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STAR+PLUS Pilot Program

April 29, 2021

Purpose

- STAR+PLUS Pilot Program (Pilot) background
- Exceptional item
- Review Pilot design elements under HHSC consideration
- Discuss Pilot design decisions
- Timeline
- Next Steps



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Texas Government Code, Chapter 534, Subchapter C

- Develop and implement a pilot program through the STAR+PLUS Medicaid managed care program to test person-centered managed care strategies and improvements under a capitated model by September 1, 2023.
- Coordinate and collaborate with the STAR+PLUS Pilot Program Workgroup (SP3W) and Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC).



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STAR+PLUS Pilot Purpose

- Test the delivery of long-term services and supports (LTSS) for adults in STAR+PLUS Medicaid managed care with:
 - Intellectual and developmental disabilities (IDD)
 - Pilot excludes people currently enrolled in an IDD 1915(c) waiver or a community-based intermediate care facility for individuals with an intellectual disability (ICF/IID).
 - Traumatic brain injury (TBI) that occurred after the age of 21.
 - People with similar functional needs without regard to age of onset or diagnosis.



STAR+PLUS Pilot Purpose (cont.)

- Evaluate the pilot and inform the plan to transition all or a portion of services provided through IDD waiver and ICF/IID programs into managed care.



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STAR+PLUS Pilot Evaluation

Comprehensive analysis due by Sept. 1, 2026.

- Analyze the experiences and outcomes of system changes.
- Include feedback on the pilot based on personal experiences of pilot participants, families, and providers.
- Include recommendations on:
 - A system of programs and services for consideration by the legislature;
 - Necessary statutory changes; and
 - Whether to implement the pilot statewide under STAR+PLUS for eligible members.



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STAR+PLUS Pilot Operation

- One service area selected by the Health and Human Services Commission (HHSC).
- HHSC will contract with up to two STAR+PLUS Medicaid managed care organizations (MCOs).
- Pilot participants will have a choice of service delivery options including:
 - Consumer Direction Model; and
 - Comprehensive LTSS Providers
 - Term includes 1915(c) IDD Medicaid waiver program providers and ICF/IID program providers.



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STAR+PLUS Pilot Benefits

Benefits listed in statute (Section 534.1045) include:

- Medicaid state plan acute care benefits and LTSS available under STAR+PLUS
- STAR+PLUS HCBS
- LTSS currently provided by 1915(c) waivers
- New LTSS for Texas
- Other non-residential LTSS determined by HHSC and stakeholders to be appropriate for the pilot



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Pilot Exceptional Item

Exceptional item 8.a. IDD System Redesign and Waiver includes the following for the pilot:

- **Evaluation Contractor:**
 - Contracting with an external vendor for pilot program evaluation and performance measures



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Pilot Exceptional Item (cont.)

Exceptional item 8.a. IDD System Redesign and Waiver includes the following for the pilot:

- **Systems Modifications:**
 - Long-term care portal
 - Long-term care applications
 - Texas Medicaid and Healthcare Partnership (TMHP)
 - Automation of assessment instrument
 - Automation of person-centered planning tool
 - Texas Integrated Eligibility Redesign System (TIERS) and eligibility support technologies



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Pilot Exceptional Item (cont.)

- **HHSC Personnel Costs:**
 - Center for Analytics and Decision Support, Quality Assurance, Regulatory and Office of the Ombudsman Staff
- **Enrollment Broker:**
 - Correspondence, postage and staff
- **Functional Need-Based Assessment:**
 - Manuals and licensing to print
- **Education and Outreach**





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Pilot Design

Pilot Design Topics Under Consideration

Agenda item #6

The following pilot design topics are under HHSC consideration:

- Service coordination
- Providers
- Service area



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Federal Authority

- HHSC is planning for a joint 1115/1915(i) authority
- The 1915(i) template requires:
 - Development of needs-based eligibility criteria and target group(s) that are less stringent than criteria to meet an institutional level of care;
 - Quality measure reporting similar to 1915(c) waivers; and
 - Participants income does not exceed 150% of the Federal Poverty Level.



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Eligibility Criteria

Needs-based Criteria

To be eligible for STAR+PLUS Pilot Program services a person must meet all the following requirements:

- Be a Medicaid-eligible adult 21 years of age or older enrolled in STAR+PLUS;
- Meet criteria for Target Group A, B or C below;
- Demonstrate a need for at least one STAR+PLUS Pilot Program service; and



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Eligibility Criteria (cont.)

To be eligible for STAR+PLUS Pilot Program services a person must meet all the following requirements:

- Have substantial functional limitations in three or more areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living
 - Economic self-sufficiency.
- Substantial functional limitations may be determined by a standardized screening tool.



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Eligibility Criteria (cont.)

Target Groups

- **Group A**

- People who have:
 - A diagnosis of an intellectual disability (ID),
 - A diagnosis of autism,
 - A diagnosis of a TBI,
 - A diagnosis of an acquired brain injury (ABI), or
 - A diagnosis on the Texas HHSC Approved Diagnostic Codes for Persons with Related Conditions List.



Eligibility Criteria (cont.)

- **Group B**
 - Similar functional needs as someone with ID, autism, TBI, ABI, or related condition without regard to age of onset or diagnosis.
 - Similar functional needs are determined by eligibility for or utilization of state plan LTSS including:
 - Personal assistance services,
 - Day activity and health services, or
 - Community First Choice services.



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Eligibility Criteria (cont.)

- **Group C**
 - People enrolled in STAR+PLUS HCBS who have a diagnosis listed in Group A who could benefit from Pilot services not available to them in STAR+PLUS HCBS.



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Enrollment

- Enrollment will be open for a limited time to ensure statistically viable and consistent population.
- Pilot participants will be automatically enrolled with the ability to opt out.
- Informational materials are necessary for pilot participants to make an informed choice to stay in the pilot or opt out.
- Participants will be able to transition to a Medicaid waiver program if their slot becomes available during pilot operation.



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Functional Needs-Based Assessment

Agenda item #6

The functional needs-based assessment in the pilot will be used to identify the pilot participants' strengths and needs and inform the service planning process.

- The functional needs-based assessment will be used in conjunction with a person-centered planning tool to develop a pilot participant's service plan.
- HHSC is pursuing use of the International Resident Assessment Instrument Intellectual Disability (interRAI ID) as the pilot functional needs-based assessment.
- Form H6516 Community First Choice (CFC) Needs Assessment is identified as a backup assessment if funding is not secured to support the interRAI ID.



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Person-Centered Planning

- The pilot will test person-centered managed care strategies and improvements based on capitation.
 - Each pilot participant must have access to a comprehensive, facilitated, person-centered plan that identifies outcomes for participants and drives the development of the individualized budget.
- HHSC is pursuing use of the My Life Plan as the person-centered framework for the pilot.



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Benefits

- Adaptive Aids
- Adult Foster Care
- Assisted Living
- Audiology
- Cognitive Rehabilitation Therapy
- Dental Treatment
- Emergency Response
- Employment Assistance
- Financial Management Services
- Home Delivered Meals
- Minor Home Modifications
- Nursing Services
- Occupational Therapy
- Personal Assistance Service
- Physical Therapy
- Protective Supervision
- Respite (in and out of home)
- Speech Therapy
- Support Consultation
- Supported Employment Services
- Transportation
 - Community Attendant
 - Mileage reimbursement

Note: HHSC is exploring the listed benefits. An updated benefits list will be shared once the cost is determined.



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Benefits (cont.)

- Behavior Supports
 - Paraprofessional
 - Direct Service
- Enhanced Behavior Support Specialty
- Enhanced Behavior Family/Caregiver Coaching Services
- Enhanced Behavioral Extended Substance Use Disorder Services
- Enhanced Behavioral Peer Supports
- Enhanced Behavioral Therapeutic In Home Respite
- Enhanced Behavioral Therapeutic Out of Home Respite
- Individualized Skills and Socialization
- Housing supports
- Enhanced Medical Services
- Remote Monitoring
- Dietary Services
- Specialized Therapies
- Orientation and Mobility
- Intevener

Note: HHSC is exploring the listed benefits. An updated benefits list will be shared once the cost is determined.



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Benefits

- Benefit definitions are under review for development of rates and forecasting.
- HHSC is exploring service limits, caps and ways to accurately forecast cost for the Pilot that will operate under joint 1915(i)/1115 authority:
 - Pilot participants will be new to waiver LTSS and their service needs and utilization of the LTSS benefits is unknown.



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Benefits (cont.)

- HHSC is exploring service limits, caps and ways to accurately forecast cost for the Pilot that will operate under joint 1915(i)/1115 authority:
 - The 1115 requires budget neutrality and the 1915(i) does not require the state to produce comparative cost estimates of institutional care and the State Plan HCBS benefit.
 - The 1915(i) allows states to offer HCBS to individuals whose needs are substantial, but do not qualify them for institutional or waiver services, and to individuals for whom there is not an offset for cost savings in nursing facilities or ICFs.



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Evaluation

- **Goal:** Test the delivery of LTSS through managed care versus fee-for-service
- Texas's External Quality Review Organization* (EQRO) will design and conduct evaluation
 - Evaluation planning set to start this September
- Proposed study design: Pre- and post-pilot program periods with comparison group
- Plan to leverage primary and administrative data



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* Texas's EQRO is the Institute for Child Health Policy (ICHP) at the University of Florida.

Proposed Evaluation Groups

	Pre-Period¹ 9/1/2021-8/31/2023	Post-Period 9/1/2023-8/31/2025
Treatment Group	Medicaid S+P Members ² <ul style="list-style-type: none"> • Subgroup A: S+P members with a relevant diagnosis code • Subgroup B: S+P members with utilization of PAS, DAHS, or CFC services³ • Subgroup C: S+P HCBS clients⁴ 	Participants in the S+P Pilot Program <ul style="list-style-type: none"> • Subgroup A: Participants with a relevant diagnosis code • Subgroup B: Participants with utilization of PAS, DAHS, or CFC services³ • Subgroup C: Participants who were previously in S+P HCBS
Comparison Group	Medicaid Waiver Clients ² <ul style="list-style-type: none"> • Subgroups A & B: IDD waiver clients⁵ • Subgroup C: S+P HCBS clients⁴ 	Medicaid Waiver Clients ² <ul style="list-style-type: none"> • Subgroups A & B: IDD waiver clients⁵ • Subgroup C: S+P HCBS clients who do not opt into the S+P Pilot Program

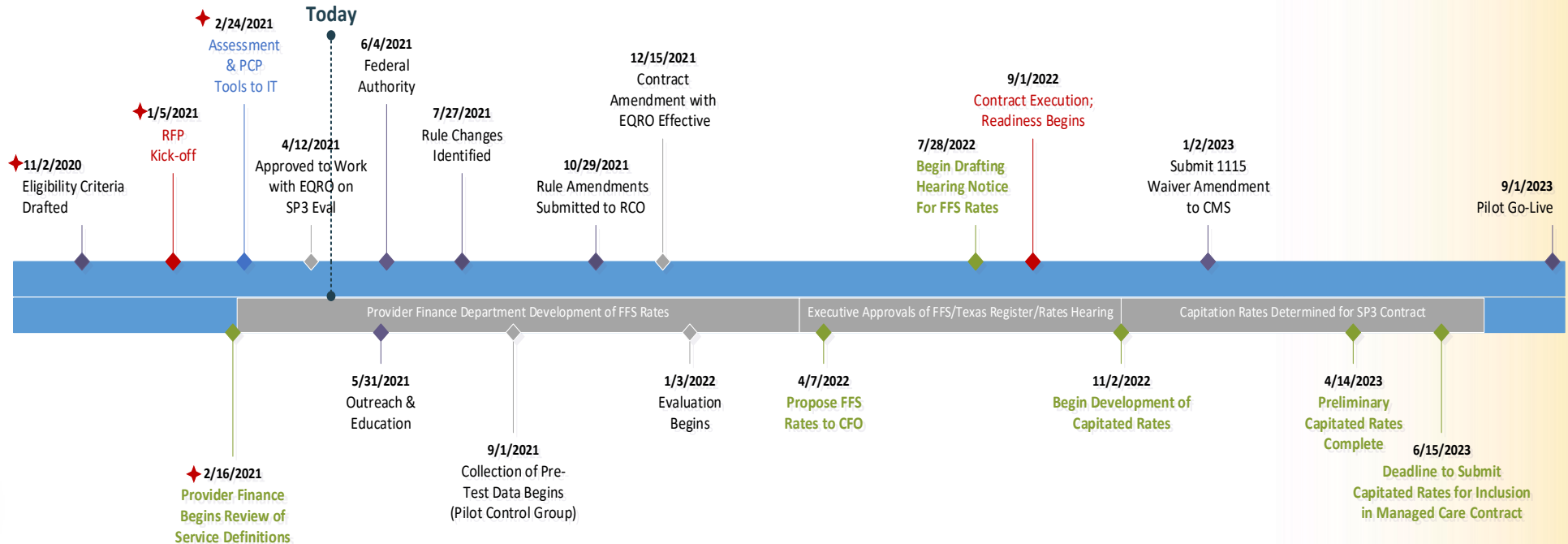
Notes. S+P = STAR+PLUS; PAS = Personal Assistance Services; DAHS = Day Activity and Health Services; CFC = Community First Choice. Proposed groups are subject to change. ¹ Clients included in either pre-period group will not necessarily be the same individuals as those included in the respective post-period group. ² Clients in the pre-period treatment group and in the comparison group should ideally receive services in the service area targeted by the pilot program. ³ The minimum level of utilization for treatment group eligibility has not been determined at the time of writing. ⁴ S+P HCBS clients are eligible for both the treatment and comparison groups in the pre-period; however, S+P HCBS clients will self-select into the pilot program in the post-period. ⁵ IDD waiver clients include individuals enrolled in CLASS, DBMD, HCS, or TxHmL.



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Timeline

STAR+PLUS Pilot Program (SP3)



TEXT LEGEND

- **Red** text shows items related to the STAR+PLUS (S+P) request for proposals (RFP), and will be updated as the S+P schedule is published.
- **Blue** text represents IT timelines.
- **Green** text means the milestone is tied to the rates cycle.

SYMBOL LEGEND

- ◆ RFP, IT Systems and Capitation Rate Dependency



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Next Steps

- Continue collaboration with IDD SRAC and SP3W in planning the STAR+PLUS Pilot Program.
- Current and upcoming pilot topics include:
 - Outreach and education plan for potential participants and providers;
 - Innovative technologies;
 - Process to ensure pilot participants remain eligible for Medicaid for 12 consecutive months during the pilot operation;
 - Alternate payment methodologies; and
 - Measurable goals and evaluation.



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Next Steps (cont.)

- Assess the outcome of the 87th Legislative Session.
- Obtain decisions for final pilot design elements.
- Continue contract solicitation process.
- Meet with CMS to address outstanding pilot questions requiring federal guidance.
- Draft federal authorities.
- Continue engagement with IT/systems (progress contingent on funding).



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Thank You
