STAR+PLUS Pilot Program Update

Joint SP3W and IDD SRAC Meeting

May 12, 2022

Presentation Agenda

- Review STAR+PLUS Pilot Program (pilot) Background
- Pilot Design Overview and Updates
- Next Steps

Pilot Background

Statutory Direction for Pilot

- Texas Government Code, Chapter 534, Subchapter C requires the Texas Health and Human Services (HHSC) to 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.

- The statute requires HHSC to coordinate and collaborate with the STAR+PLUS Pilot Program Workgroup (SP3W) and Intellectual and Developmental Disability System Redesign Advisory Committee (IDD SRAC).

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)
    - 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

STAR+PLUS Pilot Evaluation

Comprehensive analysis due by Sept. 1, 2026

- Analyze the experiences and outcomes of changes

- Include feedback on the pilot based on personal experiences of pilot participants, families, and providers

- Include recommendations on:
  - Programs and services for consideration by the legislature;
  - Necessary statutory changes; and
  - Whether to implement the pilot statewide under STAR+PLUS for eligible members

Pilot Design & Updates

Federal Authority

- In response to the statutory direction for the pilot and communications with the Centers for Medicare and Medicaid Services (CMS), HHSC is pursuing an 1115 waiver amendment using the parameters similar to the 1915(i)-authority.

- Parameters of the 1915(i) authority to be included in the 1115 waiver amendment include:
  - 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

Federal Authority (cont.)

To meet the federal authority requirements HHSC is discussing the following with CMS:

- Needs-based eligibility criteria

- Financial eligibility requirements

- Individual cost limit

STAR+PLUS Request for Proposal (RFP)

- The STAR+PLUS Request for Proposal (RFP) is available for your review at: http://www.txsmartbuy.com/esbddetails/view/HHS0011062

- The pilot information can be found in Exhibit G.

STAR+PLUS RFP Contact

Discussions regarding the active procurement are prohibited, but questions or comments can be sent to the Sole Point of Contact for the procurement:

Jason Ochoa, CTCD, CTCM
HHSC Procurement and Contracting Services
Office: 512-406-2572
jason.ochoa@hhs.texas.gov

Service Area

HHSC selected the Bexar managed care service area as the primary service area in which to operate the pilot.
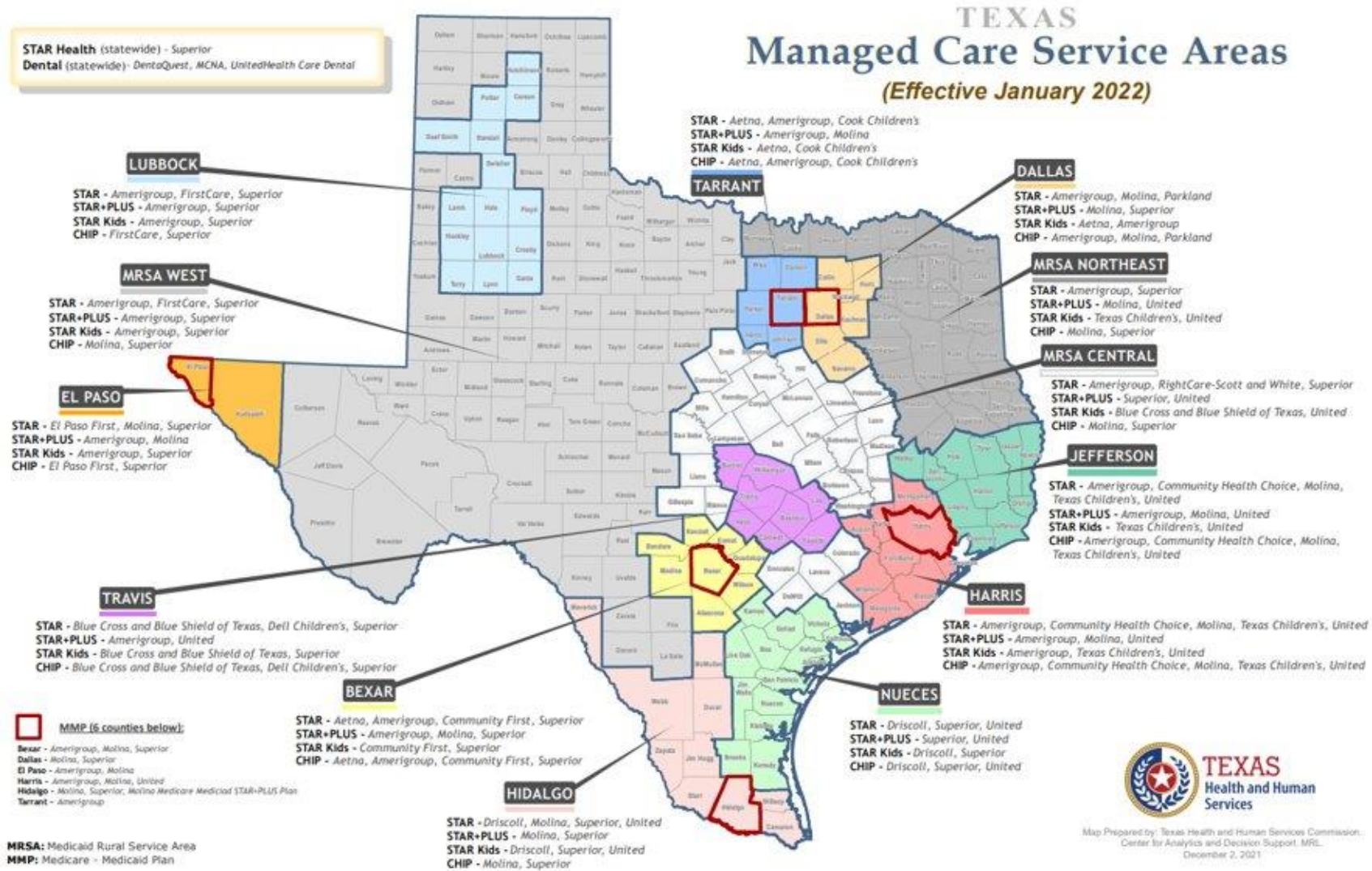
- HHSC identified two backup managed care service areas if unforeseen circumstances prevent operation in the Bexar service area.
  - The backups are prioritized in the following order:
    - MRSA Northeast
    - Tarrant

Managed Care Service Areas

TEXAS
Managed Care Service Areas
(Effective January 2022)

STAR Health (statewide) - Superior
Dental (statewide)- DentaQuest, MCNA, UnitedHealth Care Dental

TARRANT
STAR - Aetna, Amerigroup, Cook Children's
STAR+PLUS - Amerigroup, Molina
STAR Kids - Aetna, Cook Children's
CHIP - Aetna, Amerigroup, Cook Children's

LUBBOCK
STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - FirstCare, Superior

DALLAS
STAR - Amerigroup, Molina, Parkland
STAR+PLUS - Molina, Superior
STAR Kids - Aetna, Amerigroup
CHIP - Amerigroup, Molina, Parkland

MRSA NORTHEAST
STAR - Amerigroup, Superior
STAR+PLUS - Molina, United
STAR Kids - Texas Children's, United
CHIP - Molina, Superior

MRSA WEST
STAR - Amerigroup, FirstCare, Superior
STAR+PLUS - Amerigroup, Superior
STAR Kids - Amerigroup, Superior
CHIP - Molina, Superior

MRSA CENTRAL
STAR - Amerigroup, RightCare-Scott and White, Superior
STAR+PLUS - Superior, United
STAR Kids - Blue Cross and Blue Shield of Texas, United
CHIP - Molina, Superior

EL PASO
STAR - El Paso First, Molina, Superior
STAR+PLUS - Amerigroup, Molina
STAR Kids - Amerigroup, Superior
CHIP - El Paso First, Superior

JEFFERSON
STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

TRAVIS
STAR - Blue Cross and Blue Shield of Texas, Dell Children's, Superior
STAR+PLUS - Amerigroup, United
STAR Kids - Blue Cross and Blue Shield of Texas, Superior
CHIP - Blue Cross and Blue Shield of Texas, Dell Children's, Superior

HARRIS
STAR - Amerigroup, Community Health Choice, Molina, Texas Children's, United
STAR+PLUS - Amerigroup, Molina, United
STAR Kids - Amerigroup, Texas Children's, United
CHIP - Amerigroup, Community Health Choice, Molina, Texas Children's, United

BEXAR
STAR - Aetna, Amerigroup, Community First, Superior
STAR+PLUS - Amerigroup, Molina, Superior
STAR Kids - Community First, Superior
CHIP - Aetna, Amerigroup, Community First, Superior

NUECES
STAR - Driscoll, Superior, United
STAR+PLUS - Superior, United
STAR Kids - Driscoll, Superior
CHIP - Driscoll, Superior, United

HIDALGO
STAR - Driscoll, Molina, Superior, United
STAR+PLUS - Molina, Superior
STAR Kids - Driscoll, Superior, United
CHIP - Molina, Superior

MMP (6 counties below):
Bexar - Amerigroup, Molina, Superior
Dallas - Molina, Superior
El Paso - Amerigroup, Molina
Harris - Amerigroup, Molina, United
Hidalgo - Molina, Superior, Molina Medicare Medicaid STAR+PLUS Plan
Tarrant - Amerigroup

MRSA: Medicaid Rural Service Area
MMP: Medicare - Medicaid Plan

Map Prepared by: Texas Health and Human Services Commission.
Center for Analytics and Decision Support, MRL.
December 2, 2021

Eligibility Criteria

Needs-based Criteria

- To be eligible for pilot services a person must meet all of the following requirements:
  - Be a Medicaid-eligible adult 21 years of age or older enrolled in STAR+PLUS; and
  - Meet criteria for Target Group A or B below; and
  - Demonstrate a need for at least one STAR+PLUS Pilot Program service.

Eligibility Criteria (cont.)

Target Groups

- **Group A**
  - People who have a diagnosis of:
    - An intellectual disability (ID)
    - Autism
    - A Traumatic Brain Injury
    - An Acquired Brain Injury (ABI)
    - A condition on the Texas HHSC Approved Diagnostic Codes for Persons with Related Conditions List (https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf)

Eligibility Criteria (cont.)

- **Group B**
  - People enrolled in STAR+PLUS Home and Community-Based Services (HCBS) who have a diagnosis listed in Group A who could benefit from Pilot services not available to them in STAR+PLUS HCBS

Eligibility Criteria Update

- Change in the timing and use of the SP3 Screening Tool (tool)
  - Previous process required the tool to be administered as part of the pilot eligibility criteria for some potentially eligible members if there was not already a determination of functional limitations.
  - In the update the tool will be applied for all pilot participants and administered at the same time as the functional needs assessment.
    - This change streamlines the process for enrollment because all pilot participants will have the same processes for enrollment.

Eligibility Criteria Update (cont.)

- Revised the use of the tool from an eligibility screening tool to an information gathering tool.
  - The functional limitations will still be collected for all pilot participants through the tool, will provide a snapshot of functional needs and identify age of onset if not already determined.
  - This will allow a more direct comparison with people in the IDD waivers.

Participants still need to have a demonstrated need for at least one pilot service and meet criteria for Target Group A or B.

Enrollment

- Enrollment will be open for a limited time (approximately three months) to ensure statistically viable and consistent population.

- Pilot participants will be automatically enrolled with the ability to opt out.

Disenrollment

- A pilot participant may decide to disenroll from the pilot at any time.

- A pilot participant may be disenrolled from the pilot if they:
  - Move out of the pilot service area;
  - Transition to a STAR+PLUS Managed Care Organization (MCO) that is not a pilot MCO; or
  - Require a long-term stay in a facility, such as a nursing facility.

Disenrollment (cont.)

- Disenrollment may also occur in alignment with 1 Texas Administrative Code (TAC) 353.403(g)(2)
  - This section identifies limited circumstances for an MCO to submit a request to HHSC that a member be disenrolled that include:
    - Misuse of membership card
    - Serious disruptive or uncooperative behavior that is not related to their disability
    - Steadfast refusal to follow the rules

Disenrollment (cont.)

- HHSC has ultimate authority over the final decision and people have access to the fair hearing process.

Proposed Updated Provider Approach

- The pilot provider approach was updated based on stakeholder feedback and HHSC welcomes your feedback and input on the proposed update.

- A pilot participant will be offered service delivery options including:
  - Consumer Directed Services (CDS)
  - Comprehensive LTSS Provider (CSP)
  - Pilot MCO coordinated services

Proposed Updated Provider Approach (cont.)

- Service coordinators will be required to ensure the CDS option is presented in a way pilot participants understand and can make an informed choice.

- Most pilot services will be available through the CDS option.

- The pilot will allow participants flexibility to select CDS for some services and the CSP or MCO to manage other services.
  - If a service is provided through CDS it cannot also be also provided by the CSP or MCO.

Proposed Updated Provider Approach (cont.)

- A CSP is an existing provider of:
  - Home and Community Based Services (HCS)
  - Texas Home Living (TxHmL)
  - Community Living Assistance and Support Services (CLASS)
  - Deaf Blind with Multiple Disabilities (DBMD)
  - Community-Based Intermediate Care Facility for Individuals with ID and related conditions (ICF/IID)

Proposed Updated Provider Approach (cont.)

- CSPs in the pilot service area will be significant traditional providers and their participation is voluntary.

- CSPs will ensure the coordinated, seamless delivery of the full range of services in a person-centered pilot service plan.

Proposed Updated Provider Approach (cont.)

- HHSC removed the requirement of "core services" for a CSP, and the CSP and MCO may determine service provision/coordination in their contract.

- If a service is provided by a CSP it cannot be also provided by the MCO or CDS.

Proposed Updated Provider Approach (cont.)

- Texas Government Code, Section 534.252(a)(1) requires HHSC to implement and maintain a certification process and regulatory oversight over providers under HCS and TxHmL waiver programs.

- Medicaid and CHIP Services and Regulatory Services staff collaborated with the IDD SRAC System Adequacy Subcommittee and an ad hoc workgroup to determine the certification approach.

Proposed Updated Provider Approach (cont.)

- All entities (except for ICF/IID) that meet the definition of a CSP regardless of services provided or coordinated are required to obtain the pilot Regulatory certification.

CSPs by Component Code/Tax ID

	Bexar managed care service delivery area	Tarrant managed care service delivery area	MRSA Northeast managed care service delivery area
Unique entities providing CLASS direct services	34	70	72
Unique entities providing DBMD	14	28	30
Unique entities providing HCS	183	248	272
Unique entities providing TxHmL	72	120	128
Unique entities providing ICF/IID	21	22	25

Proposed Updated Provider Approach (cont.)

Pilot MCO coordinated services

- Pilot MCO is required to manage a network of qualified LTSS providers and ensure pilot participants choice among providers.

- Pilot MCO will coordinate both acute care services and the full range of pilot services.

- If a service is provided by a MCO it cannot be also provided by the CSP or CDS.

Functional Needs Assessment

- The international resident assessment instrument (interRAI) ID and Collaborative Action Plan (CAP) will be used as the functional needs assessment in the pilot.

- The interRAI ID:
  - Offers a comprehensive, person-centered assessment of current and future support needs;
  - Captures a broad range of life domains;
  - Is strengths-based; and
  - Includes the perspective of the person receiving services.

- HHSC is pursuing a request for offer for an interRAI ID software vendor.
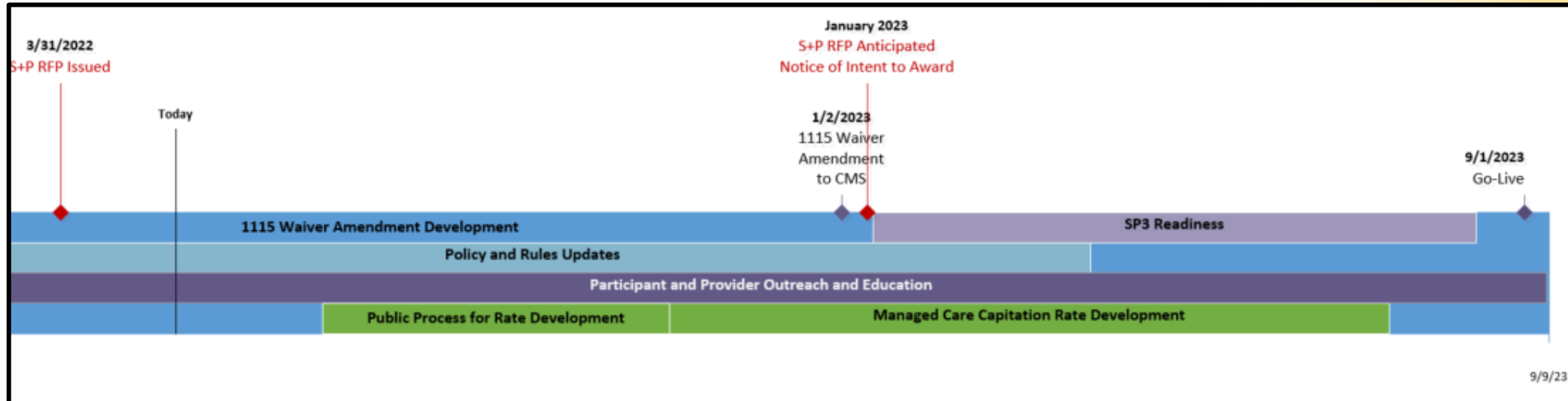
Person Centered Planning Framework

The My Life Plan (MLP) will be used as the person-centered planning framework for the pilot.

- The MLP is a person-centered framework for discovery, from which a service coordinator can develop an individual service plan or its equivalent.

- The goal is that the MLP will span the continuum of life and a variety of programs, be updated whenever a person's condition changes, thereby creating one comprehensive and holistic record.

- The MLP will be used for the first time in the pilot.

Updated Pilot Timeline

3/31/2022
S+P RFP Issued

Today

January 2023
S+P RFP Anticipated
Notice of Intent to Award

1/2/2023
1115 Waiver
Amendment
to CMS

9/1/2023
Go-Live

1115 Waiver Amendment Development

SP3 Readiness

Policy and Rules Updates

Participant and Provider Outreach and Education

Public Process for Rate Development

Managed Care Capitation Rate Development

9/9/23

Next Steps

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 development for potential participants and providers
  - Process to ensure pilot participants remain eligible for Medicaid for 12 consecutive months during the pilot operation
  - Alternate payment methodologies
  - Pilot evaluation
  - Provider approach
  - Regulatory approach

Next Steps (cont.)

- Finalize rates and service array

- Continue program and IT contract solicitation process

- Continue meeting with CMS to address outstanding pilot questions requiring federal guidance

- Draft federal authority agreements

- Continue working with IT/systems for systems modifications for TMHP, TIERS, and eligibility support technologies

- Determine funding needed to operate the pilot services, staff to support pilot operation, and ongoing system maintenance.

Thank You

Star+Plus Pilot Program (SP3) Comparison

Current HCS/TxHmL Certification Survey Process	Requirement	New SP3 Certification Process
	Survey Frequency	
Within 120 days of approved enrollment	**Initial**	Following certification
Within 45 days of survey exit for critical violations: Post-45 days for non-critical	**Follow-Up**	NA
Annually	**Recertification**	Every 36 months
Intermittent survey (anytime); Annual visit of each residence (unrelated to the survey)	**Other**	NA
Yes	**Administrative Penalties**	No
Provider Enrollment Medicare Application Fee ($599 for 2021)	**Cost**	NA
DFPS Statewide Intake HHSC Provider Investigations	**Abuse, Neglect, and Exploitation Investigations**	DFPS Statewide Intake HHSC Provider Investigations

DFPS – Department of Family and Protective Services
HCS/TxHmL – Home and Community-Based Services/Texas Home Living

HB – House Bill
LTCR – Long-term Care Regulation
SP3 – Star + Pilot Program

IDD – Intellectual and Developmental Disabilities
HHSC – Health and Human Services

Star+Plus Pilot Program (SP3) Comparison

Current HCS/TxHmL Certification Survey Process	Requirement	New SP3 Certification Process
Office of the IDD Ombudsman	**Complaints**	Complaint and Incident Intake
	Background Checks	
Criminal History Nurse Aide Registry Employee Misconduct Registry List of Excluded Individuals and Entities	**Provider**	Criminal History Nurse Aide Registry Employee Misconduct Registry
Requires Criminal History Reports for all individuals listed on Form 5871, Disclosure of Ownership and Control Statement	**HHSC**	Screen owners with 5% or more cumulative ownership, controlling parties, and affiliates.
Only those in the HSC TxHmL 1915(c) Waiver	**Oversight by LTCR** *Per HB4533, HHSC LTCR is required to have regulatory oversite of all participating individuals.*	Regardless of Waiver participation
Yes	**Provider Fiscal Compliance Review**	No

DFPS – Department of Family and Protective Services   HB – House Bill   IDD – Intellectual and Developmental Disabilities
HCS/TxHmL – Home and Community-Based Services/Texas Home Living   LTCR – Long-term Care Regulation   HHSC – Health and Human Services
                                                                          SP3 – Star + Pilot Program

Star+Plus Pilot Program (SP3) Comparison

Current HCS/TxHmL Certification Survey Process	Requirement	New SP3 Certification Process
Certification denial or termination	**Enforcement**	Plan of Correction
Vendor hold		Certification denial
Contract termination		Certification suspension
Administrative Penalties		Certification revocation

DFPS – Department of Family and Protective Services
HCS/TxHmL – Home and Community-Based Services/Texas Home Living

HB – House Bill
LTCR – Long-term Care Regulation
SP3 – Star + Pilot Program

IDD – Intellectual and Developmental Disabilities
HHSC – Health and Human Services