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STAR+PLUS Pilot Program Update

**Joint SP3W and IDD SRAC Meeting
February 23, 2023**

Presentation Overview

- What is the STAR+PLUS Pilot Program (SP3)?
- SP3 Design Decisions
- SP3 Updates
 - Exceptional Item
 - Draft Rule
 - SP3 Certification
 - IT Forms
- Next Steps



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What is SP3?

The STAR+PLUS Pilot Program, also called SP3, is a new pilot program that will test a managed care delivery model for long-term services and supports for people with intellectual and developmental disabilities (IDD), traumatic brain injuries (TBI), acquired brain injuries (ABI) and similar functional needs.

- People in IDD waivers will not be in SP3.
- SP3 will inform future transition of IDD programs.



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Statutory Direction for SP3

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



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SP3 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



Service Area

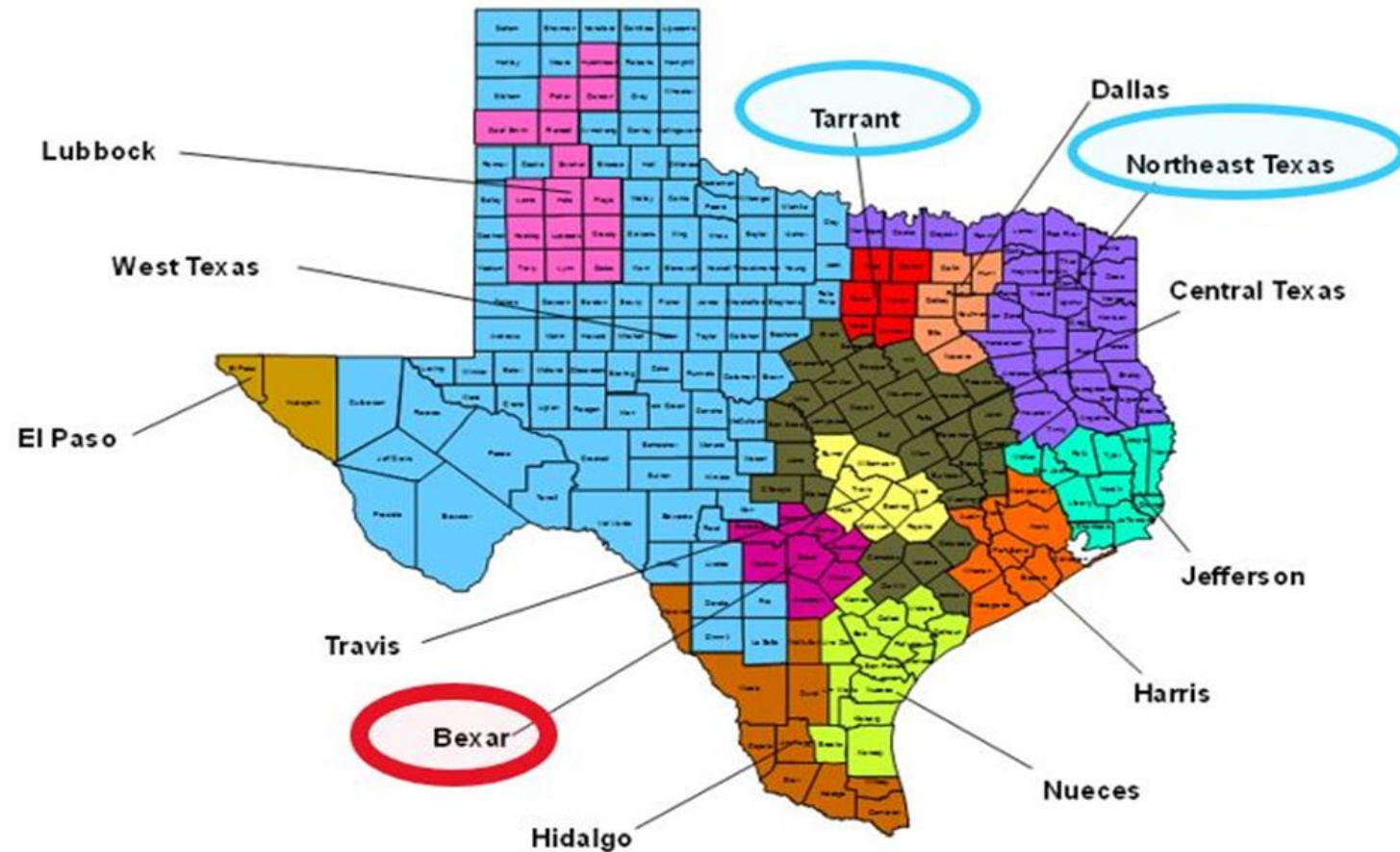
SP3 will operate in one of the following managed care service areas:

- **Bexar Managed Care Service Area** which includes Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina and Wilson counties.
- **Medicaid Rural Service Area Northeast** includes Montague, Cooke, Grayson, Fannin, Lamar, Delta, Red River, Bowie, Hopkins, Franklin, Titus, Morris, Cass, Rains, Wood, Camp, Upshur, Marion, Henderson, Smith, Gregg, Harrison, Anderson, Cherokee, Rusk, Panola, Houston, Nacogdoches, Shelby, Trinity, Angelina, San Augustine and Sabine counties.
- **Tarrant Managed Care Service Area** includes Denton, Hood, Johnson, Parker, Tarrant and Wise counties.



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Managed Care Service Areas



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STAR+PLUS Request for Proposal

- The STAR+PLUS Request for Proposal (RFP):
 - Posted: March 2022, at:
<http://www.txsmartbuy.com/esbddetails/view/HS0011062>
 - The SP3 information can be found in Exhibit G.
- The STAR+PLUS Notice of Intent to Award (NOIA) is posted a:
<https://www.hhs.texas.gov/business/contracting-hhs/procurement-opportunities>.
- Anticipated Notice of Award: March 2023
- Anticipated Start of Operations: February 2024



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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



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SP3 Design Decisions

Stakeholder Collaboration

- In 2020, HHSC held monthly meetings with the IDD SRAC, the SP3W, and all respective subcommittees to collaborate on the SP3 design elements such as services, eligibility requirements, assessment, and person-centered planning.
- In 2021 and 2022, HHSC met at least quarterly with the IDD SRAC and the SP3W to collaborate on activities such as systems changes, development of policy and outreach materials, provider roles, and regulatory oversight.
- Joint IDD SRAC and SP3W meetings began in August 2021 to assist with collaboration and communication.



Centers for Medicare & Medicaid Services

SP3 is a home and community-based services (HCBS) program and requires federal approval from the Centers for Medicare & Medicaid Services (CMS).

- HHSC has been communicating with CMS since the fall of 2019 regarding the federal authority for the program.
- HHSC plans to use a combination of 1115 waiver and 1915(i) authority. IDD waivers use 1915(c) federal authority. 1915(i) as compared to 1915(c) requires:
 - Less stringent functional eligibility
 - Different financial eligibility
 - Similar quality reporting



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Eligibility Criteria (1 of 3)

To be eligible for SP3 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.



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Eligibility Criteria (1 of 3)

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>



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Eligibility Criteria (3 of 3)

- **Group B**

- People enrolled in STAR+PLUS HCBS who have a diagnosis listed in Group A who could benefit from SP3 services not available to them in STAR+PLUS HCBS



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Enrollment

TGC, Section 534.1065(a) requires:

- An individual who is eligible for the SP3 will be enrolled automatically, and the decision whether to opt out of participation in the SP3 may be made only by the individual or the individual's legally authorized representative (LAR).

Individuals in Target Group B in STAR+PLUS HCBS will actively opt in and not be automatically enrolled.



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Service Coordination

Managed Care Organizations (MCOs) participating in SP3 are required to:

- Employ or contract with service coordinators who have relevant experience meeting the needs of the SP3 population;
- Meet enhanced requirements for interactions with SP3 participants; and
- Ensure that service coordination is delivered using a social services model and not a medical model to meet the statutorily directed goals of SP3.



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Service Planning

SP3 service planning will be based on the results of a functional needs-based assessment and person-centered planning.

All SP3 participants will receive SP3 service coordination to facilitate the service planning process.



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Person Centered Planning Framework

- The My Life Plan (MLP) will be used as the person-centered planning framework for SP3.
- The MLP is a person-centered framework for discovery, from which a service coordinator can develop an individual service plan or its equivalent.



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Functional Needs Assessment

The International Resident Assessment Instrument Intellectual Disability (interRAI ID) will be used as the functional needs assessment in SP3.

- 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.



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interRAI Vendor

HHSC is in the process of procuring a vendor to develop and implement the automated assessment.

The selected vendor will be required to have demonstrated experience:

- Implementing interRAI Assessment Tool software,
- Training users how to use the software, and
- Training users how to administer the interRAI ID and Collaborative Action Plan (CAP) tools, including how to use the results and case mix system in SP3 service planning.

The selected vendor will be required to consult with clinical experts on interRAI ID, CAP, and person-centered planning practices and provide training and ongoing support on the software and assessment tools to HHSC and MCO staff.



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interRAI Request for Offer

InterRAI Request for Offer (RFO):

- Posted October 27, 2022, at:
https://www.txsmartbuy.com/esbddetails/view/HH_S0011870
- Deadline for Response: December 1, 2022
- Anticipated Notice of Award: April 2023
- Anticipated Contract Start Date: May 2023

Sole Point of Contact for the interRAI RFO:
Stacy Elizondo, CTCD
HHSC Procurement and Contracting Services
stacy.elizondo@hhs.texas.gov



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Services (1 of 3)

TGC, Section 534.1045 requires a robust SP3 service array including:

- Services available in STAR+PLUS HCBS;
- Services available under IDD waiver programs;
- New Long-Term Services and Supports (LTSS); and
- Other non-residential LTSS that HHSC, in consultation and collaboration with stakeholders, determine are appropriate and consistent with applicable requirements governing Medicaid waiver programs, person-centered approaches, HCBS setting requirements, and achieving the most integrated and least restrictive setting based on an individual's needs and preferences.



Services (2 of 3)

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

Note: HHSC and stakeholders discussed many potential services. An updated service list will be shared when it is finalized and is subject to any new legislative direction. 24



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Services (3 of 3)

- Behavioral Supports
- Enhanced Behavioral Support Specialty
- Enhanced Behavioral 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 Supports
- Dietary Services
- Specialized Therapies
- Individual Directed Goods and Services

Note: HHSC and stakeholders discussed many potential services. An updated service list will be shared when it is finalized and is subject to any new legislative direction.



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Consumer Directed Services Statutory Requirement

- Section 534.104, Government Code, requires the SP3 to be designed to increase access to, expand flexibility of, and promote the use of the consumer direction model.
- SP3 will include several enhancements recommended by stakeholders including:
 - Individual directed goods and services;
 - Service coordinator training to ensure the Consumer Directed Services (CDS) option is presented in a way pilot participants understand; and
 - Most SP3 services available through the CDS option.





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SP3 Updates

SP3 Exceptional Item #7

Exceptional item #7 includes the following:

- Funding for capitated managed care payments that include client services and administrative expenses
- Evaluation Contractor:
 - Continue contracting with the EQRO for the SP3 evaluation
- Readiness activities, new enhancements and ongoing maintenance of IT systems:
 - Texas Medicaid and Healthcare Partnership (TMHP)
 - Texas Unified Licensure Information Portal (TULIP)
 - interRAI ID Software Vendor



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SP3 Exceptional Item (cont.)

- HHSC Personnel Costs:
 - Regulatory, Office of the Ombudsman, Medicaid and CHIP Services, Utilization Review, Financial Services
- Enrollment Broker:
 - Correspondence, postage and staff
- InterRAI ID and Collaborative Action Plan manuals
- Education and outreach for potential SP3 participants
- Funding for Local IDD Authorities to determine if SP3 participants meet an institutional level of care for community first choice (CFC).



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SP3 Draft Eligibility Rule

SP3 draft eligibility rules propose adding a new Section 353.1157 in 1 Texas Administrative Code (TAC) Chapter 353, Subchapter M, to outline eligibility and enrollment criteria.

- HHSC plans to present the rule proposal to:
 - Medicaid Care Advisory Committee on June 8, 2023, and
 - HHSC Executive Council on June 22, 2023.
- Public comment period is anticipated in July 2023, and the rule will be posted for 31-days in the *Texas Register*.
- The rule is anticipated to be effective in November 2023.



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Comprehensive LTSS Provider

A comprehensive LTSS provider (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)



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CSP Regulatory Certification

- 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.
- HCS or TxHmL waiver providers are required to obtain the SP3 Regulatory certificate.
- CLASS and DBMD waiver providers will be regulated under their current Home and Community Support Services Agency licensure.



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CSP Contracting

- CSPs in the SP3 service area will be significant traditional providers and their participation is voluntary.
- HCS and TxHmL CSPs interested in participating in SP3 will pursue SP3 certification and contract with a SP3 MCO.
- DBMD and CLASS CSPs interested in participating in SP3 will contract with a SP3 MCO.
- Opportunities for alternative payment methodologies for CSPs.



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HHSC Regulatory Services Long Term Care Regulation (LTCR)

Dr. Stephanie Allred, Director

Michelle Dionne-Vahalik, Associate Commissioner

SP3 Comparison (1 of 2)



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| Current HCS/TxHmL Certification Survey Process | Requirement | New SP3 Certification Process |
|--|---|---|
| <p>Within 120 days of approved enrollment Within 45 days of survey exit for critical violations: Post-45 days for non-critical Annually Intermittent survey (anytime); Annual visit of each residence (unrelated to the survey)</p> | <p>Survey Frequency Initial Follow-Up Recertification Other</p> | <p>Within 120 days of certification Within 45 days of survey exit for critical violations: Post-45 days for non-critical Every 3 years Intermittent survey (anytime), complaint survey, ANE investigation survey</p> |
| <p>Yes</p> | <p>Administrative Penalties</p> | <p>No</p> |
| <p>Provider Enrollment Medicare Application Fee (\$599 for 2021)</p> | <p>Cost</p> | <p>N/A</p> |
| <p>DFPS Statewide Intake HHSC Provider Investigations</p> | <p>Abuse, Neglect, and Exploitation Investigations</p> | <p>HHSC Complaint and Incident Intake (CII) HHSC Survey Operations</p> |
| <p>Office of the IDD Ombudsman</p> | <p>Complaints</p> | <p>Complaint and Incident Intake</p> |

SP3 Comparison (2 of 2)



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| Current HCS/TxHmL Certification Survey Process | Requirement | New SP3 Certification Process |
|--|---|---|
| <p>Criminal History Nurse Aide Registry Employee Misconduct Registry List of Excluded Individuals and Entities</p> <p>Requires Criminal History Reports for all individuals listed on Form 5871, Disclosure of Ownership and Control Statement</p> | <p>Background Checks</p> <p>Provider</p> <p>HHSC</p> | <p>Criminal History Nurse Aide Registry Employee Misconduct Registry List of Excluded Individuals and Entities</p> <p>Screen owners with 5% or more cumulative ownership, controlling parties, and affiliates</p> |
| <p>Only those in the HSC TxHmL 1915(c) Waiver</p> | <p>Oversight by LTCR Per H.B. 4533, HHSC LTCR is required to have regulatory oversight of all participating individuals</p> | <p>Regardless of Waiver participation</p> |
| <p>Yes</p> | <p>Provider Fiscal Compliance Review</p> | <p>No</p> |
| <p>Certification denial or termination Vendor hold Contract termination Administrative Penalties</p> | <p>Enforcement</p> | <p>Certification denial or termination Certification suspension Certification revocation</p> |



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Texas Medicaid & Healthcare Partnership (TMHP) Forms

Chidambaram (Chidu) Vairavan
TMHP Project Manager for SP3

Long-Term Care Online Portal (LTCOP)

Longitudinal Access + Common Platform



TMHP Forms Development Progress

| Tool | Form Elements Analysis | Refinement | Development |
|--|------------------------|--------------|--------------|
| STAR+PLUS Pilot Program (SP3) Screening Tool (Form 2424) | Complete | 92% Complete | 90% Complete |
| InterRAI ID Functional Needs Assessment | 80% Complete | In Progress | In Progress |
| My Life Plan (MLP) person-centered service planning tool | Complete | 90% Complete | 70% Complete |
| SP3 Individual Service Plan (ISP) (Form 2425) | Complete | 70% Complete | In Progress |



SP3 Webpage

- SP3 webpage can be found here:
<https://www.hhs.texas.gov/services/health/medicaid-chip/starplus-pilot-program-sp3>
- Webpage currently includes general information but will be further developed to include subpages for training content, provider notifications and participant information.
- Notice of SP3 MCO(s) and service area will be posted here.



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Next Steps

Next Steps

- Continue collaboration with IDD SRAC and SP3W in planning SP3
- Current SP3 topics include:
 - Readiness Activities
 - Outreach and education development for potential participants and providers
 - Continue operationalizing enrollment and disenrollment processes
 - Alternative payment methodologies
 - Pilot evaluation
 - Service delivery models
 - SP3 certification



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Next Steps (cont.)

- Finalize rates and service array
- Continue program and IT contract solicitation process
- Draft and submit federal authority agreements
- Continue working with IT/systems for systems modifications for TMHP, TIERS, TULIP, and eligibility support technologies



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Thank You
