

This summary tool includes information on action and responsible parties for CFC services overseen by HHSC through the STAR+PLUS and, STAR Health, managed care organizations and fee-for-service. More information on managed care plans can be found here: <http://www.hhsc.state.tx.us/medicaid/managed-care/plans.shtml>

Contact Information

Amerigroup 1-713-218-5100 Ext. 55446

Cigna HealthSpring 1-877-653-0331

Molina 1-866-449-6849

Superior 1-866-615-9399 Ext. 22534

United Healthcare 1-888-787-4107

HHSC Mailbox MCD_CFC@hhsc.state.tx.us

DADS Mailbox CFCpolicy@dads.state.tx.us

STAR + PLUS
Nursing Facility and Hospital Level of Care

<i>Applies to individuals in STAR+PLUS and STAR+PLUS Home and Community Based Services (HCBS) Waiver, including those receiving STAR+PLUS services and participating in the Dual Demonstration. Individuals in the STAR+ PLUS HCBS Waiver, whose eligibility is "Medical Assistance Only", are not eligible for CFC.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21
Level of Care Determination - Medical Necessity Level of Care Assessment							●	●				
Approves LOC					●	●						
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR + PLUS ICF/IID Level of Care												
<p><i>Applies to individuals in STAR+PLUS, including those receiving STAR+PLUS services and participating in the Dual Demonstration.</i></p> <p><i>Excludes individuals enrolled in STAR+ PLUS for acute care services only who are receiving LTSS through a DADS 1915(c) Waiver (CLASS, TxHmL, HCS, DBMD).</i></p> <p><i>Service coordination for adults in this population will be provided by both the MCO and the Local Authority.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination – Intellectual Disability/Related Condition Assessment										●	●	
Approves LOC	●	●										
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)								●		●		
Authorization of Services							●	●				
Service Coordination							●	●		●		

STAR + PLUS IMD Level of Care												
<p><i>Applies to individuals in STAR+PLUS who are under 21 or older than 64, including those receiving STAR+PLUS services and participating in the Dual Demonstration..</i></p> <p><i>Excludes individuals enrolled in STAR+ PLUS for acute care services only who are receiving LTSS through a DADS 1915(c) Waiver (CLASS, TxHmL, HCS, DBMD).</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - Child and Adolescent Needs and Strengths Assessment (CANS)/Adult Needs and Strengths Assessment (ANSA)											●	●
Confirms LOC							●	●				
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health Nursing Facility and Hospital Level of Care

<p><i>Applies individuals enrolled in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</i></p> <p><i>Young adults who have signed an extended placement agreement with DFPS remain in STAR Health until age 22.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21
Level of Care Determination - Medical Necessity Level of Care Assessment							●	●				
Approves LOC					●	●						
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health ICF/IID Level of Care												
<p><i>Applies to individuals in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</i></p> <p><i>Young adults who have signed an extended placement agreement with DFPS remain in STAR Health until age 22.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority	
	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21	< 21	≥ 21
Level of Care Determination - Intellectual Disability/Related Condition Assessment									●	●		
Approves LOC	●	●										
Functional Assessment - CFC Assessment (H6516 with the 2060B for individuals 21 and over) or PCAF CFC addendum (for individuals under 21)							●	●				
Authorization of Services							●	●				
Service Coordination							●	●				

STAR Health IMD Level of Care														
<p><i>Applies to individuals under 21 year of age enrolled in STAR Health. STAR Health is a statewide, comprehensive healthcare system for individuals in DFPS conservatorship or programs related to DFPS conservatorship.</i></p>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21
Level of Care Determination - <i>Child and Adolescent Needs and Strengths Assessment (CANS)</i>												●		
Confirms LOC								●						
Functional Assessment - <i>PCAF CFC addendum</i>								●						
Authorization of Services								●						
Service Coordination								●						

Traditional Fee-For-Service (FFS) Medicaid Nursing Facility and Hospital Level of Care

Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program, including those enrolled in the MDCP waiver.	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21
Level of Care Determination - <i>Medical Necessity Level of Care Assessment</i>													●	
Approves LOC					●									
Functional Assessment - <i>PCAF CFC addendum</i>			●											
Authorization of Services					●									
Service Coordination			●											

Traditional FFS Medicaid ICF/IID Level of Care

<i>Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21	< 21	> 21
Level of Care Determination - Intellectual Disability/Related Condition Assessment									●					
Approves LOC	●													
Functional Assessment - PCAF CFC addendum			●											
Authorization of Services					●									
Service Coordination			●											

Traditional FFS Medicaid IMD Level of Care

<i>Applies to children in FFS (Traditional Medicaid) and the STAR program who will receive CFC services through the FFS program, including those enrolled in the YES Waiver.</i>	DADS		DSHS		TMHP		Managed Care Organization		Local Authority		Local Mental Health Authority		MNLOC Contractor	
	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21	^ 21	▼ 21
Level of Care Determination - <i>Child and Adolescent Needs and Strengths Assessment (CANS)</i>												●		
Confirms LOC			●											
Functional Assessment - <i>PCAF CFC addendum</i>			●											
Authorization of Services					●									
Service Coordination			●											