic brain injury that occurred after the age of 21.
  - Other disabilities with similar functional needs.

- Inform the LTSS system redesign to transition all or a portion of services provided through IDD waiver and ICF/IID programs into managed care.
Est. STAR+PLUS Pilot Timeline

2020
- PPW formed (Jan. 2020)
- Implement statewide stakeholder process (~4 mos. from PPW forming)
- Pilot Policy & Program Design (~12-18 mos.)
- Dental Study (~12 mos.)

2021
- Policy Development (~18 mos.)
- Actuarial Analysis & Rate Setting (~12-18 mos.)
- Contract Development & Procurement (~18 mos. prior to award)

2022
- Award contracts (~Sep. 2022)
- Readiness review (~12 mos. prior to pilot start)

2023
- Submit 1115 waiver amendment (~Jan. 2023)
- Pilot starts (Sep. 2023)

Note: Year generally indicates when pilot activity begins. Some activities will overlap years and each other.

Communication and Engagement with IDD-SRAC, PPW, and other stakeholders
Pilot Program Workgroup (PPW)

- Applications currently under review.
- First meeting of PPW anticipated as a joint meeting with IDD SRAC in January 2020.
- HHSC will consult and collaborate with IDD SRAC and PPW to develop a statewide stakeholder engagement plan.
Pilot Policy and Program Design

Pilot design decisions that need to be made by early 2021 include:

- Pilot program population
- Assessment
- Pilot benefits
- Dental study
- Person Centered-Planning
- Service coordination
- Measurable goals
- Evaluation criteria
Pilot Dental Study

HB 4533 directs HHSC to:

- evaluate dental benefits provided through waiver programs and as value-added services under Medicaid managed care.
- determine which dental benefits are the most cost-effective in reducing emergency room and inpatient hospital admissions due to poor oral health.
- provide the most cost-effective dental benefits to pilot participants.

HHSC Center for Analytics and Decision Support is conducting the dental study.
Pilot Considerations

Aspects of the pilot needing specific focus per statute:

- Increasing the use and flexibility of Consumer Directed Services (CDS), which are an option for all pilot services.
- Improving and increasing access and availability by modifying the following services:
  - Adult Foster Care
  - Employment Assistance
  - Supported Employment
Pilot Considerations

• Using innovative payment rates and methodologies for the provision of LTSS, such as enhanced incentive payments.

• Including innovative technology, such as increased use of telemonitoring.

• Developing new LTSS benefits not currently included in waivers:
  • Housing supports
  • Behavioral health crisis intervention
  • High medical needs services
STAR+PLUS Pilot Evaluation

Comprehensive analysis due by September 1, 2026.

• Procure contractor to assess the effects of the pilot.
• Analyze the experiences and outcomes of system changes.
• Include feedback on the pilot based on personal experiences of pilot participants, families, and providers.
• Include recommendations on:
  • A system of programs and services for consideration by the legislature.
  • Necessary statutory changes.
  • Whether to implement the pilot statewide under STAR+PLUS for eligible members.
Future Legislative Sessions

- January 2021-
  - Building the pilot will be focus for 87th legislative session.

- January 2023-
  - Operating the pilot will be focus for 88th legislative session.
HB 4533 Timeline
Timeline consideration: Transition planning for TxHmL begins during pilot operation and prior to the evaluation.
Transition of IDD Waivers to Managed Care

Broad activities and estimated timelines for the transition of IDD waivers to managed care.

<table>
<thead>
<tr>
<th>Broad Activities</th>
<th>Length of Time</th>
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<tbody>
<tr>
<td>Transition Plan</td>
<td>7 Months</td>
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<tr>
<td>IDD LTSS managed care transition development including the following changes:</td>
<td>18 Months</td>
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<tr>
<td>• Systems/IT</td>
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<td>• Contracting</td>
<td></td>
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<tr>
<td>• Policy &amp; Rules</td>
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<tr>
<td>Readiness, Communication &amp; Education Activities</td>
<td>12 Months</td>
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</tbody>
</table>
HB 4533 Redesign Interdependencies

• Electronic visit verification (2020-2021)
• Home and community-based services settings requirements (2022)
• IT modernization (2022-2023)
  • CARE migration to TMHP
• Development of My Life Plan (2022)
• IDD assessment tool pilot (potential implementation 2023)
  • interRAI
Questions?
Texas Government Code, Chapter 534 System Redesign Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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<tr>
<td>87th Session</td>
<td>88th Session</td>
<td>89th Session</td>
<td>90th Session</td>
<td>91st Session</td>
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<td>93rd Session</td>
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- **S+P Pilot Development (IT/Systems, Contracting & Policy)**
  - **S+P Pilot Operation (9/1/23-9/1/25)**
  - **Continued Pilot Operation (Tentative)**
  - **HCS, DBMD & ICF/IID Residential Pilot Development**
  - **CLASS Transition Plan & Carve-in Development**
  - **CLASS Carve-in (9/1/2029)**
  - **HCS & DBMD (non-residential) Transition Plan Carve-in Development**
  - **HCS & DBMD Non-residential Carve-in (9/1/31)**
  - **Residential Pilot Operation (10/1/31-10/1/33)**
  - **Residential Pilot Evaluation (10/1/33-10/1/34)**
  - **Residential Carve-in (9/1/2036)**

- **Stakeholder Engagement for S+P Pilot Program (IDD SRAC, Pilot Program Workgroup & Statewide Stakeholder Input)**

- **Stakeholder Engagement for IDD Carve-ins (IDD SRAC & Statewide Stakeholder Input)**

- **Ongoing Operation of the IDD System**
This timeline reflects preliminary HHSC estimates of implementation timeframes, which will be refined through further discussions with internal and external stakeholders. The purpose is to show the anticipated phasing and estimated lengths of time for activities. The specific start and end dates of activities may vary, unless required by statute.

### Stakeholder Engagement

- **Establish S+P Pilot Program Workgroup**
- **Develop Statewide Stakeholder Process**

### Legislative Session Preparation

- **87th Session**
- **88th Session**

### Pilot Design

- **Define Pilot Program Population**
- **Determine Assessment Process to Maintain Medicaid Eligibility**
- **Person Centered-Planning**
- **Roles & Responsibilities for Service Coordination**
- **Pilot Services/Benefits Dental Study**

### Pilot Development

- **Dental Study**

### IT/Systems

- **Determine IT/Systems Changes**
- **Develop IT/Systems Changes Business Rules**
- **Develop and Implement Enrollment/Disenrollment Criteria**

### Pilot Operation & Assessment

- **S+P Pilot Program Implementation**
- **S+P Pilot Operation & Monitoring**
- **Submit Transition Plan to CMS**
- **HHSC Decision - Continue Pilot Through Evaluation**
- **HHSC Decision: Pilot May Continue Through Evaluation TX Legislature Decision: Continue Pilot and Expand Statewide**
- **S+P Pilot Evaluation**
- **S+P Pilot Analysis & Legislative Report Recommendations**

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<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>Oct-19</td>
<td>Stakeholder Engagement Establish S+P Pilot Program Workgroup</td>
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<td>Nov-19</td>
<td>Stakeholder Engagement Develop Statewide Stakeholder Process</td>
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<tr>
<td>Oct-20</td>
<td>Legislative Session Preparation 87th Session</td>
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<tr>
<td>Nov-20</td>
<td>Pilot Design Define Pilot Program Population</td>
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<td>Dec-20</td>
<td>Pilot Design Determine Assessment Process to Maintain Medicaid Eligibility</td>
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<td>Jan-21</td>
<td>Pilot Design Person Centered-Planning</td>
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<td>Feb-21</td>
<td>Pilot Design Roles &amp; Responsibilities for Service Coordination</td>
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<td>Mar-21</td>
<td>Pilot Design Pilot Services/Benefits Dental Study</td>
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<tr>
<td>Apr-21</td>
<td>Pilot Development Draft 1115 Waiver Amendment</td>
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<tr>
<td>May-21</td>
<td>IT/Systems Determine IT/Systems Changes</td>
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<td>Jun-21</td>
<td>IT/Systems Develop IT/Systems Changes Business Rules</td>
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<tr>
<td>Jul-21</td>
<td>IT/Systems Develop and Implement Enrollment/Disenrollment Criteria</td>
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<td>Aug-21</td>
<td>Pilot Development Submit 1115 Waiver Amendment &amp; Readiness to 1/1/2023</td>
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<td>Sep-21</td>
<td>IT/Systems Promulgate Policy &amp; Rules</td>
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<tr>
<td>Oct-21</td>
<td>IT/Systems Contract Development &amp; Procurement</td>
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<tr>
<td>Nov-21</td>
<td>IT/Systems Contract Execution w/ Awardee(s)</td>
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<tr>
<td>Dec-21</td>
<td>IT/Systems Readiness Activities</td>
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<td>Jan-22</td>
<td>IT/Systems Education &amp; Communication for Members and Providers</td>
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<tr>
<td>Feb-22</td>
<td>Pilot Operation &amp; Assessment S+P Pilot Program Implementation</td>
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<td>Pilot Operation &amp; Assessment Submit Transition Plan to CMS</td>
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<td>Jul-22</td>
<td>Pilot Operation &amp; Assessment S+P Pilot Analysis &amp; Legislative Report Recommendations</td>
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### System Redesign Goals

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<tr>
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<tr>
<td>1.</td>
<td>Sec. 534.051, Acute Care Services and LTSS System for Individuals with IDD</td>
<td>In accordance with this chapter, the commission and the department shall jointly design and implement an acute care services and long-term services and supports system for individuals with an intellectual or developmental disability that supports the following goals:</td>
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1. provide Medicaid services to more individuals in a cost-efficient manner by providing the type and amount of services most appropriate to the individuals' needs;
2. improve individuals' access to services and supports by ensuring that the individuals receive information about all available programs and services, including employment and least restrictive housing assistance, and how to apply for the programs and services;
3. improve the assessment of individuals' needs and available supports, including the assessment of individuals' functional needs;
4. promote person-centered planning, self-direction, self-determination, community inclusion, and customized, integrated, competitive employment;
5. promote individualized budgeting based on an assessment of an individual's needs and person-centered planning;
6. promote integrated service coordination of acute care services and long-term services and supports;
7. improve acute care and long-term services and supports outcomes, including reducing unnecessary institutionalization and potentially preventable events;
8. promote high-quality care;
9. provide fair hearing and appeals processes in accordance with applicable federal law;
10. ensure the availability of a local safety net provider and local safety net services;
11. promote independent service coordination and independent ombudsmen services; and
12. ensure that individuals with the most significant needs are appropriately served in the community and that processes are in place to prevent inappropriate institutionalization of individuals. |

#### Definitions: Comprehensive LTSS Provider (CSP), Medicaid Waiver & ICF/IID

1. Sec. 6 534.001 (3), (7) (11) and (11-a), Definitions [Subchapter A] Definitions:

   - (3) comprehensive long-term services and supports provider (defined as a provider of long term services and supports under Chapter 534 that ensures the coordinated, seamless delivery of the full range of services in a recipient’s program plan. The term
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<td>includes: an ICF/IID provider and a provider under a Medicaid waiver program (defined under 534.001 (11)); • (7) &quot;ICF-IID program&quot; means a program under Medicaid serving individuals with an intellectual or developmental disability who reside in and receive care from: (A) intermediate care facilities licensed under Chapter 252, Health and Safety Code; or (B) community-based intermediate care facilities operated by local intellectual and developmental disability authorities. • (11) &quot;Medicaid waiver program&quot; means only the following programs that are authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n(c)) for the provision of services to persons with an intellectual or developmental disability: (A) the community living assistance and support services (CLASS) waiver program; (B) the home and community-based services (HCS) waiver program; (C) the deaf-blind with multiple disabilities (DBMD) waiver program; and (D) the Texas home living (TxHmL) waiver program. • (11-a) residential services (means services provided to an individual with IDD through a community-based ICF/IID, three or four-person home or host home setting under the HCS program, or a group home under the DBMD waiver).</td>
<td>Pilot Program Design</td>
<td>The pilot program must be designed to: Ensure an adequate provider network that includes comprehensive long-term services and supports providers and ensure that pilot program participants have a choice among those providers.</td>
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<tr>
<td>2</td>
<td>Sec. 16</td>
<td>534.104 (a) (11)</td>
<td>Pilot Program Design</td>
<td>The pilot program must be designed to test innovative payment rates and methodologies for the provision of LTSS to achieve the goals of the pilot program by using payment methodologies that include:</td>
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Pilot Program Design
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<tr>
<td>3</td>
<td>Sec. 16</td>
<td>534.104(d)</td>
<td>An alternative payment rate or methodology described by Subsection (c) may be used for a MCO and comprehensive LTSS provider only if the organization and provider agree in advance and in writing to use the rate or methodology.</td>
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| 4   | Sec. 16 | 534.104(e) | In developing an alternative payment rate or methodology described by Subsection (c), HHSC, MCOs and comprehensive LTSS providers shall consider:  
- historical costs of LTSS, including Medicaid FFS rates;  
- reasonable cost estimates for new services under the pilot program; and  
- whether an alternative payment rate or methodology is sufficient to promote quality outcomes and ensure the provider’s continued participation in the pilot. | | |
| 5   | Sec. 16 | 534.104(f) | An alternative payment rate or methodology described in Subsection (c) may not reduce the minimum payment rate received by a provider for delivery of LTSS under the pilot program below the fee-for-service reimbursement rate received by the provider for the delivery of those services before participating in the pilot program. | | |
| 6   | Sec. 16 | 534.104(g) | The pilot program must allow comprehensive LTSS providers for individuals with IDD or similar functional needs that contracts with HHSC to provide services under Medicaid before the implementation date of the pilot program to voluntarily participate in the pilot program.  
A provider’s choice to not participate in the pilot does not affect the provider’s status as a significant traditional provider (STP). | | |

**CSP Certification & Regulatory Requirements**

<p>| 1. | Sec. 16 | 534.252(a), Requirements | (a) For purposes of implementing the pilot program under Subchapter C and transitioning the provision of services provided to recipients under certain Medicaid | This is a pilot and post pilot requirement. | |</p>
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| 2.  | Sec. 26  | 534.252(b) | Regarding Transition of Services [Subchapter F] waiver services (under Subchapter E), to a Medicaid managed care delivery model following completion of the pilot program, HHSC shall:  
(1) Implement and maintain a certification process for and maintain regulatory oversight over providers under TxHmL and HSC waiver programs; and  
(2) Require MCO networks to include providers who are certified in accordance with the certification process described by subdivision (1). | Pilot and post pilot requirement. | |
|     |          |            | (b) For purposes of implementing the pilot program under Subchapter C and transitioning the provision of services described by Section 534.202 to the STAR+PLUS Medicaid managed care program, a comprehensive long-term services and supports provider:  
(1) Must report to MCO in the network of which the provider participates each encounter of any directly contracted service;  
(2) Must provide the MCO quarterly reports on: (A) coordinated services and the timeframes for delivery of those services; and (B) the goals and objectives outlined in an individual’s person-centered plan and progress made toward meeting the goals and objectives; and  
(3) May not be held accountable for the provision of services specified in an individual’s service plan that are not authorized, or subsequently denied by, the MCO. | | |

**Pilot Program Benefits & Provider Qualifications**

| 1.  | Sec. 17  | 534.1045(a) & (a-1), Pilot Program Benefits & Provider Qualifications | (a) Subject to Subsection (b), HHSC shall ensure that an MCO participating in the pilot program provides:  
(1) All Medicaid state plan acute care benefits available under STAR+PLUS;  
(2) (A-D) LTSS under the Medicaid State plan LTSS including: CFC, PAS, day activity health services, and habilitation services;  
(3) (A-P): LTSS available under the STAR+PLUS HCBS waiver program, including: assisted living, PAS, employment assistance, supported employment, adult foster care, dental, nursing, respite, home-delivered meals, cognitive | | |
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<td>rehabilitation therapy, PT, OT, speech-language pathology, medical supplies, minor home modifications, and adaptive aids;</td>
<td>Pertains to the services HHSC must ensure the pilot participating MCO provides.</td>
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<td>• (4) (A-D): The following LTSS available under a Medicaid waiver program: enhanced BH services, behavioral supports, Day Hab, and community support transportation;</td>
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<td>• (5) (A-C): The following additional LTSS: housing supports, BH crisis intervention, high medical needs services;</td>
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<td>• (6): Other nonresidential LTSS that HHSC, in consultation and collaboration with the advisory committee and pilot workgroup, determines are appropriate and consistent with applicable requirements governing the Medicaid waiver programs, person-centered approaches, HCBS setting requirements, and achieving the most integrated and least restrictive setting based on individual needs and preferences; and</td>
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<td>• (7) Dental benefits in accordance with Subsection (a-1). (a-1) In developing the pilot program, HHSC shall: (1) evaluate dental services benefits provided through Medicaid waiver programs and dental services benefits provided as a value-added service under the Medicaid managed care delivery model; (2) determine which dental services benefits are the most cost-effective in reducing ER visits and inpatient hospital admissions due to poor oral health; and (3) based on the determination made under Subdivision (2), provide the most cost-effective dental services benefits to pilot program participants.</td>
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<tr>
<td>2.</td>
<td>Sec. 17</td>
<td>534.1045(b)</td>
<td>A comprehensive LTSS provider may deliver the following services only if the provider also delivers the services under a Medicaid waiver program [i.e., CLASS, DBMD, HCS or TxHmL]:</td>
<td>Adult Foster Care was not included in this HB 4533 statutory revision.</td>
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<td>• CFC and habilitation services [subsections (a) (2) (A and D)];</td>
<td>9-191-19 Public Comment: Concerning CFC, consider ‘lessons learned’ from implementation of CFC in STAR+PLUS. Most referrals are sent to HCSSAs. Need to examine why this occurred in an effort to ensure increased IDD</td>
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<td>• PAS, employment assistance, supported employment, nursing care, respite care, cognitive rehabilitation therapy, PT, OT, speech-language therapy [subsections (a) (3) (B), (C ), (D), (G), (H), (J), (K), (L), and (M) ]; and</td>
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<td>1.</td>
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<td>• Enhanced behavioral health services, behavioral supports, day habilitation, and community support transportation [subsection (a) (4)].</td>
<td>provider participation under STAR+PLUS, a more balanced and informed referral process, a less cumbersome STAR+PLUS provider enrollment process etc.</td>
<td>6-15-19</td>
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<tr>
<td>2.</td>
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<td>In addition, current IDD providers struggle in obtaining psychiatric services. Consider testing access to psychiatric services in the pilot.</td>
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<td>6-15-19</td>
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<tr>
<td>3.</td>
<td>Sec. 17</td>
<td>534.1045 (c)</td>
<td>A comprehensive LTSS provider may deliver the following services [specified under subsections (a) (5) and (6)] only if the MCO in the network of which the provider participates agrees to, in a contract with the provider, the provision of the services:</td>
<td>See 534.1045 (a) 6 re: other nonresidential LTSS in the pilot. As written it appears to not include Adult Foster Care, particularly since it is not included in the list of services under 534.1045 (b). Is there flexibility to allow such to be provided once the service is redefined?</td>
<td>6-15-19</td>
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<td>• Housing supports, BH crisis intervention, and high medical needs services; and</td>
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<td>• Other nonresidential LTSS included in the pilot.</td>
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<td>4.</td>
<td>Sec. 17</td>
<td>534.1045(d)</td>
<td>Day habilitation services listed under Subsection (a) (4) (C) may be delivered by a provider who contracts or subcontracts with HHSC to provide DH services under the HCS waiver or the ICF-IID program.</td>
<td>9-19-19 Public Comment: In developing this service under the STAR+PLUS pilot consider minimizing any changes from current service under the IDD waiver. This also applies, in the reverse, to restructuring the current STAR+PLUS Adult Foster Care benefit; i.e., develop such in</td>
<td>6-15-19</td>
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<td>5.</td>
<td>Sec. 17</td>
<td>534.1045 (e)</td>
<td>A <strong>comprehensive LTSS provider</strong> participating in the pilot program shall work in coordination with the MCO care coordinators participating in the pilot program to ensure the seamless delivery of acute care and LTSS on a daily basis in accordance with the individual’s plan of care. A <strong>comprehensive LTSS provider</strong> may be reimbursed by a MCO for coordinating with care coordinators under this section.</td>
<td>accordance with the HCS Host Home benefit.</td>
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<td>6.</td>
<td>Sec. 17</td>
<td>534.1045 (f)</td>
<td>Before implementing the pilot program, HHSC, in consultation and collaboration with the advisory committee and pilot program workgroup, shall: (1) for purposes of the pilot program only, develop recommendations to modify <strong>adult foster care</strong> and supported employment and employment assistance benefits to increase access to and availability of those services; and (2) as necessary, define services listed under Subsections (a)(4) and (5) and any other services determined to be appropriate under Subsection (a)(6).</td>
<td>This provision does not appear to allow the CSP to provide Adult Foster Care, unless the interpretation of 534.1045 (a) (6) is broadened to support such, which, as noted on page 5, it does not. <em>Seek legal opinion.</em></td>
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**Enrollment Participation & Eligibility**

| 1.  | Sec. 18 | 534.1065(b) (4) (A - D), Recipient Enrollment, Participation, and Eligibility | To ensure prospective pilot program participants are able to make an informed decision on whether to participate in the pilot program, HHSC, in consultation and collaboration with the advisory committee and pilot workgroup, shall develop and distribute informational materials describing the pilot’s benefits, impact on current services, and other related information. HHSC shall establish a timeline and process for the development and distribution of the materials and shall ensure: | |

9/19/19 Public Comment: In restructuring the STAR+PLUS Adult Foster Care program, carefully review its current rate structure. This, as well as other factors, have made it an ineffective benefit/service. See also comment on page 6 under item #4.
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<td>• The materials are developed and distributed to pilot eligibles with sufficient time to educate the individuals, their families, and other persons actively involved in their lives regarding the pilot program; • Pilot eligibles, including individuals enrolled in the STAR+PLUS Medicaid managed care program, their families, and other persons actively involved in their lives, receive the materials and oral information on the pilot program; • The materials contain clear, simple language presented in a manner that is easy to understand; and • At a minimum, the materials explain that: o On conclusion of the pilot program, participants will be asked to provide feedback on their experience, including feedback on whether the pilot program was able to meet their unique support needs; o Participation in the pilot program does not remove individuals from any Medicaid program interest lists; o Individuals who choose to participate in the pilot program and who, during the pilot program's operation, are offered enrollment in a Medicaid waiver program may accept the enrollment, transition or diversion offer; and o Pilot program participants have a choice among acute care and comprehensive LTSS providers and service delivery options, including consumer direction and comprehensive services models.</td>
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**Commission Responsibilities**

1. Sec. 18 534.107 (a) (1) and (2), Commission Responsibilities

HHSC shall require that a MCO participating in the pilot program:

• Ensures pilot participants have a choice of acute care and comprehensive LTSS providers and service delivery options, including consumer direction model; • Demonstrates to HHSC’s satisfaction that the network of acute care, LTSS, and comprehensive LTSS providers have experience and expertise providing services for individuals with an intellectual or developmental disability and individuals with similar functional needs;
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<td>2.</td>
<td>Sec. 18</td>
<td>§34.107(b)</td>
<td>For the duration of the pilot program, HHSC shall ensure that <strong>comprehensive LTSS providers</strong> are considered significant traditional provider (STP), and included in the provider network of a MCO participating in the pilot program.</td>
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### Pilot Evaluation & Related Information

1. **Sec. 21** §34.112(b), Pilot Program Evaluations and Report, Subchapter C

   **HHSC, in consultation and collaboration with the advisory committee and pilot workgroup, and not later than 9-1-2026, shall prepare and submit a written report to the legislature that evaluates the pilot program based on a comprehensive analysis. The analysis must:**
   - **Assess the effect of the pilot on:**
     - Access to and quality of LTSS,
     - Informed choice and meaningful outcomes using person-centered planning, flexible consumer-directed services, individualized budgeting, and self-determination, including a participant’s inclusion in the community;
     - The integration of service coordination of acute care and LTSS;
     - Employment assistance and customized, integrated, competitive employment options;
     - Number, types and disposition of fair hearings and appeals in accordance with applicable federal and state law;
     - Increasing use and flexibility of consumer direction model;
     - Increasing use of alternatives to guardianship, including supported decision-making agreements as defined by Section 1357.002, Estates Code;
     - Achieving the best and most cost-effective use of funding based on a pilot program participant’s needs and preferences;
     - Attendant recruitment and retention;
   - **Analyze the experiences and outcomes of the following system changes:**
     - Comprehensive assessment instrument (H&S Code 533A.0335);
     - 21st Century Cures Act;
     - Implementation of CMS HCBS settings rules;
     - Provision of basic attendant and habilitation services (Section 534.152);
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<td>o Benefits of providing STAR+PLUS managed care services to persons based on functional needs;</td>
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<td>• <strong>Include feedback on the pilot based on personal experiences of:</strong></td>
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<td>o Pilot participants with IDD or similar functional needs;</td>
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<td>o Families of and other persons actively involved in the lives of pilot participants;</td>
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<td>o <strong>Comprehensive LTSS providers</strong> who delivered services under the pilot;</td>
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<td>• Be incorporated into the annual report required by 534.054; and</td>
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<td>• Include recommendations on:</td>
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<td>o A system of programs and services for consideration by the legislature;</td>
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<td>o Necessary statutory changes; and</td>
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<td>o Whether to implement the pilot statewide under STAR+PLUS for eligible individuals.</td>
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**Post Pilot Activities; i.e., Transition of IDD Services**

1. **Sec. 24 534.202(a)**, Determination to Transition ICF-IID & Certain Other Medicaid Waiver Program Recipients to Managed Care Subchapter E

   As amended, Section 534.202 applies to individuals with IDD who are receiving LTSS under a Medicaid waiver (CLASS, DBMD, HCS or TxHmL) or an ICF-IID program.

2. **Sec. 24 534.202 (e)**

   HHSC shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid benefits under this section that protects the continuity of care provided to individuals to whom this section applies and ensures individuals have a choice among acute care and **comprehensive LTSS providers** and service delivery options, including the consumer direction model.

3. **Sec. 24 534.202(i)**

   In addition to the requirements of Section 533.005, a contract between a MCO and HHSC for the organization to provide Medicaid benefits under this section must
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<td>contan a requirement that the MCO implement a process for individuals with IDD that:</td>
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<td>4.</td>
<td>Sec. 25</td>
<td>534.203, Responsibility of Commission Under Subchapter E</td>
<td>• Ensures that the individuals have a choice among acute care and comprehensive LTSS providers and service delivery options, including the consumer direction model;</td>
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<td>• To the greatest extent possible, protects individuals' continuity of care with respect to access to primary care providers, including single-case agreements with out-of-network providers; and</td>
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<td>• Provides access to a member service phone line for members or their LARs to obtain information on and assistance with accessing services through network providers, including primary, specialty, and other LTSS.</td>
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<td>4.</td>
<td>Sec. 25</td>
<td>534.203, Responsibility of Commission Under Subchapter E</td>
<td>On making the decision to transition services under 534.202, HHSC shall ensure:</td>
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<td>• that HHSC is responsible for setting the minimum reimbursement rates to ICF-IID or group home providers under the integrated managed care system, including staff rate enhancements paid to a provider of ICF-IID services or a group home provider;</td>
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<td>• that an ICF-IID or group home provider is paid no later than the 10th day after the date the provider submits a clean claim in accordance with HHSC’s criteria for reimbursement of ICF-IID service providers or group home providers, as applicable;</td>
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<td>• the establishment of an electronic portal through which a provider of ICF-IID or group home provider participating in the STAR+PLUS Medicaid managed care program delivery model, or, the most appropriate integrated capitated managed care program delivery model, as appropriate, may submit LTSS claims to any participating managed care organization; and</td>
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<td>• that the consumer direction model is an available option for an individual with IDD who receives benefits under this subchapter to achieve self-determination, choice, and control, and that the individual or LAR has access to a comprehensive, facilitated, person-centered plan that identifies outcomes for the individual.</td>
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| 5   | Sec. 26 | 534.252(a), Requirements Re: Transition of Services, [Subchapter F] | (a) For purposes of implementing the pilot program under Subchapter C and transitioning the provision of services provided to recipients under certain Medicaid waiver services (under Subchapter E), to a Medicaid managed care delivery model following completion of the pilot program, HHSC shall:  
  • (1) Implement and maintain a certification process for and maintain regulatory oversight over providers under TxHmL and HSC waiver programs; and  
  • (2) Require MCO networks to include providers who are certified in accordance with the certification process described by subdivision (1).   
This is a pilot and post pilot requirement. |   |
| 6   | Sec. 26 | 534.252(b), Requirements Regarding Transition of Services [Subchapter F] | (b) For purposes of implementing the pilot program under Subchapter C and transitioning the provision of services described by Section 534.202 to the STAR+PLUS Medicaid managed care program, a comprehensive long-term services and supports provider:  
  • (1) Must report to MCO in the network of which the provider participates each encounter of a directly contracted service;  
  • (2) Must provide the MCO quarterly reports on: (A) coordinated services and the timeframes for delivery of those services; and (B) the goals and objectives outlined in an individual’s person-centered plan and progress made toward meeting the goals and objectives; and  
  • (3) May not be held accountable for the provision of services specified in an individual’s service plan that are not authorized, or subsequently denied by, the MCO.   
Pilot and post pilot requirement. |   |
### Comprehensive LTSS Provider under Chapter 534, Texas Government Code

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<td><strong>SECs. 534.001 and 534.104 (g): DEFINITION</strong></td>
<td>[A provider of long-term services and supports, as defined in Chapter 534, Texas Government Code, that ensures the coordinated, seamless delivery of the full range of services in an individual’s program plan.]</td>
<td>9-19-2019: Concern raised as to whether a CSP or any provider contracted with a MCO under STAR+PLUS is able to subcontract with non-Medicaid waiver providers. <strong>Definition revised in accordance with 9-19-19 meeting.</strong> Lift rule or policy to allow flexibility for a CSP to subcontract with non-Medicaid waiver providers.</td>
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**Comprehensive long-term services and supports provider (CSP):** A provider of long-term services and supports, as defined in Chapter 534, Texas Government Code, which ensures the day-to-day delivery of the full range of services in an individual’s program plan, participates as a contributing member on the individual’s service planning team and is included in a MCO’s network of providers from which individuals may choose to receive services, for both the duration of the pilot and in any transition of the IDD LTSS to STAR+PLUS.

A **CSP** refers to the following program providers:

- A public or private provider licensed and certified by and contracted with the state to provide community-based ICF/IID program,
- A public or private provider certified by and contracted with the state to deliver services under the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) waiver programs,
- A provider licensed as a HCSSA and contracted with the state as a direct service agency under the Community Living Assistance and Support Services (CLASS) waiver or as a provider under the Deaf-Blind with Multiple Disabilities (DBMD) waiver program.

**Sec. 534.104 (g):** The pilot program must allow comprehensive LTSS providers for individuals with IDD or similar functional needs that contract with HHSC to provide services under Medicaid before the implementation date of the pilot program to voluntarily participate in the pilot program. A provider’s choice to not participate in the pilot does not affect the provider’s status as a significant traditional provider (STP).

See also Sec. 534.107 (b) re: STPs.
Comprehensive LTSS Provider under Chapter 534, Texas Government Code

SEC. 534.1045: CSP CONTRACTED SERVICES

For purposes of the Pilot required under Chapter 534, Texas Government Code, a CSP may deliver the following services only if the provider also delivers the services under one or more of the following Medicaid waiver programs: CLASS, DBMD, HCS or TxHmL:

- CFC and habilitation services [Section 534.1045, subsections (a) (2) (A and D)];
- PAS, employment assistance, supported employment, nursing care, respite care, cognitive rehabilitation therapy, PT, OT, speech-language therapy [Section 534.1045, subsections (a) (3) (B), (C), (D), (G), (H), (J), (K), (L), and (M)]; and
- Enhanced behavioral health services, behavioral supports, day habilitation, and community support transportation [Section 534.1045, subsection (a) (4)(A-D)].

**Note:** Day habilitation services listed under Subsection (a) (4) (C) may be delivered by a provider who contracts or subcontracts with HHSC to provide DH services under the HCS waiver or the ICF-IID program.

Additionally, a CSP may deliver the following services [as specified under Section 534.1045, subsections (a) (5) and (6)] only if the MCO in the network of which the provider participates agrees to, in a contract with the provider, the provision of the services:

- Housing supports, BH crisis intervention, and high medical needs services; and
- Other nonresidential LTSS included in the pilot.

**Note:** 534.1045 (f): Before implementing the pilot program, HHSC, in consultation and collaboration with the advisory committee and pilot program workgroup, shall:

1. for purposes of the pilot program only, develop recommendations to modify adult foster care and supported employment and employment assistance benefits to increase access to and availability of those services; and as necessary, define services listed under Subsections (a)(4) and (5) and any other services determined to be appropriate under Subsection (a)(6).

This provision does not appear to allow the CSP to provide Adult Foster Care, unless the interpretation of 534.1045 (a) (6) is broadened to support such, which it does not appear to do so.

Need to explore possibility of allowing CSPs to provide Adult Foster Care (once redefined/restructured) under the pilot.
### Comprehensive LTSS Provider under Chapter 534, Texas Government Code

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<th>SECs. 534.252 (b) and 534.1045 (e): CSP RESPONSIBILITIES</th>
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<td><strong>Sec. 534.252 (b):</strong> For purposes of implementing the pilot program and transitioning the provision of services described by Section 534.202 to the STAR+PLUS Medicaid managed care program, a CSP:</td>
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<td>• Must report to MCO in the network of which the provider participates each encounter of any directly contracted service;</td>
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<tr>
<td>• Must provide the MCO quarterly reports on: coordinated services and the timeframes for delivery of those services; and the goals and objectives outlined in an individual’s person-centered plan and progress made toward meeting the goals and objectives; and</td>
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<td>• May not be held accountable for the provision of services specified in an individual’s service plan that are not authorized, or subsequently denied by, the MCO.</td>
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**Sec. 534.1045 (e):** For purposes of implementing the pilot program, a CSP participating in the pilot program shall work in coordination with the MCO care coordinators participating in the pilot program to ensure the seamless delivery of acute care and LTSS on a daily basis in accordance with the individual’s plan of care. A comprehensive LTSS provider may be reimbursed by an MCO for coordinating with care coordinators. [This was not included as a post pilot directive.]

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<th><strong>SEC. 534.252: CERTIFICATION/REGULATORY</strong></th>
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<td>{Applies to pilot and post pilot.}</td>
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For purposes of implementing the pilot program and transitioning the provision of services provided to recipients under certain Medicaid waiver services to a Medicaid managed care delivery model following completion of the pilot program, HHSC shall:

- Implement and maintain a certification process for and maintain regulatory oversight over providers under TxHmL and HSC waiver programs; and
- Require MCO networks to include providers who are certified in accordance with the certification process described by subdivision (1).

### 9-19-19: This applies to regulatory process for non-licensed IDD waiver providers, specifically HCS & TxHmL.

**Note:** Participating HCSSAs (including CLASS & DBMD) comply with HCSSA licensing standards.

Invite regulatory staff to review current processes. This includes staff who can provide overview of current regulatory oversight processes of LTSS providers under STAR+PLUS.
The pilot program must be designed to test innovative payment rates and methodologies for the provision of LTSS to achieve the goals of the pilot program by using payment methodologies that include:

- The payment of a bundled amount without downside risk to a comprehensive LTSS provider, for some or all services delivered as part of a comprehensive array of LTSS;
- Enhanced incentive payments to comprehensive LTSS providers based on the completion of predetermined outcomes or quality metrics; and
- Any other payment models approved by HHSC.

An alternative payment rate or methodology described above may be used for an MCO and CSP only if the organization and provider agree in advance and in writing to use the rate or methodology.

In developing an alternative payment rate or methodology described above, HHSC, MCOs and comprehensive LTSS providers shall consider:

- historical costs of LTSS, including Medicaid FFS rates;
- reasonable cost estimates for new services under the pilot program; and
- whether an alternative payment rate or methodology is sufficient to promote quality outcomes and ensure the provider’s continued participation in the pilot.

An alternative payment rate or methodology may not reduce the minimum payment rate received by a provider for delivery of LTSS under the pilot program below the fee-for-service reimbursement rate received by the provider for the delivery of those services before participating in the pilot program.

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<th>SECS. 534.1065, 107 &amp; 112: HHSC RESPONSIBILITIES RE: CSP</th>
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10-08-19 Update
### Comprehensive LTSS Provider under Chapter 534, Texas Government Code

- Ensures pilot participants have a choice of acute care and comprehensive LTSS providers and service delivery options, including consumer direction model;
- Demonstrates to HHSC’s satisfaction that the network of acute care, LTSS, and comprehensive LTSS providers have experience and expertise providing services for individuals with an intellectual or developmental disability and individuals with similar functional needs.

534.107 (b): For the duration of the pilot program, HHSC shall ensure CSPs are considered significant traditional providers and included in the provider network of an MCO participating in the pilot program.

534.112 (b): In its evaluation of the pilot program (to be included in the Annual Report it is required to prepare and submit to the Texas Legislature) HHSC must include feedback based on the personal experiences of the pilot participants, families of and other persons actively involved in the lives of pilot participants; and CSPs.

534.1065 (b): To ensure prospective pilot program participants are able to make an informed decision on whether to participate in the pilot program, HHSC, in consultation and collaboration with the advisory committee and pilot workgroup, shall develop and distribute informational materials describing the pilot’s benefits, impact on current services, and other related information. Among other requirements, the materials must inform Pilot program participants that they have a choice among acute care and comprehensive LTSS providers and service delivery options, including consumer direction and comprehensive services models.

**SEC. 534.202 (e) and (i): HHSC Responsibilities Post Pilot / Determination to Transition IDD Program Recipients to MC**

HHSC shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid benefits under this section that protects the continuity of care provided to individuals to whom this section applies and ensures individuals have a choice among acute care and comprehensive LTSS providers and service delivery options, including the consumer direction model.
In addition to the requirements of Section 533.005, a contract between an MCO and HHSC for the organization to provide Medicaid benefits under this section must contain a requirement that the MCO implement a process for individuals with IDD that:

- Ensures that the individuals have a choice among acute care and comprehensive LTSS providers and service delivery options, including the consumer direction model;
- To the greatest extent possible, protects individuals’ continuity of care with respect to access to primary care providers, including single-case agreements with out-of-network providers; and
- Provides access to a member service phone line for members or their LARs to obtain information on and assistance with accessing services through network providers, including primary, specialty, and other LTSS.
Federal Definition of Developmental Disabilities

According to the Developmental Disabilities Act, section 102(8), "the term 'developmental disability' means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

2. Is manifested before the individual attains age 22;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity;
   1. Self-care;
   2. Receptive and expressive language;
   3. Learning;
   4. Mobility;
   5. Self-direction;
   6. Capacity for independent living; and

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

STAR+PLUS Pilot Program Population Recommendations

1) Adults – Condition prior to age 22.

   a. Define Individuals with Intellectual and/or Developmental Disabilities using the following criteria:
      i. Meet the federal definition of a Developmental Disability; and
      ii. Have an Adaptive Behavior Level of I, II, III, or IV (i.e., mild, moderate, severe, profound/extreme).
      iii. Individuals with ID-DD who are in STAR+PLUS Waiver but eligible for the pilot should have the ability to be offered the choice of enrolling in the pilot (requires statutory change).

2) Adults – Condition at age 22 and older
a. Option A: Individuals with a diagnosis of Traumatic Brain Injury and meet the following:
   i. Not eligible for STAR+PLUS Waiver; and
   ii. Who selected to participate based on meaningful and informed choice; and
   iii. Meets the federal definition of Developmental Disability, except age requirement that disability is manifested before the individual attains age 22; and
   iv. Have a need for STAR+PLUS Pilot service(s).

b. Option B: Individuals with an Acquired Brain Injury and meet the following:
   i. Not eligible for STAR+PLUS Waiver; and
   ii. Who selected to participate based on meaningful and informed choice; and
   iii. Meets the federal definition of Developmental Disability, except age requirement that disability is manifested before the individual attains age 22; and
   iv. Have a need for STAR+PLUS Pilot service(s).

c. Option C: Individuals with a cognitive disability (need to define) meeting the following:
   i. Not eligible for STAR+PLUS Waiver; and
   ii. Who selected to participate based on meaningful and informed choice; and
   iii. Meets the federal definition of Developmental Disability, except age requirement that disability is manifested before the individual attains age 22; and
   iv. Have a need for STAR+PLUS Pilot service(s).
### IDD SRAC Subcommittee Topics:

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STAR+PLUS IDD Pilot Services
STAR+PLUS State Plan Benefits, STAR+PLUS Waiver Benefits, CLASS and TxHmL Benefits

STAR+PLUS State Plan Benefits


Section: 1143.1.1 Services Included Under the MCO Capitation Payment

- Ambulance Services;
- Audiology Services, Including Hearing Aids;
- Behavioral Health Services, Including:
  - Inpatient Mental Health Services;
  - Outpatient Mental Health Services;
  - Outpatient Chemical Dependency Services;
  - Mental Health Rehabilitation for Non-Duals;
  - Mental Health Targeted Case Management for Non-Duals;
  - Detoxification Services;
  - Psychiatry Services; And
  - Counseling Services;
- Birthing Services Provided by a Certified Nurse Midwife in a Birthing Center;
- Chiropractic Services;
- Dialysis;
- Durable Medical Equipment (DME) and Supplies;
- Emergency Response Services (ERS);
- Family Planning Services;
- Home Health Care Services for Acute Conditions;
- Hospital Services;
- Laboratory;
- Medical Checkups and Comprehensive Care Program (CCP) Services for Medicaid For Breast and Cervical Cancer (MBCC) Members Under Age 21;
- Oncology Services;
- Optometry, Glasses and Contact Lenses, If Medically Necessary;
- Podiatry;
- Prenatal Care;
- Prescription Drugs;
- Primary Care Services;
- Preventive Services Including an Annual Adult Well Check;
- Radiology, Imaging and X-Rays;
- Specialty Physician Services;
- Therapies, Including Physical, Occupational and Speech for Acute Conditions;
- Transplantation of Organs and Tissues; and
- Vision Services.
## STAR+PLUS IDD Pilot Services
### STAR+PLUS State Plan Benefits, STAR+PLUS Waiver Benefits, CLASS and TxHmL Benefits

### Current State Plan LTSS Services

**Reference Section:** 1143.1.2 Long-term Services and Support Listing
- Day Activity & Health Services (STAR+PLUS)
- Personal Attendant Services
- Community First Choice (Personal Assistance Services; Emergency Response Services; Support Management; Habilitation (Maintenance, and Enhancement of Skills)) – STAR+PLUS

### Current STAR+PLUS HCBS Services

**Reference Section:** 1143.2 Services Available to STAR+PLUS Home and Community Based Services Program Members
- Adaptive Aids & Medical Supplies *(TxHmL and CLASS)*
- Adult Foster Care (can modify to be similar to Host Homes)
- Assisted Living
- Audiology (Limited) *(Audiology (TxHmL)*
- Auditory Integration Training/Auditory Enhancement Training (CLASS) is more extensive of a benefit
- Cognitive Rehabilitation Therapy (CLASS)
- Dental Treatment *(TxHmL and CLASS)*
- Emergency Response (for MAO members)
- Employment Assistance (similar to Prevocational Services (CLASS)
- Financial Management Services *(TxHmL and CLASS)*
- Home Delivered Meals
- Minor Home Modifications *(TxHmL and CLASS)*
- Nursing Services *(TxHmL and CLASS)*
- Occupational Therapy *(TxHmL and CLASS)*
- Personal Assistance Service (for MAO members)
- Physical Therapy *(TxHmL and CLASS)*
- Protective Supervision
- Respite *(TxHmL and CLASS)*
- Speech *(TxHmL and CLASS)*
- Support Consultation Not in STAR+PLUS (MAO Only)
- Supported Employment Services *(TxHmL and CLASS)*
- Transition Assistance Services *(TxHmL and CLASS)*

### Possible New HCBS Services
- Behavioral Support Services *(TxHmL and CLASS)*
- Day Habilitation *(TxHmL)*
- Dietary Services *(TxHmL and CLASS not included in the list but can discuss)*
- Specialized Therapies (CLASS not included in the list but can discuss)
- Enhanced behavioral health services
- community support transportation *(TxHmL)*
- Housing supports
- Behavioral health crisis intervention services
- High medical needs services
STAR+PLUS IDD Pilot Services
STAR+PLUS State Plan Benefits, STAR+PLUS Waiver Benefits, CLASS and TxHmL Benefits


1143.1.1 Services Included Under the MCO Capitation Payment
1143.1.2 Long-term Services and Support Listing
1143.2.0 Services Available to STAR+PLUS Home and Community Based Services Program Members