

# STAR+PLUS

## Medicaid Managed Care and the “IDD Carve-in”

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July 2014

## Why the Change?

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- Certain Medicaid services are transitioning to managed care.
- Senate Bill 7, 83<sup>rd</sup> Legislature, Regular Session, 2013, directs HHSC to move additional populations to managed care.

## Why STAR+PLUS Managed Care?

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- 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

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- 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”?

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- 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”?

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- 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?

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

## Medicare PART B

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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?

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- 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

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- 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

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- 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

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- 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

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- 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

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

## Provide Appropriate and Timely LTSS

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- 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

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- 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

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- 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

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- 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

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### 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

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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)

# Behavioral Health Services

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## 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

# Behavioral Health Services

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## 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

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- 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

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- 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

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- Value-added dental services must be accessed by ICF-IID and IDD waiver providers before other Medicaid funded services are used.

## STAR+PLUS Enrollment Timelines

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May 2014	Introduction letters
June 2014	Enrollment packets
July 2014	Reminder letters
August 15, 2014	Deadline to select an MCO
September 1, 2014	Implementation

## LTSS Provider's Role in Enrollment

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- 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

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

## Questions?

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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>