STAR+PLUS Medicaid Managed Care and the “IDD Carve-in”

July 2014
Why the Change?

- Certain Medicaid services are transitioning to managed care.
- Senate Bill 7, 83rd Legislature, Regular Session, 2013, directs HHSC to move additional populations to managed care.
Why STAR+PLUS Managed Care?

• Includes acute care and long-term services and supports (LTSS)
  • Exception: people included in IDD acute care carve-in
• Has served people with complex needs for many years
• Restores STAR population to pregnant women, children and low income families
Essential Terms to Know

- Acute Care Services
- Candidate
- Dual Eligible
- Long-term Services and Supports (LTSS)
- Managed Care Organizations (MCOs)
- Member
- Provider Network
- “Traditional” Medicaid (or fee-for-service)
- Value-Added Services
Who is Included in the “IDD Carve-In”?

• People who have an Intellectual or Developmental Disability (IDD) and who:
  • Live in a community-based Intermediate Care Facility for Individuals with an Intellectual Disability or related conditions (ICF-IID) or…
Who is included in the “IDD Carve-In”?

• Receive services through one of these IDD waivers:
  • Community Living Assistance and Support Services (CLASS)
  • Deaf Blind with Multiple Disabilities (DBMD)
  • Home and Community-based Services (HCS)
  • Texas Home Living (TxHmL)
Who is Excluded?

• People who receive services through a community-based ICF-IID or an IDD waiver and receive Medicaid and Medicare Part B
Medicare PART B covers:

- Services (such as lab tests, surgeries, and doctor visits)
- Supplies (such as wheelchairs and walkers) considered medically necessary to treat a disease or condition and certain preventative services (like flu shots)
Who is Voluntary?

• Children and young adults age 20 and younger who receive services through a community-based ICF-IID or an IDD waiver and receive Medicaid, but not Medicare Part B
The Role of the MCO

- Provide appropriate and timely acute care services
- Assign an MCO service coordinator (SC)
- Upon member request, participate in LTSS planning
- Collaborate with others to promote positive outcomes for member
Appropriate and Timely Acute Care Services

• Adequate network of acute care providers
• MCO SC coordinates acute care service delivery
• MCO SC monitors acute care service delivery
• MCO SC advocates on behalf of member to ensure accessible and effective acute care services
Development of a Coordinated Service Plan

• MCO to assign an MCO SC for each member included in IDD carve-in
• Process for LTSS providers, individuals, and families to identify assigned MCO SC
• MCO SC role in coordination of acute care and LTSS
• Expectation that MCO SC and LTSS provider(s) work collaboratively
Promote Positive Outcomes for Member

- Collaborate and share information with other Medicaid providers and involved family
- Share written copy of MCO service plan with Case Manager (CM)/Local Authority Service Coordinator (LA SC)/Qualified Intellectual Disability Professional (QIDP)
- Send copy of letter sent to member/LAR re: service reductions, terminations, or denials and appeal/fair hearing rights to LTSS CM/LA SC/QIDP or LTSS provider, upon request
The Role of the LTSS Provider

- Collaborate with others to design a comprehensive service plan
- Provide appropriate and timely LTSS
- Promote positive outcomes for member
Provide Appropriate and Timely LTSS

- Continue to contract with the Department of Aging and Disability Services (DADS)
- Continue to be licensed or certified by DADS
- Billing and payment processes do not change
- Consumer-directed services continue
Use of Acute Care Services

- For waiver recipients, acute care services must be exhausted before use of waiver services
- Requirements for procuring denials for services that may be either acute care or LTSS do not change
Appeals and Fair Hearings

- MCO SC will provide copies of letters reducing, terminating, or denying an acute care service to LTSS CM/LA SC/QIDP or LTSS provider, upon request
- Appeal may be submitted to MCO
- Fair Hearing may be requested from HHSC
LTSS Dental Services

- Traditional Medicaid does not cover non-emergency dental services for adults
- MCOs are not required to provide non-emergency dental services for adults
- Dental sedation availability for adults may not change
LTSS Dental Services

ICF-IID only:
• All dental services will continue to be provided using the “Your Texas Benefits” card

IDD waivers:
• Dental for children and young adults age 20 and younger continues to be provided through Texas Health Steps
• Adults access dental services through the waivers, except for critical and emergency dental services
Behavioral Health Services

Behavioral health services covered through STAR+PLUS as acute care services include:

• Psychiatry
• Counseling
• Psychotropic medication monitoring
• Inpatient psychiatric services
• Mental health targeted case management (effective 9/1/14)
• Mental health rehabilitation services (effective 9/1/14)
ICF-IID only:

- Members residing in the Dallas service area (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties) will continue to receive behavioral health services using the “Your Texas Benefits” card
- Members residing outside the Dallas service area will access acute care behavioral health services through STAR+PLUS
IDD Waivers:

• Members residing in the Dallas service area (Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties) will continue to receive behavioral health services through NorthSTAR

• Members residing outside the Dallas service area will access acute care behavioral health services through STAR+PLUS
Behavioral Supports

- Modify behavior by altering environment or teaching adaptive skills
- Reduce undesired behaviors with appropriate behaviors or communications
- Behavioral supports will continue to be provided by the ICF-IID or as an IDD waiver service
Use of Value-Added Services

• LTSS provider is responsible for providing all services included in the LTSS provider’s reimbursement

• For IDD waiver recipients, value-added services must be exhausted before including those services in the individual plan of care (IPC)
Example: Dental

- Value-added dental services must be accessed by ICF-IID and IDD waiver providers before other Medicaid funded services are used.
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LTSS Provider’s Role in Enrollment

• Support the candidate/LAR in making a choice by providing information
• If candidate is unable to communicate choice, reach out to involved family and friends so they can assist the candidate in making a choice or make a choice on the candidate’s behalf
• As a last resort, LTSS providers who do not contract with a STAR+PLUS MCO can assist the candidate in making a choice or make a choice on the candidate’s behalf
The Ultimate Goal

- The provision of adequate, timely, and effective services that promote personal outcomes and improve an individual’s quality of life
Questions?

Email for general inquiries: Managed_Care_Initiatives@hhsc.state.tx.us

Email for specific case inquiries: ManagedCareExpansion2014@hhsc.state.tx.us

Expansion of Medicaid Managed Care Webpage
http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml