Texas Medicaid Managed Care
and Service Coordination

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Service coordination is a key feature in four Texas Medicaid managed care programs:
- STAR+PLUS
- STAR Health
- Dual Eligible Integration Care Project (called the Dual Demonstration)
- STAR Kids

Service Coordination emphasizes:
- Preventive care
- Improved access to care
- Appropriate utilization of services
- Improved consumer and provider satisfaction
- Improved health outcomes and quality of care
Service Coordination

- MCOs must provide sufficient levels of service coordination to meet the unique needs of members as specified in their contracts.
- This specialized care service is provided by MCO nurses and other professionals with necessary skills coordinate care, and includes but is not limited to:
  - Identification of needs (e.g., physical health, mental health, long-term services and supports)
  - Development of a service plan to address identified needs
  - Assistance to ensure timeliness and coordinated access to services and providers
  - Attention to addressing the unique needs of members
  - Coordinating with other (non-capitated) services as necessary and appropriate

Service Coordination

- Service coordinators must:
  - Have an undergraduate and/or graduate degree in social work or related field; or
  - Be a registered nurse, licensed vocational nurse, advanced nurse practitioner, or a physician assistant
- The type of service coordination a member receives, including additional MCO service coordination requirements, is based on the member’s:
  - Managed care program
  - Medical and other needs
  - Service coordination level
STAR+PLUS

- STAR+PLUS integrates the delivery of acute care plus long-term services and supports (LTSS) for individuals who have a disability or who are age 65 and older
- Medicaid populations who must participate in STAR+PLUS include:
  - Adults with a disability who qualify for Medicaid because of low income
  - Adults who qualify for Medicaid because they receive STAR+PLUS Home and Community Based Services (HCBS) waiver services
  - Non-dual eligible adults who have intellectual or developmental disabilities (IDD) and live in an intermediate care facility for individuals with an intellectual disability or related condition (ICF-IID), or who receive services through 1915(c) waiver programs for individuals with IDD
- Medicaid clients who may choose to participate in STAR+PLUS include most children young adults age 20 or younger who receive SSI or SSI-related benefits (except those in the Medically Dependent Children Program)

STAR+PLUS LTSS

- Community-based and institutional LTSS available under the State Plan for all STAR+PLUS members include:
  - Personal assistance services (PAS)
  - Day activity and health services (DAHS)
  - Nursing facility services (effective March 1, 2015)
  - Community First Choice (effective June 1, 2015)
- Home and community based (HCBS) waiver services, available to adults who meet income, resource, and medical necessity requirements for nursing facility level of care, include services unavailable under the State Plan, as a cost-effective alternative to living in a nursing facility
**STAR+PLUS HCBS Service Array**

- STAR+PLUS HCBS Waiver
  - Adaptive aids
  - Assisted living
  - Adult foster care
  - Cognitive rehabilitation therapy
  - Dental
  - Emergency response
  - Financial management services
  - Home delivered meals
  - Nursing services
  - Medical supplies
  - Minor home modifications
  - Personal assistance services
  - Respite care
  - Therapies
  - Supported employment and employment assistance
  - Transition assistance services

*Services in italics are available through the CDS option*

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**STAR+PLUS Service Coordination**

- Service coordinators make home visits and assess members' needs:
  - Coordinate with Medicaid and Medicare providers
  - Authorize community-based LTSS
  - Arrange for other services (e.g., medical transportation)
  - Coordinate community supports

- Additional service coordination requirements:
  - For members residing in a nursing facility (NF), service coordinators must participate in person- and family-centered planning with NF staff and must meet with the NF member more frequently
  - For members with an IDD, or who live in an ICF-IID, the MCO is responsible for acute care services only; the MCO service coordinator is responsible for working closely with member’s LTSS coordinator who develops and implements a service plan and monitors LTSS service delivery
STAR+PLUS Service Coordination

- Three levels of care:
  - Level 1 is the highest level of risk/utilization
    - Includes members receiving HCBS STAR+PLUS waiver services, NF residents, individuals with severe and persistent mental illness (SPMI), and other members with complex medical needs
    - Members must have a single identified service coordinator, or members in the same NF must have the same assigned service coordinator
    - Require a minimum of two face-to-face visits annually, or for NF members, a minimum of four face-to-face visits annually
  - Level 2 is lower risk/utilization
    - Members must have a single identified service coordinator
    - Number of annual face-to-face visits and phone contacts vary depending on the types of services a member is receiving (e.g., LTSS for personal assistance services, Community First Choice (CFC) services, et al)
  - Level 3 is for members who do not qualify for Level 1 or Level 2
    - Service coordinator assigned upon request
    - Members must receive at least two phone contacts annually

STAR Health

- STAR Health is a statewide program designed to provide medical, dental, vision, and behavioral health benefits, including unlimited prescriptions for children and youth in conservatorship of the Department of Family and Protective Services (DFPS)
- The main goal of STAR Health is to quickly give children in state care the coordinated medical and behavioral health care services they need; these services are available to these children no matter where they are in the state and even when they move
STAR Health Service Coordination

- Children and young adults in STAR Health receive service coordination and service management
  - STAR Health service coordination is an administrative function to coordinate services and information, such as medical information for court hearings, at the request of a medical consenter, caregiver, member, DFPS staff, etc.; service coordinators also coordinate non-capitated services
  - STAR Health service management is a clinical service to facilitate development of a member’s healthcare service plan and coordination of clinical services among the member’s primary care provider (PCP) and specialty care providers to ensure members with special health care needs have access to and appropriately utilize covered services

Dual Demonstration

- The Centers for Medicare and Medicaid Services (CMS) and HHSC established a federal-state demonstration to serve individuals eligible for Medicare and Medicaid (called dual eligibles)
  - Requires one Medicare-Medicaid plan (MMP) to be responsible for the full array of Medicare and Medicaid services
  - Creates a single point of accountability for the delivery, coordination, and management of Medicare and Medicaid services
- Demonstration started March 1, 2015, and passive enrollment runs through December 2018
- Available in six counties:
  - Bexar
  - Dallas
  - El Paso
  - Harris
  - Hidalgo
  - Tarrant
Dual Demonstration Population

- Individuals can participate in the demonstration if they meet these criteria:
  - Are age 21 and older
  - Get Medicare Part A, B and D, and are receiving full Medicaid benefits
  - Are eligible for or enrolled in the Medicaid STAR +PLUS program, which serves members who have disabilities and those who meet a nursing facility level of care, and receive STAR+PLUS home and community based waiver services

Dual Demonstration Service Coordination

- The MMPs must provide service coordination for all enrollees to ensure integration and coordination of the full range of medical and social supports as needed
- Service coordinators must participate, as appropriate, in comprehensive health risk assessments and reassessments
- There are two levels of service coordination in the Dual Demonstration:
  - Level 1 is highest risk/utilization
    - Require a minimum of two face-to-face visits annually, or for NF members, a minimum of four face-to-face visits annually
  - Level 2 is moderate or lower risk/utilization
    - Require a minimum of one face-to-face visit and one phone contact annually
STAR Kids

- STAR Kids integrates the delivery of tailored acute care, behavioral health, and LTSS benefits for children and young adults age 20 and younger with disabilities
- Medicaid populations who must participate in STAR Kids include children and young adults aged 20 and younger:
  - Who receive Social Security Income (SSI)
  - Who receive SSI and Medicare
  - Who receive Medically Dependent Children (MDCP) waiver services
  - Who receive Youth Empowerment Services (YES) waiver services
    - Acute care only: LTSS services will continue to be provided through the YES waiver
  - Who receive IDD waiver services
    - Acute care only: LTSS services will continue to be provided through the IDD waivers
  - Who reside in an ICF-IID or in a NF
    - Acute care only: LTSS services will continue to be provided through the appropriate institution

STAR Kids LTSS

- LTSS available under the State Plan for STAR Kids members include:
  - Private duty nursing
  - Personal care services
  - CFC
- MDCP waiver services, available to members who meet income, resource, and medical necessity requirements for nursing facility level of care, include:
  - Services unavailable under the State Plan, as a cost-effective alternative to living in a nursing facility
STAR Kids MDCP Service Array

• STAR Kids MDCP Waiver
  • Adaptive aids
  • Employment Assistance
  • Respite services
  • Supported employment
  • Flexible family support services
  • Transition assistance services
  • Minor home modifications

*Services in italics are available through the CDS option

STAR Kids Service Coordination

• Service coordination provides initial and ongoing assistance identifying, selecting, obtaining, coordinating, and using services and supports to enhance the member's well-being, independence, integration in the community, and potential for productivity by:
  • Providing an evaluation of the member's needs and preferences
  • To extent possible and applicable, using the individual service plan (ISP) to also account for school-based service plans and service plans provided outside of the MCO
  • For members receiving LTSS through a NF, an ICF-IID, or through non-capitated HCBS waiver programs, the MCO is responsible for acute care services only; the MCO service coordinator is responsible for working closely with member’s LTSS coordinator who develops and implements a service plan and monitors LTSS service delivery
  • Under STAR Kids, the MCO may use a health home employee as the service coordinator
STAR Kids Service Coordination

• Three levels of care:
  • Level 1 is the highest level of risk/utilization
    • Includes members receiving MDCP STAR Kids waiver services; members with complex needs or a history of developmental or behavioral health issues; members with SPMI; members at risk of institutionalization; and members with psychosocial needs that present significant challenges to health and wellbeing
    • Members must have a named service coordinator
    • Require a minimum of four face-to-face visits annually (unless otherwise requested)
  • Level 2 is lower risk/utilization
    • Includes members who receive personal care services (PCS), CFC services, or nursing services; members the MCO believes would benefit from a higher level of service coordination based on assessment results; members with a history of substance abuse; and members with non-SPMI behavioral issues
    • Members must have a named service coordinator
    • Require a minimum of two face-to-face visits and six phone contacts annually (unless otherwise requested)
  • Level 3 is for members who do not qualify for Level 1 or Level 2
    • Service coordinator assigned upon request
    • Members must receive at least one face-to-face visit and three phone contacts annually