**DOCUMENT HISTORY LOG**

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| **STATUS1** | **DOCUMENT REVISION2** | **EFFECTIVE DATE** | **DESCRIPTION3** |
| Baseline | 2.0 | January 1, 2016 | Initial version Uniform Managed Care Manual Chapter 10.1.12, “STAR+PLUS LTSS Quality Measures Technical Specifications.”  Chapter 10.1.12 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, and 529-13-  0042. |
| Revision | 2.1 | September 1, 2018 | Chapter modified to add applicability for STAR Kids under RFP number 529-13-0071, revise the chapter title and measures to account for the inclusion of STAR Kids, and remove the service coordinator hotline measure. |
| Revision | 2.2 | November 15, 2018 | PM#4 is modified to remove "Timeliness of Service Coordinator assignment after a request for a Service Coordinator is made by a Member not requiring a named Service Coordinator." |
| Revision | 2.3 | April 5, 2021 | PM#1 is deleted. PM#2 is deleted. PM#3 is renumbered to PM#1 and has been modified to change the term “non- emergency personal assistance services or personal care” to “community based attendant services” and provide contract references for timeliness requirements. This measure is being expanded to apply to STAR Health and Medicare Medicaid Dual Demonstration programs. PM#4 is deleted. PM#5 is renumbered to PM#2. |
| **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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions  2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first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. | | | |

# Applicability of Chapter 10.1.12

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR+PLUS, STAR Health, Medicare Medicaid Dual Demonstration and STAR Kids Programs. In this chapter, references to “Medicaid” or the “Medicaid Managed Care

Program(s)” apply to the STAR+PLUS, STAR Health, Medicare-Medicaid Dual Demonstration and STAR Kids Programs, hereinafter collectively referred to as “Programs”. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance.

The requirements in this chapter apply to all Programs referenced above, except where noted.

# Introduction

HHSC stakeholders, both internal and external, had recognized a need for improved long-term services and supports measures for the STAR+PLUS home and community- based services program and the State Plan community-based long term services and supports. In the fall of 2013, HHSC convened a workgroup consisting of external stakeholders and representatives from the external quality review organization to develop a comprehensive set of performance measures that will provide data that allows the State to evaluate the quality of home and community-based services long- term services and supports provided through Medicaid managed care. These measures are included in the managed care quality dashboard.

With the implementation of STAR Kids, stakeholders expressed a desire for HHSC to track these measures for the STAR Kids Program as well.

Rider 157 of the 86th legislative session required HHSC to develop enhanced network adequacy standards for Medicaid managed care organizations ensuring sufficient member access to community care attendants. These measures have been adjusted to meet this requirement effective March 1, 2021. Community attendant care services are defined as any personal care services provided by an unskilled attendant through managed care in Personal Assistance Services (PAS), Community First Choice (CFC), and Personal Care Services (PCS).

In accordance with the applicable Contract, MCOs must file quarterly Long-Term Services and Supports Reports using the template in UMCM Chapter 10.1.11. Quarterly reports are due 30 days after the end of each calendar year quarter and should be emailed to [MCD\_managed\_care\_quality@hhsc.state.tx.us.](mailto:MCD_managed_care_quality@hhsc.state.tx.us)

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| **Domain:** | Timeliness |
| **Performance Measure #1:** | Timeliness of initiation of community based attendant services after managed care organization authorization of services. |
| **Numerator:** | Number of instances of new community based attendant services initiated within established MCO timeliness standards. Timeliness is defined as 7 days per UMCC 8.1.3.1, STAR PLUS Expansion Managed Care Contract 8.1.3.1, STAR PLUS MRSA Managed Care Contract 8.1.3.1, STAR Health Managed Care Contract 8.1.3.1, STAR Kids Managed Care Contract 8.1.3.1and the Medicare Medicaid Dual Demonstration Managed Care Contract 2.7.1.3.1. |
| **Denominator:** | Number of instances of new community based attendant services service initiations reflected in electronic visit verification data. |
| **Data Source Identified:** | MCO reported |
| **Frequency of Data Aggregation:** | Annual |
| **First Reporting Period:** | April 2021 – June 2021, due July 2021 |
| **Ongoing Reporting Periods:** | Quarterly by calendar year, reported 30 days after the end of each quarter. |

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| **Domain:** | Service Coordination |
| **Performance Measure #2:** | Quarterly turnover rate for field Service Coordinators. |

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| **Numerator:** | Number of new Service Coordinator vacancies during quarter. |
| **Denominator:** | Number of Service Coordinators on first day of quarter. |
| **Data Source Identified:** | MCO reported |
| **Frequency of Data Aggregation:** | Annual |
| **First Reporting Period:** | March 2015 – February 2016, due March 30 for STAR+PLUS  November 2016 - September 2018, due December 31, 2018, for STAR Kids |
| **Ongoing Reporting Periods:** | Quarterly by calendar year, reported 30 days after the end of each quarter. |