STAR+PLUS Overview

1915(i) HCBS-AMH Program
Recovery Manager Training

November 2014
STAR+PLUS

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

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

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

• Medicaid Only
  • Traditional Medicaid benefits
  • Primary care provider (PCP)
  • Community-based LTSS
  • Service coordination
  • Unlimited prescriptions
  • Value-added services

• Dual eligibles receive LTSS through STAR+PLUS and acute care through Medicare
Children’s STAR+PLUS Benefits

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

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

• Agency Option (AO)
  • The MCO contracted provider is responsible for managing the day to day activities of the attendant and all business details

• Consumer Directed Services (CDS) Option
  • The member or legally authorized representative (LAR) employs and retains service providers and directs the delivery of STAR+PLUS HCBS Waiver

• Service Responsibility Option (SRO)
  • The member manages most day-to-day activities and the MCO is responsible for managing all business details
What is Service Coordination?

• Specialized care management service that is available to all members and performed by an MCO service coordinator

• MCO nurses, social workers, and other professionals with the necessary skills to coordinate care

• Service coordinators make home visits and assess member needs
  - Coordinate with Medicaid and Medicare providers
  - Authorize community-based LTSS
  - Arrange for other services (e.g. medical transportation)
  - Coordinate community supports (e.g. housing, utilities, legal)
Service Coordination Workgroup

- October 2012 - HHSC established a workgroup
  - Managed care organizations
  - State office staff
  - Stakeholders

- Purpose of the Workgroup
  - Identify the aspects of effective service coordination
  - Provide recommendations to improve service coordination
  - Develop contract language to support the recommended changes
Service Coordination Language Prior to Workgroup

• Furnish a service coordinator to STAR+PLUS members:
  • When requested by the Member
  • When MCO determines one is required through an assessment of the Member’s health and support needs

• Service Coordinator serves as a central point of integration and coordination of covered services including
  • Acute care
  • Long-term services and supports
  • Behavioral health
Service Coordination Requirements Prior to Workgroup

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

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

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

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

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

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

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

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

- Preventive care
- Cultural competency
- Pharmacology
- Nutrition
- Texas Promoting Independence Strategies
- Consumer Direct Services Options
- Person-directed planning

- Service Coordination teams will have an overarching philosophy of independent living, self-determination, and community integration
Additional Service Coordination Requirements Post-Workgroup

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

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

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

• September 1, 2014
  • MRSA expansion
  • IDD carve-in
  • Behavioral health services carve-in

• March 1, 2015
  • Nursing facility services carve-in
  • Dual demonstration
  • Community First Choice
Questions?

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