



# Medicaid Managed Care: Nursing Facility Transitions to the Community

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Medicaid and CHIP Division  
Health and Human Services Commission

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# Managed Care

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- Managed care is healthcare provided through a network of doctors, hospitals and other healthcare providers responsible for managing and delivering quality, cost effective care.
- The State pays a managed care organization (MCO) a capitated rate for each member enrolled, rather than paying for each unit of service (fee-for-service).
- The STAR+PLUS MCOs are:
  - Amerigroup
  - Cigna-Healthspring
  - Molina
  - Superior
  - United Healthcare

# Goals of Managed Care

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- Emphasize preventative care
- Improve access to care
- Ensure appropriate utilization of services
- Improve client and provider satisfaction
- Establish a medical home for Medicaid clients through a PCP
- Improve health outcomes, quality of care, and cost effectiveness
- Promote care in least restrictive, most appropriate setting

## STAR+PLUS

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- Integrates the delivery of acute care and long term services and supports (LTSS) through a managed care system
- More than 575,162 members served statewide
- Each member is enrolled in an MCO
- Service coordination is the cornerstone feature available to all members

## Adult STAR+PLUS Benefits

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- Medicaid Only
  - Traditional Medicaid benefits
  - Primary care provider (PCP)
  - Community-based LTSS
  - Service coordination
  - Unlimited prescriptions
  - Value-added services
- Dual eligibles receive LTSS through STAR+PLUS and acute care through Medicare

## LTSS in STAR+PLUS

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- Personal Assistance Services (PAS)
- Day Activity and Health Services (DAHS)
- Community First Choice Services
  - PAS
  - Habilitation
  - Emergency Response Services
  - Support Management
- Nursing facility services
- STAR+PLUS HCBS Waiver (SPW)

# LTSS in STAR+PLUS

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- Personal Assistance Services (PAS)
- Day Activity and Health Services (DAHS)
- STAR+PLUS HCBS:
  - Assisted living
  - Adaptive aids
  - Minor home modifications
  - Personal assistance services
  - Respite care
  - Emergency response
  - Transition assistance services
  - Home delivered meals
  - Nursing services
  - Medical supplies
  - Adult foster care
  - Dental
  - Therapies
  - Financial management services
  - Cognitive rehabilitation therapy
  - Supported employment and employment assistance

# Nursing Facility Services

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- Nursing facility services transitioned to STAR+PLUS
  - Effective March 1, 2015, statewide
  - Directed by S.B. 7, 83<sup>rd</sup> Legislature, Regular Session, 2013
- Intended to improve quality of care and health outcomes for NF residents through:
  - Coordination of healthcare and access to services
  - Ensuring needs are addressed in the least restrictive, most appropriate setting
  - Reduction of unnecessary hospitalizations and potentially preventable events

# Nursing Facility Services

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- Approximately 47,000 Medicaid clients in NFs transitioned to STAR+PLUS
  - 50% of NF residents actively chose a plan
  - Members can change MCOs at any time by contacting the enrollment broker, MAXIMUS
    - Effective date is always the 1<sup>st</sup> of the month
    - May take 15 to 45 days to process for new plan enrollment
      - No more than once monthly



# Nursing Facility Services: STAR+PLUS Populations

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- **Mandatory:**
  - Adults age 21 and older
  - Covered by Medicaid
  - Meet STAR+PLUS eligibility requirements
- **Excluded:**
  - Individuals age 20 and younger
  - Individuals living in the Truman W. Smith Children's Care Center
  - Individuals living in a state veteran's home

# Nursing Facility Services: Roles & Responsibilities

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- Texas Department of Aging and Disability Services (DADS) will:
  - Maintain NF licensing, certification, and contracting responsibilities
  - Maintain the minimum data set (MDS) function
  - Maintain the service authorization data that includes level of care
  - Continue trust fund monitoring
  - Continue regulatory monitoring activities
  - Authorize services for NF Unit Rate and Medicare co-insurance
  - Authorize services for ventilator and child tracheostomy care
- Nursing facility providers will:
  - Continue completing and submitting the MDS to Centers for Medicare and Medicaid Services (CMS) database
  - Continue to submit Long Term Care Medicaid Information (LTCMI) forms to TMHP Portal
  - Continue submitting 3618 and 3619 forms to TMHP
  - Bill MCOs for services provided to managed care members

# Nursing Facility Services: Roles & Responsibilities

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- STAR+PLUS MCOs will:
  - Contract directly with NFs
  - Reimburse providers for services provided to NF residents enrolled in STAR+PLUS
  - Ensure appropriate utilization of NF add-on and acute care services

# Dual Demonstration

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- The Centers for Medicare and Medicaid Services (CMS) & HHSC have establishing a federal-state partnership to better serve individuals eligible for both Medicare and Medicaid
- The initiative will test an innovative payment and service delivery model to improve coordination of services for dual eligibles with goal of enhancing quality of care and reducing cost
  - Require one health plan to be responsible for the full array of services
  - Create a single point of accountability for the delivery, coordination and management of Medicare and Medicaid services
  - Integrate the fragmented model of care for dual eligibles
- Same 5 MCOs as STAR+PLUS

## Dual Demonstration

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- Nursing facility residents will be passively enrolled if they do not either opt in or out
  - Must have Medicare Part A, B and D and full Medicaid benefits
  - August 1, 2015 – Bexar and El Paso
  - September 1, 2015 – Harris
  - October 1, 2015 – Dallas, Hidalgo, Tarrant
- A Service Coordinator will be assigned to each resident
- Residents may be admitted for short term skilled stays as well as long term

# Client Enrollment

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- **Ongoing:**
  - **Community to Nursing Facility**
    - May stay with same MCO, or change if so desired
    - Facility cannot make the choice
  - **Medicaid Pending**
    - Fee for service until approved for Medicaid eligibility
  - **Moves between Service Delivery Areas (SDA)**
    - Must choose a plan operating in the new geographic area
      - After move is completed
      - Address must be updated for accurate enrollment kits to be mailed
      - Value added services
    - Established MCO must provide services and reimburse until move is accomplished and new plan is effective
  - **Contact MAXIMUS, the State Enrollment Broker**
    - Member must call to either opt in or opt out of an MMP
    - Phone: 1-877-782-6440

# Nursing Facility Services: Service Coordination

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- MCOs will assign a service coordinator for each NF – All are Level 1 members
  - Licensed RN, NP, or PA
  - Face to face visits at least quarterly
    - Assessment includes viability of return to community
- Service coordination includes:
  - Identifying and addressing residents' physical, mental or long term needs
  - Assisting residents and families to understand benefits
  - Ensuring access to and coordination of needed services
  - Finding providers to address specific needs
  - Coordination of resident transitions to the community

## Nursing Facility Services: Service Coordination

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- NFs should notify the MCO service coordinators (SC) within one business day for:
  - NF admission/readmission and discharge
  - Change in payer source (Medicaid/Medicare) or bed type (skilled/non-skilled)
  - Transition to hospice
  - Use of emergency room or emergency transportation
    - Prior authorization not required for emergency services
  - Significant change in resident condition requiring hospitalization
- NF should invite SC to all scheduled resident care plan and discharge planning meetings

## Service Coordination

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- Specialized care management service that is available to all members and performed by an MCO service coordinator
- NF SC is not the same SC assigned in the community
- Service coordinators make home visits and assess member needs
  - Coordinate with Medicaid and Medicare providers
  - Authorize community-based LTSS
  - Arrange for other services (e.g. medical transportation)
  - Coordinate community supports (e.g. housing, utilities, legal)

# Service Coordination Levels

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- **Level 1 Member: Highest level of utilization**
  - Members receiving services through the STAR+PLUS HCBS Waiver and other Members with complex medical needs
  - Single identified person as their assigned service coordinator
  - Two face-to-face visits annually for members residing in the community
  - Nursing facility residents receive at a minimum quarterly face to face visits

# Service Coordination Levels

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- **Level 2 Member: Lower risk/utilization**
  - Members receiving LTSS Personal Assistance Services (PAS) or Day Activity and Health Services (DAHS)
  - History of behavioral health issues
  - History of substance abuse
  - Single identified person as their assigned service coordinator
  - A minimum of one face-to-face visit and one telephonic contact annually
  - Dual eligibles must receive a minimum of two telephonic contacts annually

## Service Coordination Levels

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- Level 3 Member: Members who do not qualify as Level 1 or 2
  - Members are not required to have a single identified person as their assigned service coordinator, unless they request one
  - A minimum of two telephonic contacts annually

# Transition to Community

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- STAR+PLUS MCO must participate in the Texas Promoting Independence Initiative.
  - Texas is required to provide community based services for persons with disabilities who would otherwise be entitled to institutional care
  - Services should be provided in the least restrictive, most appropriate setting
    - Resident is not opposed
    - Move to community is safe and viable for sustainability
    - Placement can be reasonably accommodated, taking into account resources available to the state

# Transition to Community

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- Money Follows the Person Demonstration Project
  - Texas receives federal funding to help the elderly and those with disabilities move from institutions back into their communities.
  - NF residents bypass the interest list for community services
  - NF resident (if in facility for 90+ days) will be asked if they would like to complete a MFP survey process

# Transition to Community

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- Parties involved in community transition process must collaborate to determine discharge date
  - NF resident and their responsible party
  - NF discharge planning team
  - MCO NF Service Coordinator – Develop and implement the transition plan working with parties listed.
  - Ombudsman
  - Relocation contractor - housing coordination
  - Local authorities – LIDDA or LMHA
  - HHSC program support unit
  - MCO community service coordinator

# Transition to Community

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- MCO NF service coordinator:
  - Serves as the designated point of contact for an individual referred to return to the community
  - Must complete an initial assessment of the individual within 30 days of enrollment to the plan.
    - If the initial review does not support a return to the community, the service coordinator will conduct a second assessment 90 days after the initial assessment and quarterly thereafter.
    - If a new Minimum Data Set (MDS) assessment is completed as a result of a significant change in condition or SC is contacted in some other way that the NF resident desires to return to the community, the SC must meet with the member face to face within 14 days.

# MCO Service Coordinator Transition Duties

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- MCO service coordinator must:
  - Explain transition process to resident within 14 days
  - Contact NF social worker to coordinate and schedule discharge planning meetings
  - Complete Form 1579, Referral for Relocation Service, within 3 business days after initial meeting
  - Inform HHSC Program Support Unit
- If the Minimum Data Set (MDS) assessment is not completed or has expired, the MCO will complete the Medical Necessity Level of Care Assessment 3.0 (MN/LOC) within 45 days
  - If MDS is completed, it serves as the MN/LOC

# MCO Service Coordinator Transition Duties

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- During 45 day timeframe, if resident is temporarily suspended from DADS 1915( c) waiver, MCO SC:
  - Explains STAR+PLUS Waiver (SPW) to resident so that they can make an informed choice. If they choose SPW, SC must do the following:
    - Review current Individual Service Plan, update or complete if expired or not in place
    - Coordinate transition assistance services
    - Notify DADS to disenroll from 1915( c) waiver
    - Notify HHSC PSU
    - Coordinate with DADS relocation contractors and local authorities to ensure all is in place upon transition

## HHSC Program Support Unit Duties

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- Within 2 business days after MCO has posted initial the functional assessment, PSU will:
  - Check resident Medicaid eligibility type
  - Check interest list for Department of Aging and Disability Services(DADS) to see if resident has 1915(c) waiver services that have been temporarily suspended-if so, inform MCO
  - Determine eligibility for MFP Demonstration
- Within 45 days, PSU closes case if member will only receive state plan services and no STAR+PLUS HCBS waiver services

## HHSC Program Support Unit Duties

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- Within 2 business days of MCO notification that resident chooses SPW or DADS 1915( c) waiver, PSU will:
  - Update applicable interest list
  - Communicate with other HHSC areas for dual eligibles
- Monitors that MCO posts Individual Service Plans and sets discharge date
  - Notifies Health Plan Management if not completed within 45 days
- Corresponds with member regarding status

# DADS Relocation Contractor Duties

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- Contact the MCO service coordinator immediately upon hearing of a NF resident request to transition back into the community to begin collaboration of plan to transition resident
- Provide relocation assistance through Transition to Life in the Community (TLC) services to setting of choice
  - Complete TLC application
  - Secure independent housing
  - Set up household items & furniture
  - Banking/bill payment/direct deposit/utilities/telephone

# DADS Relocation Contractor Duties

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- Follow up post transition
  - Be present in the home at the time of transfer
  - For at least 3 months
    - Once a week for the first month
    - Twice a week for the second month
    - At least once during the third month
    - As frequently as the participant requests

# Questions

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Email general managed care questions to:  
[Managed\\_Care\\_Initiatives@hhsc.state.tx.us](mailto:Managed_Care_Initiatives@hhsc.state.tx.us)

Email re: Eligibility and enrollment questions  
[ManagedCareExpansion2015@hhsc.state.tx.us](mailto:ManagedCareExpansion2015@hhsc.state.tx.us)

NF Provider page

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/starplus-adding-nursing.shtml>

For more information on NF Managed Care Initiatives Webpage

<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>

Dual Demonstration Webpage

<http://www.hhsc.state.tx.us/medicaid/managed-care/dual-eligible/>