TITLE 1 ADMINISTRATION

PART 15 TEXAS HEALTH AND HUMAN SERVICES COMMISION

CHAPTER 353 MEDICAID AND MANAGED CARE

SUBCHAPTER M HOME AND COMMUNITY BASED SERVICES IN MANAGED CARE

§353.1157. STAR+PLUS Pilot Program.

(a) Definitions. The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise.

 (1) Automatic enrollment period--The six-month time frame prior to the operational start date of the STAR+PLUS Pilot Program.

 (2) STAR+PLUS Pilot Program--The time-limited pilot program authorized under Texas Government Code, Chapter 534, Subchapter C, operating through the Texas Healthcare Transformation and Quality Improvement Program Waiver, governed by §1115(a) of the Social Security Act to test the delivery of home and community-based services (HCBS) in managed care for eligible STAR+PLUS members.

 (3) Texas Dual Eligibles Integrated Care Demonstration Project--The project described in Subchapter L of this chapter (relating to Texas Dual Eligibles Integrated Care Demonstration Project).

 (4) Texas HHSC Approved Diagnostic Codes--Diagnostic codes found in the current version of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), 2022, and recognized by the Texas Health and Human Services Commission (HHSC) as conditions that might qualify an individual as having a related condition as described in federal and state law.

 (5) 217-Like Group--Medicaid-eligibility group authorized by the Texas Healthcare Transformation and Quality Improvement Program Waiver, governed by §1115(a) of the Social Security Act, as permitted under §1902(a)(10)(A)(ii)(VI) of the Act or under 42 CFR §435.217 in conjunction with§1902(a)(10)(A)(ii)(V) of the Act.

(b) To be eligible for the STAR+PLUS Pilot Program, an individual must meet the following criteria prior to the close of the automatic enrollment period and at reenrollment:

 (1) be in a Medicaid-eligibility group other than the 217-Like Group;

 (2) have income that does not exceed 150% Federal Poverty Level (FPL);

 (3) be 21 years of age or older;

 (4) be enrolled in STAR+PLUS;

 (5) reside in the STAR+PLUS Pilot Program service area;

 (6) have an unmet need for support in the community that can be met through one or more of the STAR+PLUS Pilot Program services;

 (7) not be enrolled in one of the following Medicaid HCBS waiver programs approved by the Centers for Medicare & Medicaid Services (CMS):

 (A) the Community Living Assistance and Support Services Program;

 (B) the Deaf Blind with Multiple Disabilities Program;

 (C) the Home and Community-based Services Program; or

 (D) the Texas Home Living Program;

 (8) not be enrolled in the Texas Dual Eligibles Integrated Care Demonstration Project;

 (9) not reside in institutional or inpatient settings, including nursing facilities, intermediate care facilities, and institutions for mental disease;

 (10) meet needs-based eligibility criteria by having a functional limitation in three or more of the following areas of major life activity:

 (A) self-care;

 (B) receptive and expressive language;

 (C) learning;

 (D) mobility;

 (E) self-direction;

 (F) capacity for independent living; or

 (G) economic self-sufficiency; and

 (11) meet the following criteria for either target group A or target group B as determined by HHSC:

 (A) an individual in target group A has one or more of the following:

 (i) a diagnosis of intellectual disability;

 (ii) a diagnosis of autism;

 (iii) a diagnosis of traumatic brain injury;

 (iv) a condition of acquired brain injury; or

 (v) a condition included in the Texas HHSC Approved Diagnostic Codes for persons with related conditions; or

 (B) an individual in target group B:

 (i) has a diagnosis or condition listed in subparagraph (A) of this paragraph;

 (ii) is enrolled in the STAR+PLUS HCBS program unless otherwise ineligible under paragraph (1) of this subsection; and

 (iii) demonstrates a need for one or more STAR+PLUS Pilot Program services that are not currently available in STAR+PLUS HCBS program.

(c) Disenrollment provisions include the following.

 (1) Individuals participating in the STAR+PLUS Pilot Program or the individuals' legally authorized representatives (LARs) may submit a written request to the managed care organization (MCO) or HHSC at any time for the individual to disenroll from the STAR+PLUS Pilot Program.

 (2) Individuals who disenroll from the STAR+PLUS Pilot Program may not reenroll in the STAR+PLUS Pilot Program.

 (3) Individuals who are in the STAR+PLUS HCBS program and eligible for the STAR+PLUS Pilot Program may choose to participate in the STAR+PLUS Pilot Program and disenroll from the STAR+PLUS HCBS program. Individuals may not be enrolled in both programs.

 (4) Individuals who disenroll from the STAR+PLUS Pilot Program and are eligible for the STAR+PLUS HCBS program may reenroll in the STAR+PLUS HCBS program.

(d) Enrollment in the STAR+PLUS Pilot Program does not remove the individual's name from the interest list of any Medicaid HCBS waiver program.

(e) An MCO develops a person-centered individual service plan (ISP) for each individual participating in the STAR+PLUS Pilot Program and completes all applicable documentation as described in the STAR+PLUS Handbook. The ISP must:

 (1) include services described in the Texas Healthcare Transformation and Quality Improvement Program Waiver, governed by §1115(a) of the Social Security Act;

 (2) include covered services necessary to protect the individual's health and welfare in the community;

 (3) include covered services that supplement rather than supplant the individual's natural supports and other non-STAR+PLUS Pilot Program supports and services for which the individual may be eligible;

 (4) include the appropriate type and amount of services to meet the individual's needs in the community;

 (5) be reviewed and revised if an individual's needs or natural supports change or at the request of the individual or the individual's LAR; and

 (6) be approved by HHSC or its designee.

(f) MCOs are responsible for conducting reassessments and ISP development in order for HHSC to determine members' continued eligibility for the STAR+PLUS Pilot Program, in accordance with the policies and procedures outlined in the STAR+PLUS Handbook and in accordance with the time frames outlined in the managed care contracts governing STAR+PLUS.

(g) Individuals participating in the STAR+PLUS Pilot Program have the same rights and responsibilities as any individual enrolled in managed care, as described in Subchapter C of this chapter (relating to Member Bill of Rights and Responsibilities), including the right to appeal a decision made by HHSC or an MCO and the right to a fair hearing, as described in Chapter 357, Subchapter A, of this title (relating to Uniform Fair Hearing Rules).