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New Member Orientation Program Overview

**Intellectual and Developmental Disability System
Redesign Advisory Committee (IDD SRAC)**

Overview of Medicaid and Managed Care

- What is Medicaid?
- Medicaid Program Authority and Administration
- Acute Care and Long-Term Services and Supports (LTSS)
- Fee-For-Service (FFS) and Managed Care
- STAR+PLUS and STAR+PLUS Home and Community-Based Services (HCBS)



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Overview of Medicaid

What is Medicaid?

Medicaid is a jointly funded state-federal program that provides medical coverage to eligible needy persons.

- **Federal laws and regulations:**
 - Require coverage of certain populations and services
 - Provide flexibility for states to cover additional populations and services
- **Medicaid is an entitlement program, meaning:**
 - Guaranteed coverage for eligible services to eligible persons
 - Open-ended funding based on the actual costs to provide eligible services to eligible persons



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Medicaid Program Authority & Administration

- Both the federal and state governments have a role in overseeing and funding the Medicaid program
- At the federal level, Medicaid is administered by the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services



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Medicaid Program Authority & Administration

Authority for the Medicaid program comes from:

- **Social Security Act (SSA)**
 - Provides general welfare benefits for certain populations
- **State Plan**
 - Contract between CMS and the State of Texas
- **Waivers**
 - “Waives off” State Plan requirements or SSA requirements



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Acute Care vs. LTSS

Acute Care

- Services that focus on preventive care, diagnostics, and treatments, and include, but are not limited to, inpatient and outpatient hospital services, laboratory and x-ray services, and physician services.

Long-Term Services and Supports (LTSS)

- Services that focus on providing support with ongoing, day-to-day activities.
- Persons eligible for LTSS are individuals with disabilities and those age 65 and older.



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Fee-for-Service and Managed Care

Fee-for-Service (FFS)

FFS describes the traditional Medicaid healthcare payment system under which the Health and Human Services Commission (HHSC) pays providers directly for each unit of service they provide.

Fee-for-Service Programs/Providers

Home and Community-based Services (HCS)

Community Living Assistance and Support Services (CLASS)

Texas Home Living (TxHmL)

Deaf Blind with Multiple Disabilities (DMBD)

Intermediate care facilities for individuals with intellectual disabilities (ICFs/IDD)



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Managed Care

HHSC contracts with managed care organizations (MCOs) and pays a capitation rate to coordinate care and reimburse providers for services provided to Medicaid or CHIP members enrolled in their health plan.

Managed Care Programs

STAR+PLUS (includes STAR+PLUS HCBS)

STAR

STAR Kids

STAR Health

Dual Demonstration Program



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STAR+PLUS

- The STAR+PLUS program provides primary, acute, and behavioral health care, pharmacy services, and LTSS for adults who have a disability or who are age 65 and older.
- The STAR+PLUS program serves adults aged 21 and older with Supplemental Security Income (SSI), SSI-related Medicaid, those who receive services through the STAR+PLUS HCBS program.
- The STAR+PLUS program serves some adults in nursing facilities.



STAR+PLUS Home and Community-Based Services (HCBS) (1 of 2)

- The STAR+PLUS HCBS program provides an alternative to living in a nursing facility to clients who are elderly or who have disabilities.
- Examples of services include nursing, adaptive aids, medical supplies, and minor home modifications to make members' homes more accessible.



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STAR+PLUS Home and Community-Based Services (HCBS) (2 of 2)

- To be eligible for STAR+PLUS HCBS, a member must:
 - Be age 21 and older
 - Meet income and resource requirements for Medicaid nursing facility care, and
 - Receive a determination from HHSC that they meet the medical necessity criteria to be in a nursing facility.



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IDD System Redesign Advisory Committee (IDD SRAC)

Governing Statute (1 of 2)

- Senate Bill (S.B.) 7, 83rd Legislature, Regular Session, 2013 and House Bill (H.B.) 4533, 86th Legislature, Regular Session, 2019, amended Government Code, Chapter 534
- Directs HHSC to design and implement an acute care and LTSS system for individuals with IDD.
- Creates the IDD System Redesign Advisory Committee (IDD SRAC) to advise HHSC in the development and implementation of the system redesign.
- Requires an annual report on implementation activities.



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Governing Statute (2 of 2)

- H.B. 4533, 86th Legislature, Regular Session, 2019, directed HHSC to pilot delivery of LTSS under a capitated model for individuals with an IDD, traumatic brain injury (TBI), or similar functional needs.
- The 2024-25 General Appropriations Act, H.B. 1, 88th Legislature, Regular Session, 2023, did not include a specific appropriation to operate a pilot.



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Milestones

Significant Milestones (1 of 2)

- For acute care services only, between 2014-2016, HHSC transitioned eligible recipients of Medicaid IDD waiver programs and community-based intermediate care facilities for individuals with intellectual disabilities (ICF/IID) from Medicaid FFS to STAR+PLUS and STAR Kids.
- Implemented the Community First Choice (CFC) option in 2015 to increase access to services for individuals with IDD, particularly those currently on interest lists for IDD waiver programs.



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Significant Milestones (2 of 2)

- Completed and published evaluations to inform managed care transitions of LTSS in early 2019 that were used to inform new legislation.
- Deployed a new no-wrong-door complaints process and implemented standardized complaint processes across HHSC.
- The first phase of an information technology (IT) modernization project supporting the future transition of the IDD waiver programs into managed care was deployed May 1, 2022.



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Recent Achievements (1 of 3)

- The Critical Incident Management System (CIMS) was implemented on July 25, 2022, intended to monitor, track, and trend critical incidents.
- HHSC released the Employment First Discovery Tool creating a uniform process for assessing employment goals and using goals in the service planning process.
- To promote person-centered planning (PCP) practices, HHSC certified two HHSC employees as Person-Centered Thinking (PCT) mentor trainers.



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Recent Achievements (2 of 3)

- To ensure compliance with the requirements of the federal home and community-based services (HCBS) Settings Rule:
- HHSC adopted rules for Medicaid IDD waiver programs.
- Replaced day habilitation with a new Medicaid waiver service called individualized skills and socialization in the HCS, TxHmL, and DBMD waiver programs.
- Continued implementation of Money Follows the Person (MFP) demonstration projects and increased utilization of crisis intervention and crisis respite support to individuals with IDD.



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Recent Achievements (3 of 3)

- HHSC also collaborated with ADvancing States to develop a web-based portal for providers and agencies to recruit and hire personal care attendants.
- To improve the electronic visit verification (EVV) system, HHSC procured a new EVV System manager and a new EVV vendor and prepared for the expansion of EVV to home health by engaging in multiple communication and training activities to support this transition.



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Things to Come (1 of 3)

- To date, the IDD SRAC has submitted to HHSC over 400 recommendations for improving the IDD service delivery system.
- In 2023, HHSC worked with the IDD SRAC subcommittees to prioritize these recommendations. Through this work, the subcommittees have prioritized 224 recommendations for potential implementation.



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Things to Come (2 of 3)

The IDD SRAC identified four priority areas requiring legislative action to address the IDD workforce crisis, support the stability of the IDD community-based services system, and prevent unnecessary institutionalization:

- **Priority 1:** Address the direct care attendant and nursing workforce crisis that is placing the health and safety of persons served at risk and increasing risks for institutionalization.
- **Priority 2:** Provide a comprehensive service array to meet a person's needs, thereby preventing crises that may result in institutionalization.



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Things to Come (3 of 3)

- **Priority 3:** Provide comprehensive and timely assessments of a person's level of need (LON) in order to receive necessary and critical services, thereby preventing crises that result in institutionalization.
- **Priority 4:** Increase access to waiver slots and existing benefits.



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Thank you
