



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR
EXECUTIVE COMMISSIONER

Memorandum

To: Managed Care Program Oversight
Enrollment Resolution Services
Program Support and Utilization Review
Managed Care Organizations

From: Michelle Erwin
Director, Program Management
Medicaid/CHIP Division

Subject: STAR+PLUS Policy and Procedures for Community First Choice Services-
Institution for Mental Disease Level of Care Process

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The purpose of this memorandum is to detail policy and procedures for members with supplemental security income (SSI) or SSI-related Medicaid assessed for an Institution for Mental Disease (IMD) level of care (LOC) for Community First Choice (CFC) services in the STAR+PLUS managed care program.

This process does not apply to STAR+PLUS members enrolled in Risk Groups 122 or 123. These risk groups indicate the member is enrolled in a Department of Aging and Disability Services (DADS) 1915(c) waiver. Members in these risk groups receive their CFC services through their waiver provider rather than through STAR+PLUS. In addition, this process only applies to members under the age of 21 or over the age of 64 due to the prohibition of federal funds under Title 42, of the Code of Federal Regulations, §435.1009.

This process is applicable for initial assessments or reassessments for attendant care (which occurs annually or if the member experiences a change in health status or informal support), member/provider initiated or other referrals. For the IMD LOC, the managed care organization (MCO) must first confirm whether the member has a current

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Child and Adolescent Needs and Strengths Assessment (CANS)/Adult Needs and Strengths Assessment (ANSA) by reviewing the member's medical documentation or contacting the member's comprehensive mental health rehabilitation provider or Local Mental Health Authority (LMHA).

If the MCO confirms the member has a current CANS/ANSA LOC and the assessor determines the member meets criteria for IMD admission, and the member may have an unmet need for CFC services, the MCO must conduct a functional needs assessment using Form H6516, Community First Choice Assessment, and authorize services for 12 months, as appropriate.

If the MCO determines the member doesn't have a current assessment that determines the member meets criteria for IMD admission, the MCO must consider the following:

- Does the member have a current CANS/ANSA?
 - If the member has a current CANS/ANSA, the MCO may request the member be reassessed based on psychiatric hospital admissions or change in condition.
 - If the member doesn't need to be reassessed based on psychiatric hospital admissions or change in condition, then an IMD LOC is not met and the member may be considered for a nursing facility or intermediate care facility LOC.
 - If the member must be reassessed based on psychiatric hospital admissions or change in condition, the comprehensive mental health rehabilitation provider or LMHA completes CANS/ANSA and communicates the outcome to the MCO.

If the member doesn't have a current CANS/ANSA or has not been determined to meet an IMD LOC, the MCO must consider the following:

- Does the member potentially meet another LOC?
 - If the member potentially meets another institutional LOC, the member must be referred to the appropriate LOC process.
 - If the member doesn't potentially meet another LOC, the MCO must assess the member for appropriate state plan services, including personal assistance services (PAS), day activity health services (DAHS), or available community services, as appropriate.

If you have any questions regarding this memorandum, you may contact Amanda Dillon, at 512-462-6396 or Amanda.dillon@hhsc.state.tx.us