

# Overview of STAR+PLUS

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# STAR+PLUS

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- Designed to integrate the delivery of acute care and long-term services and supports (LTSS) through a managed care system
- About 519,910 members currently served
- Each member is enrolled in an MCO
- Main feature - service coordination
  - Specialized care management service that is available to all members and performed by an MCO service coordinator
- Available statewide as of September 1, 2014

# Mandatory Populations in STAR+PLUS

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- Adults age 21 and older who:
  - Have a disability and qualify for Supplemental Security Income (SSI) or Medicaid because of low income
  - Qualify for Medicaid because they receive STAR+PLUS Home and Community Based Services (HCBS) waiver services
  - Are not dually eligible and are receiving services through one of the five DADS programs for individuals with intellectual and developmental disabilities (IDD) must enroll in STAR+PLUS for acute care only

# Voluntary Populations in STAR+PLUS

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- Children and young adults residing in the community age 20 or younger who receive SSI or SSI-related benefits may choose to enroll in STAR+PLUS managed care or remain in traditional Medicaid.

# 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

# Children's STAR+PLUS Benefits

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- Children's Medicaid benefits
- Primary care provider (PCP)
- Community-based LTSS
- Service coordination
- Unlimited prescriptions
- Unlimited necessary days in a hospital
  - Children in traditional Medicaid also receive unlimited prescriptions and unlimited necessary days in a hospital
- Value-added services

# LTSS in STAR+PLUS

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- Personal Assistance Services (PAS)
- Day Activity and Health Services (DAHS)
- STAR+PLUS HCBS Waiver – services provided through CBA in traditional Medicaid:
  - 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

# Delivery Service Options

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- Agency Option (AO)
  - The MCO contracted provider is responsible for managing the day to day activities of the attendant and all business details
- Consumer Directed Services (CDS) Option
  - The member or legally authorized representative (LAR) employs and retains service providers and directs the delivery of STAR+PLUS HCBS Waiver
- Service Responsibility Option (SRO)
  - The member manages most day-to-day activities and the MCO is responsible for managing all business details

# What is Service Coordination?

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- Specialized care management service that is available to all members and performed by an MCO service coordinator
- MCO nurses, social workers, and other professionals with the necessary skills to coordinate care
- 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 Workgroup

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- October 2012 - HHSC established a workgroup
  - Managed care organizations
  - State office staff
  - Stakeholders
- Purpose of the Workgroup
  - Identify the aspects of effective service coordination
  - Provide recommendations to improve service coordination
  - Develop contract language to support the recommended changes

# Service Coordination Language Prior to Workgroup

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- Furnish a service coordinator to STAR+PLUS members:
  - When requested by the Member
  - When MCO determines one is required through an assessment of the Member's health and support needs
- Service Coordinator serves as a central point of integration and coordination of covered services including
  - Acute care
  - Long-term services and supports
  - Behavioral health

# Service Coordination Requirements Prior to Workgroup

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- Service Coordinator ensures the Member has a qualified PCP
  - Service coordinator must work as a team with PCP to coordinate all STAR+PLUS covered Services and any applicable Non-capitated services
- MCO must identify and train members or families to coordinate their own care, to the extent of the Member's or the family's want to coordinate care
- MCO must employ as service coordinators persons experienced in meeting the needs of vulnerable populations who have a chronic or complex condition

# Additional Service Coordination Requirements Post-Workgroup

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- Service Coordination plan requirements:
  - How outreach to Members will be conducted
  - How Members are assessed and their service plans developed
  - How Members will be identified as needing an assessment when changes in their health or life circumstances occur
  - The Member's needs and preferences
  - The minimum number of service coordination annual contacts
  - How service coordination will be provided
  - How these service coordination services will be tracked by the MCO

# Additional Service Coordination Requirements Post-Workgroup

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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

# Additional Service Coordination Requirements Post-Workgroup

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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
  - 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

# Additional Service Coordination Requirements Post-Workgroup

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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

# Additional Service Coordination Requirements Post-Workgroup

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- MCOs must provide written notice to all Members
  - A description of service coordination
  - MCO's service coordination phone number
- MCOs must notify all STAR+PLUS Members receiving service coordination of the:
  - Name of their service coordinator
  - Phone number of their coordinator
  - Minimum number of contacts they will receive every year
  - Types of contact they will receive

# Additional Service Coordination Requirements Post-Workgroup

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- Service Coordination structure
  - Assigned service coordinator for Level 1 or Level 2
  - Notify members within 15 business days, if their service coordinator changes and post the new information on the portal
  - Service coordination teams must be led by at least one service coordinator
  - Dedicated toll-free service coordination phone number

# Additional Service Coordination Requirements Post-Workgroup

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- Team members must have expertise or access within the MCO to identified subject matter experts in the following areas:
  - Behavioral health
  - Substance abuse
  - Local resources
  - Pediatrics
  - Long-term services and supports
  - End of life/advanced
  - Acute care

# Additional Service Coordination Requirements Post-Workgroup

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- Preventive care
- Cultural competency
- Pharmacology
- Nutrition
- Texas Promoting Independence Strategies
- Consumer Direct Services Options
- Person-directed planning
- Service Coordination teams will have an overarching philosophy of independent living, self-determination, and community integration

# Additional Service Coordination Requirements Post-Workgroup

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- Service Coordinators must meet the following minimum requirements:
  - A service coordinator for a Level 1 Member must be a registered nurse (RN) or nurse practitioner (NP). Licensed vocational nurses (LVNs) employed as service coordinators before March 1, 2013 will be allowed to continue in that role.
  - A service coordinator for a Level 2 or 3 Member must have an undergraduate or graduate degree in social work or related field or be an LVN, RN, NP, or physician's assistant; or have a minimum of a high school diploma or GED and direct experience with the SSI population in three of the last five years.

# Additional Service Coordination Requirements Post-Workgroup

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- A service coordinator for Level 3 Members must have experience in meeting the needs of the member population served
- Service coordinators must possess knowledge of the principles of most integrated settings, including federal and state requirements
- Service coordinators must complete 16 hours of service coordination training every two years

# Additional Service Coordination Requirements Post-Workgroup

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- MCOs must administer the training, which must include:
  - Information related to the population served
  - How to assess Member's needs
  - Person-directed planning
  - Refresher of available local and statewide resources
  - Respect for cultural, spiritual, racial, and ethnic differences of others

## Recent and New STAR+PLUS Initiatives

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- September 1, 2014
  - MRSA expansion
  - IDD carve-in
  - Behavioral health services carve-in
- March 1, 2015
  - Nursing facility services carve-in
  - Dual demonstration
  - Community First Choice

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# Questions?

Email

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