



Continuity of Care During the STAR+PLUS Transition

The state requires STAR+PLUS managed care organizations (MCOs) to provide continuity of care. MCOs must ensure that care is not disrupted or interrupted for members who transition to their MCO.

For members who transition to a new STAR+PLUS MCO **on Sept. 1, 2024:**

- The new MCO must continue authorization of current services, including long-term services and supports (LTSS), in the same amount, duration and scope for the shortest period of one of the following:
 - up to six months after the date the member transfers MCOs.
 - until the new MCO completes all required assessments, develops a service plan or for STAR+PLUS Home and Community Based Services members an individual service plan (ISP), and issues new authorizations.
- A member's existing service plan or ISP must remain in place until the MCO contacts the member or the member's authorized representative to schedule an assessment and determine if changes to the service plan or ISP are needed.
- During the transition period, members can continue to see their current providers even if they are outside of the MCO's network.
- If a member requests to stay with their current provider who is out-of-network (OON), the MCO may seek to obtain a single-case-agreement, OON authorization or similar arrangement with the provider to ensure continuity of care.
- MCOs must continue to pay a member's existing OON provider for covered services for up to:
 - 90 days for acute care.
 - six months for LTSS.
 - nine months for a member who has been diagnosed with and is receiving treatment for a terminal illness.