

### Managed Care Service Coordination and Telecommunications

- Jennie Costilow, Director, Program Policy, Office of Policy, HHSC
- Overview of HB4 rules
- Texas Government Code §533.039(b), as added by House Bill (H.B.) 4, 87th 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.
- 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 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
- Assessments and telecommunications:

<b>In-Person Required</b>	<b>Audio-Visual (A/V) Allowed</b>
<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>

- 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>		

- 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.
- 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.
- Managed Care Contract Amendments are 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
- No questions.

## Panel discussion on telehealth and telemedicine services and end of public health emergency plans

- Tonya Flowers-McFarland (Amerigroup), Julie Garcia (United HealthCare), Michelle Fouche (Superior).

- What measures can the MCOs take to ensure that their Service Coordinators can monitor and report abuse, neglect, and exploitation now that telehealth is an allowed modality of service delivery?
- Reporting requirements
  - Service coordinators must be knowledgeable about how to identify and report a Critical Event or Incident such as Abuse, Neglect, or Exploitation to the State.
  - MCOs must provide Abuse, Neglect, and Exploitation, and Unexplained Death training to all MCO staff who have direct contact with a Member.
  - Members must be informed orally and in the Member Handbook of the processes for reporting allegations of Abuse, Neglect, or Exploitation by their MCO. The toll-free numbers for DADS and DFPS must be provided.
- What are service coordinators doing to keep their members safe?
  - Monitor service plans to see how services are being utilized.
    - For example, is the member receiving the appropriate amount of CFC PAS/HAB?
  - Review ER visits and hospitalizations for any potentially concerning injuries or trends
  - Monitor for changing SDOH needs
  - Coordinate with providers, to include the member's PCP and provider agency, for instance if there are questions about what others have noted or observed
  - Use functional assessment questions about ADLs/IADLs to identify if care is being provided, how well, by whom, or if it is not being provided.
  - Familiarize themselves with different settings and populations.
  - Build relationships with their members/families
  - Ask probing questions
  - Observe interactions between the member and LAR/caregivers
  - Leverage the video element to assess aspects such as:
    - Environment
    - Availability/accessibility of food, care items, supplies, etc.
    - The general condition of the member and others in the home
  - Propose in-person visits as needed
  - Ensure meaningful engagement with state agencies (CPS, APS, HHSC)

- Questions
  - Shauna Glover: does anybody have recommendations for future items on service coordination in Medicaid and CHIP?
  - Nobody answered.