



**TEXAS**  
Health and Human  
Services

# **Telecommunications in Managed Care Service Coordination and Assessments**

---

**Erica Brown, Deputy Director of Program Policy,  
Medicaid and CHIP Services**

**May 17, 2023**

# Background

---

- Texas Government Code §533.039(b), as added by House Bill (H.B.) 4, 87<sup>th</sup> Legislature, Regular Session, 2021, requires HHSC to adopt rules that establish policies and procedures for the use of telecommunications in Medicaid managed care for service coordination and certain assessments.
- The proposed *Texas Administrative Code* rules are located at Title 1, Part 15, Chapter 353, Subchapter R, Sections 353.1501-353.1506.



TEXAS  
Health and Human  
Services

# Background (Cont.)

---

- The proposed rule language can be found in the December 30, 2022, issue of the [Texas Register](#)
- Public comment period ended on January 30, 2023
- The proposed rules were presented to the Medical Care Advisory Committee on February 9, 2023, and to the HHSC Executive Council on February 16, 2023
- Rules are in process of being finalized and adopted. Look for them in the *Texas Register* in May or June 2023



# Final Rules: Managed Care Assessments and Telecommunications

In-Person Required	Audio-Visual (A/V) Allowed	
<ul style="list-style-type: none"> <li>• All initial assessments and annual reassessments for medical necessity and level of care must be done with both the MCO and member present in person                             <ul style="list-style-type: none"> <li>• SK-SAI for STAR Kids</li> <li>• MN/LOC for STAR+PLUS HCBS</li> </ul> </li> <li>• Functional assessments for personal care services or personal assistance services, DAHS, and CFC must be done with both the MCO and member present in person</li> <li>• Change in condition off-cycle assessments for medical necessity and level of care that may result in a Resource Utilization Group (RUG) change (including MDCP waiver eligibility) must be done in person with both the MCO and member present in person</li> </ul>	<ul style="list-style-type: none"> <li>• Change in condition assessments that primarily involve adjustments in services (i.e., more hours of nursing or personal care services/personal assistance services for persons following a hospital stay) may be done A/V</li> <li>• Members must be offered a choice to receive the assessment in person, verbal consent to A/V must be documented, and the A/V must be done in a HIPAA-compliant manner</li> </ul>	



# Final Rules: Managed Care Service Coordination and Telecommunications 1 of 3

Managed Care Service Coordination		
In-Person Required	Audio-Visual (A/V) Allowed	Audio-Only Allowed
<ul style="list-style-type: none"> <li>Service coordination visits where an assessment will be conducted must be done with both the MCO and member present in person</li> <li>All STAR Kids members receiving Level 1, 2 and 3 service coordination must receive at least 1 in-person service coordination visit per year*</li> <li>All STAR+PLUS members receiving Level 1 and 2 service coordination must receive at least 1 in-person service coordination visit per year*</li> </ul>	<ul style="list-style-type: none"> <li>Contractually required in-person service coordination visits in STAR Kids and STAR+PLUS may be done A/V if no assessment is conducted during the visit</li> <li>Members must be offered a choice to receive the service in person, consent to A/V must be documented, and the A/V must be done in a HIPAA-compliant manner</li> </ul>	<ul style="list-style-type: none"> <li>When currently allowed by contract</li> <li>Otherwise, only in a future governor-declared Public Health Emergency/ Disaster when HHSC issues direction allowing it</li> </ul>
<p>*The in-person visit when an assessment is administered satisfies this minimum requirement.</p>		



# Final Rules: Managed Care Service Coordination and Telecommunications 2 of 3

---

## Service Coordination (continued)

- For limited circumstances, MCOs may develop and submit an exceptions policy for the required in-person assessments.
- The exceptions policy must be developed by the MCO's clinical staff, such as the Chief Medical Director or the Director's designee.
- HHSC must approve the MCO's exceptions policy.



# Final Rules: Managed Care Service Coordination and Telecommunications 3 of 3

---

## Service Coordination (continued)

- HHSC may, on a case-by-case basis, require a MCO to discontinue service coordination or assessments by telecommunication if HHSC determines discontinuation is in the best interest of the member (H.B. 4, Section 6(f)).
- No changes to pre-COVID telephonic service coordination contacts.
- Audio-only in place of in-person visits allowed only in a governor-declared emergency or state of disaster when HHSC issues guidance allowing it.
- Information technology, such as text or email, can supplement service coordination, but cannot be the sole means of conducting service coordination.



## Final Rules: Additional Requirements

---

- MCOs may use their discretion on how to document verbal consent in a HIPAA-compliant manner. However, MCOs must be able to produce the documentation of verbal consent for audit and compliance purposes.



TEXAS  
Health and Human  
Services



# Managed Care Assessments & Service Coordination Telecommunications Timeline

---

## Managed Care Contract Amendments:

- Effective 9/1/2022

## Rules:

- **December 30, 2022:** Proposed rule published in Texas Register
- **May/June 2023:** Final rule to be adopted in the *Texas Register*
- **July 1, 2023:** MCOs must be fully compliant with rule



TEXAS  
Health and Human  
Services



TEXAS  
Health and Human  
Services

# Thank You

---