TEXAS
Department of Aging
and Disability Services

COMMISSIONER
Jon Weizenbaum

July 9 2014

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition Providers
Home and Community-based Services Providers
Texas Home Living Providers
Community Living Assistance and Support Services Providers
Deaf Blind with Multiple Disabilities Providers
Local Authorities

Subject: **Information Letter 14-38**
Expansion of Medicaid Acute Care Services – Role of STAR+PLUS Acute Care Service Coordinator in Long-term Support Services Planning

In accordance with the provisions of Senate Bill 7, 83rd Texas Legislature, Regular Session, 2013, certain individuals residing in an Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Condition (ICF/IID) or receiving long-term services and support (LTSS) through the Home and Community-based Services (HCS), Texas Home Living (TxHmL), Community Living Assistance and Support Service (CLASS), or Deaf Blind with Multiple Disabilities (DBMD) waiver program will receive acute care services through a STAR+PLUS managed care organization (MCO) beginning September 1, 2014. Acute care services are typically provided in a primary care physician's office, a specialty physician's office, a hospital, clinic or emergency room, as treatment for an isolated event or part of routine health maintenance. The service delivery model through which the individual is currently receiving ICF/IID, HCS, TxHmL, CLASS, or DBMD LTSS will remain the same.

MCOs will provide service coordination activities for these individuals with responsibility only for acute care services. Every individual will receive an assigned MCO service coordinator (SC). The number of required visits and level of service coordination received from the MCO SC will vary by medical acuity (level or severity of medical needs) and the individual's or their legally authorized representative's (LAR's) personal preference. The person(s) currently responsible for development and implementation of a LTSS service plan and monitoring of service delivery for an individual's LTSS program will continue to have this responsibility. However, effective September 1, 2014, DADS will require this person(s) also coordinate service delivery with the MCO SC in the provision of acute care services.

Prior to a service planning meeting, the person who documents the LTSS service plan (outlined in the attachment) must discuss with the individual and the individual's LAR (if applicable) who will be invited to participate. To facilitate the development of a coordinated service plan, in addition to service planning team members required by the program, consideration should be given to inviting the MCO SC and the LTSS service provider(s), along with others involved in the individual's life.

Because the MCO SC is responsible for ensuring the appropriate and timely provision of acute care services for the individual, and the LTSS service provider(s) is responsible for appropriate and timely provision of LTSS, their participation (by phone or in-person) in the annual service planning meeting where the service plan is reviewed and revised and, in the case of waiver recipients, the renewal Individual Plan of Care is developed, may be especially beneficial.

Coordination between the MCO SC and the person(s) who develops, implements, and monitors the LTSS service plan is important for the on-going care of the individual. For this reason, the Health and Human Services Commission (HHSC) requires the ongoing exchange of information between these parties. As part of implementation, HHSC will furnish MCOs with current service plan information for each person within 90 days of enrollment into STAR+PLUS. Person(s) involved in LTSS service delivery can identify the assigned MCO SC by using the contact information for each MCO found in the attached document.

Trainings and webinars will be held at various locations to provide more information and answer questions. Providers are encouraged to attend. Information on times/locations can be found: http://www.hhsc.state.tx.us/medicaid/managed-care/spp-trainings.shtml.

For additional information regarding the managed care expansion, please visit HHSC Medicaid managed care initiatives web site: http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml.

For questions related to this information letter, please contact the Policy Development and Oversight mailbox at pdo@dads.state.tx.us.

Sincerely,

[signature on file]

Donna Jessee
Director
Center for Policy and Innovation

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

Attachment

Service Coordination for Individuals who have Intellectual or Developmental Disabilities and live in an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions or who receive Services through the Community Living Assistance and Support Services, Deaf Blind with Multiple Disabilities, Home and Community-based Services or Texas Home Living Waivers

Effective September 1, 2014, STAR+PLUS services will be expanded to include some individuals who have Intellectual or Developmental Disabilities (IDD) and live in an Intermediate Care Facility for Individuals with Intellectual Disability or Related Conditions (ICF-IID) or who receive services through one of the following IDD waivers: Community Living Assistance Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS) or Texas Home Living (TxHmL). Individuals who receive services through one of these five programs and receive Medicare Part B will not be included in this expansion. Children in one of these 5 programs who do not receive Medicare Part B may elect to enroll into STAR+PLUS, even though they will be required to enroll into STAR KIDS effective September 1, 2016. Individuals served in these programs that are enrolled into STAR+PLUS will get their ACUTE CARE SERVICES ONLY through managed care and will continue to get their long-term services and supports (LTSS) through the Department of Aging and Disability Services (DADS).

The managed care organizations (MCOs) will provide service coordination activities for these individuals (members), but the MCO will have responsibility only for acute care services. Every member will receive a named MCO service coordinator (SC). The number of required visits and level of service coordination will vary by acuity and the member's or their legally authorized representative's (LAR's) personal preference. These members will also have a person(s) outside of the MCO who will develop and implement a service plan and monitor LTSS service delivery. This person(s) will coordinate service delivery with the MCO in the provision of acute care services.

The table below identifies the person(s) who develops, implements, and monitors the service plan in each of the programs:

Program	Person(s) who Develops the Service Plan	Person(s) who Implements the Service Plan	Person(s) who Monitors the Service Plan
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
HCS	SPT led by Local Authority Service Coordinator (LASC)	HCS Provider	HCS Provider/ LASC
TxHmL	SPT led by LASC	TxHmL Provider	TxHmL Provider/LASC

The following table identifies the person(s) who fulfills these roles utilizing the Consumer Directed Services (CDS) approach in each of the programs:

Program	Person(s) who Develops the Service Plan with CDS	Person(s) who Implements the Service Plan with CDS	Person(s) who Monitors the Service Plan with CDS
ICF-IID	N/A	N/A	N/A
CLASS	SPT led by CM	DSA for agency services; CDS employer/designated representative (DR) for CDS	CM plus: • DSA for agency services; • CDS employer/DR for CDS services
DBMD	SPT led by CM	DBMD provider for agency services; CDS employer/DR for CDS services	CM plus: • DBMD provider for agency services; • CDS employer/DR for CDS services
HCS	SPT led by LASC	HCS provider for agency services, if included on the services plan; CDS employer/DR for CDS services	LASC plus: • HCS provider for agency services, if any; • CDS employer/DR for CDS services
TxHmL	SPT led by LASC	TxHmL provider for agency services, if included on the service plan; CDS employer/DR for CDS services	LASC plus: • TxHmL provider for agency services, if any; • CDS employer/DR for CDS services

In some cases, for HCS and TxHmL, individuals who use the CDS option will not have an HCS or TxHmL provider. Individuals who use the CDS option will have a Financial Management Services Agency (FMSA.) FMSAs are not responsible for service planning.

The terminology 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 individual, and in the waivers there is a second document used to authorize the 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	Individual Program Plan (IPP) that only addresses the need for each service identified in the Individual Plan of Care (IPC)	Individual Plan of Care (IPC)
DBMD	Individual Program Plan (IPP)	Individual Plan of Care (IPC)
HCS	Person-Directed Plan (PDP)	Individual Plan of Care (IPC)
TxHmL	Person-Directed Plan (PDP)	Individual Plan of Care (IPC)

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. To facilitate the development of a coordinated service plan, the individual or their LAR should be encouraged to consider inviting the MCO SC, the LTSS service provider(s), and the FMSA, along with others involved in a member's life. Because the MCO SC is responsible for ensuring the appropriate and timely provision of acute care services for the member, and the LTSS service provider(s) is responsible for appropriate and timely provision of LTSS, participation of these supports (by phone or in-person) in the annual service planning meeting where the service plan is reviewed and revised and, in the case of waiver recipients, the renewal IPC is developed, may be especially beneficial.

The MCO SC is responsible for ensuring the appropriate and timely provision of acute services for enrolled members. Coordination between the MCO SC and the person(s) who develops, implements, and monitors the service plan is critical. For this reason, HHSC requires the ongoing exchange of service plan information, to include acute care plans developed by the MCO SC, between these parties. As part of implementation, the Health and Human Services Commission will furnish MCOs with initial service plan information for each individual enrolling into STAR+PLUS effective September 1, 2014, within 90 days of that date. Person(s) involved in service delivery can identify the assigned MCO SC as indicated below:

Amerigroup: www.amerigroup.com OR call 1-866-696-0710

Cigna-HealthSpring: https://starplus.hsconnectonline.com OR call 877-725-2688

Molina: www.MolinaHealthcare.com OR call 1-866-449-6849

Superior: www.superiorhealthplan.com OR call SC Department 877-277-9772

United Healthcare: https://www.unitedhealthcareonline.com OR call 1-800-349-0550.