

State Medicaid Managed Care Advisory Committee



Service and Care Coordination Subcommittee
February 7, 2024

Summary

The Service and Care Coordination Subcommittee meeting on February 7, 2024, focused on significant updates regarding the Texas Dual Eligible Integrated Care Demonstration Project, Consumer Directed Services (CDS), and service coordination in managed care. The discussions highlighted new Medicare-Medicaid integration requirements, the collection of stakeholder input for the Dual Demonstration transition plan, and detailed insights into the operational framework of CDS. Concerns were addressed about the challenges faced by individuals covered by Medicare, Medicaid, and private insurance in accessing durable medical equipment (DME). Additionally, the meeting outlined plans for stakeholder engagement through feedback forums to further refine service coordination and care delivery strategies.

[Subcommittee Agenda](#)

Texas Dual Eligible Integrated Care Demonstration Project Update

- [Presentation](#)
- **New Medicare-Medicaid Integration Requirements:**
 - Information sharing between D-SNP and aligned STAR+PLUS MCO is mandated to enhance care coordination.
 - Medicare and Medicaid service area alignment requirements have been introduced in the STAR+PLUS and D-SNP contracts to streamline services.

- **Planning Future Medicare-Medicaid Integration:**

- Focus on implementing exclusively aligned enrollment between companion D-SNPs and STAR+PLUS MCOs.
- Initiative to promote fully integrated D-SNPs to serve full benefit dually eligible individuals more effectively.
- Consideration of ways to increase the number of full benefit dually eligible individuals in aligned STAR+PLUS MCOs and D-SNPs.
- Plans to work with Medicaid and Medicare health plans to clarify the protocols for coordination of care between STAR+PLUS MCOs and D-SNPs.

- **Stakeholder Input:**

- HHSC is actively collecting stakeholder input to inform the Dual Demonstration transition plan.
- Stakeholder feedback forums scheduled for Spring 2024 with dually eligible members and their caregivers in five counties. Interested parties can contact managed_care_initiatives@hhs.texas.gov to assist with recruiting participants.
- A virtual forum with health plans, providers, and advocates is planned for Spring 2024.

- **Concerns Raised:**

- Elizabeth Tucker highlighted issues faced by individuals with Medicare, Medicaid, and private insurance, especially in obtaining DME and feeding supplies due to coverage complexities.
- Veronica assured that implementation would allow people to maintain their choice of health plan and emphasized the importance of clear communication to ensure understanding of the process.

Consumer Directed Services (CDS) Overview

- Presented by: Eileen Murphy, CDS Policy Specialist, Office of Policy, MCS.
 - [Presentation](#)
 - CDS is not a service or program but a way for individuals to self-direct their Medicaid services.
 - Available in long-term services and supports programs for those living in their own home, family home, or community-based settings, with over 20,000 individuals in Texas utilizing CDS across all programs.
- Roles within CDS:
 - **CDS Employer:** Individuals or LARs become employers of their service providers, assuming responsibility for both day-to-day and business activities.
 - **Designated Representative (DR):** Employers can appoint a DR to assist with specific tasks, maintaining overall responsibility.
 - **Service Coordinator or Case Manager:** Assesses eligibility, offers CDS option, develops service plans, and presents FMSA options.
 - **Financial Management Services Agency (FMSA):** Provides financial management services, conducts payroll, and supports the CDS employer.
 - **CDS Employee:** Hired to provide authorized services, must pass background checks and meet program qualifications.
 - **Support Advisory:** Offers support consultation for practical skills training in various aspects of employing and managing service providers.
- **CDS in Managed Care:**
 - Detailed services available under CDS in STAR+PLUS, STAR Kids, and the Medically Dependent Children Program (MDCP), including personal assistance services, habilitation, nursing, therapies, and more.

- **Public Comment:**

- Elizabeth Tucker expressed hope that the high volume of consumer direction in MDCP continues, emphasizing its importance.

Service Coordination in Managed Care

- Presented by Julie Porter, Senior Advisor, Program Policy, MCS.
- [Presentation](#)

Who Receives Service Coordination

- **Broad Coverage:** All members enrolled in STAR Health, STAR Kids, STAR+PLUS, and MedicareMedicaid Plan (MMP) are eligible for service coordination.
- **Special Populations:** A subset of STAR and CHIP members, identified as Medically Sensitive Children Network (MSHCN), also receive service coordination. This includes:
 - Early Childhood Intervention (ECI) program participants.
 - Pregnant women identified as high risk.
 - Members with high-cost catastrophic cases or high service utilization.
 - Individuals with mental illness and co-occurring Substance Use Disorder diagnoses.
 - Members with serious ongoing illness or a chronic complex condition requiring ongoing intervention.
 - Certain members identified by the MCO as having Behavioral Health issues.

Service Coordination Modalities

- **Audio-visual Telehealth:** Used for service coordination visits excluding certain assessments and for change in condition assessments that do not potentially require a change in the Resource Utilization Group (RUG) level.
- **In-person Assessments:** Required for initial and annual reassessments for waiver program eligibility, functional assessments for personal assistance services, personal care services, and Community First Choice, and for change in condition assessments that could require a change in the RUG level.

Service Coordination Levels

- **No Levels for STAR and CHIP:** Service coordination may be conducted telephonically with no required in-person visits.
- **Structured Levels for Other Programs:**
 - Level 1: Members with more complex medical needs.
 - Level 2: Members with less complex medical needs.
 - Level 3: Members who do not qualify for Level 1 or Level 2.
- MCOs are required to update the service plan annually or as a member's needs change.

Required Service Plan Components

Service plans must include:

- The member's history and service preferences.
- Short and long-term needs, personal preferences, and desired outcomes.
- The member's natural strengths and supports.
- A summary of the member's current medical and social needs.
- A list of covered services required for the member, including their frequency.

- A description of who will provide the member's services.
- A list of non-covered services, community supports, and other resources beneficial to the member.

Program-specific Requirements

- STAR/CHIP Service Coordination Structure: No levels, with coordination potentially conducted telephonically.
- Adoption Assistance and Permanency Care Assistance: Service plans must be developed within 30 business days of enrollment and updated bi-annually.
- Updated Service Coordination Structure Required: STAR & CHIP Procurement will necessitate an updated service coordination structure.

Detailed Service Coordination Structures for STAR Health, STAR Kids, and STAR+PLUS:

- STAR Health: Offers three levels of service coordination, with requirements ranging from four face-to-face visits and monthly telephonic contacts for Level 1 to one face-to-face visit and three telephonic contacts for Level 3.
- STAR Kids: Similar to STAR Health, with adjustments for in-person requirements.
- STAR+PLUS: Also provides three levels, focusing on the balance between face-to-face visits and telephonic contacts to accommodate varying needs of members.

Questions and Suggestions:

- Bianca: Asked if members are notified of their service coordination levels and the specific requirements at each level.
 - Porter: Confirmed that members are indeed notified.
- Elizabeth Tucker: Suggested that service coordination should also consider individuals with fewer supports and less assistance, beyond medical acuity.

- Beth Rider: Inquired about the possibility of a presentation on service coordination for physical therapy (PT), occupational therapy (OT), and speech therapy (ST), and how service coordination for therapies interfaces with Medicaid waiver service coordination for specialized therapies.
 - Michelle Erwin: Responded with a commitment to look into the matter.

Contact Information

- Dual Demonstration Project: managed_care_initiatives@hhs.texas.gov
- Consumer Directed Services: CDS@hhs.texas.gov
- Service Coordination: Julie.Porter@hhs.texas.gov