

Comparison of changes in Service Coordination requirements in comparison to PHE period for STAR+PLUS

	SC during PHE	SC in compliance with HB4	SC after HHSC proposed changes	SC after new contract
Level 1 Requirements	All telehealth or with documentation if not able to complete telehealth are Telephonic.	Initial assessments	<p>All assessments that are MNLOC or change in RUG are required to be in person vs. Telehealth</p> <p>All initial assessments and annual reassessments for medical necessity and level of care must be done in-person • MN/LOC for STAR+PLUS HC and SKSAI for STAR Kids</p> <p>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-per</p>	<p>2.6.49.2 Service Coordination Level 1 A Level 1 Member is defined as a Member with the highest level of utilization of Covered Services.</p> <p>Level 1 Members must include those:</p> <ol style="list-style-type: none"> 1. In STAR+PLUS HCBS; 2. Residing in a NF in the SA; 3. Enrolled in a Medicaid waiver program; 4. Who are pregnant; 5. With end stage renal disease; 6. With high-cost catastrophic cases or high service utilization (such as a high volume of ER or hospital visits); 7. With co-occurring mental health and SUD diagnoses; 8. With a SPMI diagnosis; 9. Who transitioned from STAR Kids or STAR Health and are in their first six months of STAR+PLUS enrollment; and 10. Other Members with complex medical needs. <p>MCOs must provide Level 1 Members with a single identified person as their assigned Service Coordinator.</p> <p>2.6.492.1.2 STAR+PLUS HCBS, SPMI members and All other Level 1</p> <ul style="list-style-type: none"> • All STAR+PLUS HCBS Members or Members with SPMI, and all other level 1 Members not mentioned above must receive a minimum of two Face-to-face and four telephonic Service Coordination contacts annually. • For STAR+PLUS HCBS Members, one of the two Face-to-face visits can be the annual reassessment. The other, semi-annual Face-to-face visit must occur 4-6 months after the ISP start date. • For Members with SPMI without an ISP, the other semi-annual Face-to-face visit must occur 4-6 months

			<p>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</p>	<p>after the Service Plan start date. It is permissible for an MCO to schedule a Face-to-face visit outside of the 4-6 month timeframe at the Member's request. This request must be documented by the MCO.</p> <ul style="list-style-type: none"> • Service Coordinator of the STAR+PLUS MCO may determine it is appropriate to offer these Level 1 Members Audio-visual Service Coordination in place of an In-Person visit if no assessment or reassessment is being conducted. • STAR+PLUS MCOs must conduct at least one Service Coordination visit In-Person annually. • An initial assessment or reassessment conducted In-Person satisfies the annual In-Person Service Coordination visit requirement. • The required telephonic contacts may not be made in the same month as the Face-to-face visit and must be at least two months apart. • Contacts may include the Service Coordinator's participation in care planning or other interdisciplinary team meetings. • During the contacts, the MCO Service Coordinator must confirm needed services are in place and if the Member has additional needs that require Service Coordination or changes to service planning documents. • No more than six months may elapse between required bi-annual face-to-face visits within the ISP, Service Plan, or enrollment year. <p>The MCO must employ, as Service Coordinators, persons experienced in meeting the needs of vulnerable populations who have Chronic or Complex Conditions. Service Coordinators are Key Personnel as described in Section 4.02 of Exhibit A. In addition, Service Coordinators must meet the following requirements:</p> <ol style="list-style-type: none"> 1. A Service Coordinator for Level 1 Member must be a RUG-Certified RN or NP. 2. Members with SPMI may receive service coordination from a masters-level social worker or professional counselor, Licensed Bachelor of Social Work (LBSW),
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Level 2 Requirements	Telehealth and telephonic H2060's	Initial assessments	<p>The assessment to determine functional need, initial and annual to be conducted in person</p> <p>Functional assessments for personal care services or personal assistance services, DAHS, and CFC must be done in-person</p> <p>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</p>	<p>No change from current contract</p> <p>Service Coordination Level 2</p> <p>Level 2 Member is a Member with less intensive needs than a Level 1 Member. Level 2 Members must include Members who have not been identified as a Level 1 Member and who receive LTSS, Members in MBCC, Members with SUD or non-SPMI BH needs. MCOs must provide Level 2 Members with a single identified person as their assigned Service Coordinator.</p> <p>Required Touchpoints:</p> <ul style="list-style-type: none"> • Members receiving state plan PAS, CFC services, or DAHS must receive a minimum of one In-Person and one telephonic Service Coordination contact annually. • Members with non-SPMI BH issues and MBCC Members must receive a minimum of one In-Person and one telephonic Service Coordination contact annually <p>STAFF LICENSE REQUIREMENTS</p> <ul style="list-style-type: none"> • A Service Coordinator for a Level 2 or 3 Member must have an undergraduate or graduate degree in social work or a related field; or be an LVN, RN, NP, physician's assistant, or qualified IDD professional; • or have a minimum of a high school diploma or General Education Diploma (GED) and direct experience with the ABD/SSI population in three of the last five years. The MCO must receive written approval from HHSC for any exception to this standard
Cost Impact				
Additional employees				