

# Service Coordination for STAR Kids Members in 1915(c) Waivers (other than the Medically Dependent Children's Program (MDCP))

## Overview

Beginning November 1, 2016, children 20 or younger who receive services through one of the following 1915(c) waivers will get their main Medicaid services (acute care and some long-term services and supports (LTSS)) through STAR Kids, and will get their waiver services the way they do today, through their current waiver providers:

- Community Living Assistance Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Texas Home Living (TxHmL)
- Youth Empowerment Services (YES).

Children 20 or younger who live in a community-based Intermediate Care Facility for Individuals with Intellectual or Developmental Disabilities (ICF/IID) will get their acute care services and service coordination through a STAR Kids health plan.

## Service Coordination and Monitoring Roles and Responsibilities

The STAR Kids managed care organizations (MCOs, also called health plans) provide service coordination for people (called "members") in managed care. Each of these members has an individual MCO service coordinator or service coordination team. The number of required service coordination visits or telephone calls and level of service coordination varies by acuity (need) and the member's or their legally authorized representative's (LAR's) personal preference. The members also have a person(s) outside of the MCO who works with the facility or waiver program and develops and implements a service plan and monitors delivery of LTSS not provided through the MCO.

## Agency Option

The table below shows who develops, implements, and monitors the service plan in each of the programs:

<b>Program</b>	<b>Person(s) who Develops the Service Plan</b>	<b>Person(s) who Implements the Service Plan</b>	<b>Person(s) who Monitors the Service Plan</b>
ICF-IID	Interdisciplinary Team (IDT) led by the Qualified Intellectual Disability Professional (QIDP)	ICF-IID Provider	QIDP
CLASS	Service Planning Team (SPT) led by the Case Manager (CM). CM is an employee of a Case Management Agency	Direct Service Agency (DSA) / CM	DSA / CM
DBMD	SPT led by the CM (CM is an employee of the DBMD provider)	DBMD provider	DBMD provider

<b>Program</b>	<b>Person(s) who Develops the Service Plan</b>	<b>Person(s) who Implements the Service Plan</b>	<b>Person(s) who Monitors the Service Plan</b>
HCS	SPT led by Local Intellectual and Developmental Disability Authorities (LIDDA) Service Coordinator (SC)	Home community services provider	Home community services provider/LIDDA SC
TxHmL	SPT led by LIDDA SC	TxHmL provider	TxHmL provider/LIDDA SC
YES	Local Mental Health Authority (LMHA) targeted case manager	LMHA targeted case manager	LMHA targeted case manager

### Consumer-Directed Services Option

The following table shows who does what for the consumer directed services option in each of the programs:

<b>Program</b>	<b>Person(s) who Develops the Service Plan with Consumer Directive Services</b>	<b>Person(s) who Implements the Service Plan with Consumer Directive Services</b>	<b>Person(s) who Monitors the Service Plan with Consumer Directive Services</b>
ICF-IID	N/A	N/A	N/A
CLASS	SPT led by CM	DSA for agency services; consumer directed services employer/designated representative for consumer directed services	CM plus: <ul style="list-style-type: none"> <li>• DSA for agency services;</li> <li>• consumer directed services employer/designated representative for consumer directed services</li> </ul>
DBMD	SPT led by CM	DBMD provider for agency services; consumer directed services employer/designated representative for consumer directed services	CM plus: <ul style="list-style-type: none"> <li>• DBMD provider for agency services;</li> <li>• consumer directed services employer/designated representative for consumer directed services</li> </ul>
HCS	SPT led by LIDDA service coordinator	HCS provider for agency services, if included on the services plan; consumer directed services employer/ designated representative for consumer directed services ±	LIDDA service coordinator plus: <ul style="list-style-type: none"> <li>• HCS provider for agency services, if any ±;</li> <li>• consumer directed services employer/DR for consumer directed services</li> </ul>
TxHmL	SPT led by LIDDA service coordinator	TxHmL provider for agency services, if included on the service plan; consumer directed services employer/ designated	LIDDA service coordinator plus: <ul style="list-style-type: none"> <li>• TxHmL provider for agency services, if any ±;</li> </ul>

Program	Person(s) who Develops the Service Plan with Consumer Directive Services	Person(s) who Implements the Service Plan with Consumer Directive Services	Person(s) who Monitors the Service Plan with Consumer Directive Services
		representative for consumer directed services ±	• consumer directed services employer/ designated representative for consumer directed services
YES	N/A	N/A	N/A

± In some cases, for HCS and TxHmL, people who use the consumer directed services option will not have an HCS or TxHmL provider. Instead, they will have a Financial Management Services Agency (FMSA). FMSA's are not responsible for service planning.

## Documentation

The terms for the documents used to justify the need for services and to authorize services also differs according to program. In each of these programs there is a document that identifies and describes the needs and preferences of the person, and in the waivers there is a second document used to authorize services. The table below includes the names of these documents in each of the programs:

Program	Name of Document that Identifies and Describes Needs and Preferences of Individual	Name of Document Used to Authorize Services
ICF-IID	Individual Program Plan (IPP)	N/A
CLASS	IPP that only addresses the need for each service identified on the Individual Plan of Care (IPC)	IPC
DBMD	IPP	IPC
HCS	Person-Directed Plan (PDP)	IPC
TxHmL	PDP	IPC
YES	Treatment Plan	IPC

## Coordination between MCO and Waiver/Facility-based LTSS

Prior to a service planning meeting, the person who documents the service plan must discuss with the member and the member's LAR (if applicable) who will be invited to participate in service planning. To facilitate the development of a coordinated service plan, the individual or their legal authorized representative is encouraged to consider inviting the MCO service coordinator, the LTSS service provider (if applicable), and the FMSA, along with others involved in the member's life. Because the MCO is responsible for ensuring the appropriate and timely delivery of Medicaid state plan services for the member, and the LTSS service provider(s) is responsible for appropriate and timely delivery of LTSS, participation of these supports (by phone or in-person) in the annual service planning meeting where the service plan is created, reviewed, and/or revised and, in the case of waiver recipients, the renewal IPC is developed, is especially helpful.

The MCO is responsible for ensuring the appropriate and timely delivery of Medicaid state plan services for enrolled members. Coordination between the MCO service coordinator and the person(s) who develops, implements, and monitors the service plan is important. Person(s) involved in service delivery can identify the assigned MCO service coordinator as indicated below:

**Aetna Better Health of Texas, Inc.:** [www.aetnabetterhealth.com/texas](http://www.aetnabetterhealth.com/texas) OR 1-844-787-5437

**Amerigroup:** <https://providers.amerigroup.com/tx> OR call 1-866-696-0710, ext. 31084

**Blue Cross and Blue Shield:** <http://www.bcbstx.com/provider/> OR call 1-877-784-6802

**Children's Medical Center:** <https://www.childrensmedicalcenterhealthplan.com/home/providers> OR call 1-800-947-4969

**Community First Health Plans:** <http://www.cfhp.com/providers/> OR 1-855-607-7827

**Cook Children's Health Plan:** <http://www.cookchp.org/English/Providers/Pages/default.aspx> OR 1-800-964-2247

**Driscoll Health:** [www.driscollhealthplan.com](http://www.driscollhealthplan.com) OR 1-361-694-6554

**Superior Health Plan:** <http://www.superiorhealthplan.com/for-providers/> OR call 1-877-391-5921

**Texas Children's Health Plan:** [www.TexasChildrensHealthPlan.org](http://www.TexasChildrensHealthPlan.org) OR 1-877-213-5508

**United Healthcare:** <http://www.uhccommunityplan.com/health-professionals.html> OR call 1-877-887-9003