

STAR+PLUS Transition Plan Recommendations for HHSC February 27, 2024

In anticipation of the new STAR+PLUS contract going live on September 1, 2024, the MCOs have developed the following recommendations to ensure reassessments and other activities are completed in a timely manner without putting members at risk for gaps in services. If adopted, these recommendations will help ensure a successful implementation for HHSC, MCOs, and most importantly, our members.

Texas MCO's are committed to ensuring the care of newly enrolled members is not disrupted or interrupted during transition and will take special care to provide continuity in the care for members whose health or behavioral health conditions have been treated by specialty care providers or whose health could be placed in jeopardy if medically necessary covered services are disrupted or interrupted. A clear and defined transition plan is key to ensuring there are no disruptions in service for members and that MCOs have the necessary staff and direction to ensure no gaps in care.

Note that the following recommendations are for the service areas in which there is an exiting MCO and an MCO entering the service area (Bexar, Dallas, El Paso, Harris, Hidalgo, Jefferson, Nueces, Tarrant, Travis). For service areas with no changes (Lubbock, MRSA Central, MRSA Northeast, MRSA West), MCOs will follow the September 1, 2024, contract requirements.

Assessments and Reassessments

Assessments and re-assessments are extremely important to ensure that members are receiving the care they need. Assessments require extensive work by the MCOs to schedule and complete. Scheduling is also dependent on the responsiveness, schedules and preferences of the member and their support systems.

Section 2.6.61.3 of the STAR+PLUS Exhibit B – STAR+PLUS Scope of Work (SOW) states that “no later than 30 days before the end date of the ISP, the MCO must complete the activities detailed in Section 2.6.59.2 by conducting a reassessment to determine and validate each Members’ continued eligibility for STAR+PLUS HCBS and submit the Member’s ISP to HHSC”. The annual reassessment expires 90 days from the assessment date if not approved by HHSC’s enrollment broker, and STAR+PLUS HCBS services have not been authorized.

The following recommendations are developed to ensure continuity of care while also recognizing that without staggering assessments, MCOs will end up with a significant amount of members having annual reassessment due dates and required service coordination contacts fall within the same timeframes moving forward, resulting in staffing issues, an inability to comply with the contract timelines and the potential for disruption in services for members.

Recommendations:

- **MCOs will contact and evaluate all members within 6 months of the Operational Start Date** (September 1, 2024 – February 28, 2025). Within that six-month period, MCOs will follow the prioritization levels recommended below. Based on previous experience with the STAR Kids transition, it will be important to continue discussions related to assessment and reassessment

volumes to during the initial 6 months to determine if additional time may be needed beyond the 6 months.

- The MCOs propose that HHSC allow flexibility for STAR+PLUS MCOs to **conduct annual reassessments by telehealth for 6 months after the Operational Start Date**, on a case-by-case basis based on member preference and when clinically appropriate.
 - This will help ensure members do not go without a reassessment and allows MCOs to focus their workforce on initial assessments and assessments due to a change in condition.
 - This recommendation is based on the experience from the STAR Kids transition and the volume of assessments that are needed. The workload can be overwhelming during the transition period, and this is an important tool that helps Service Coordinators and allows for greater efficiencies, potentially resulting in the retention of Service Coordinators.
- Notwithstanding the member's priority level, MCOs will assess any member who has experienced a significant change in condition and contacts the MCO to request assessment within **14 business days** or in accordance with standard procedures.

Table 1: Proposed Priority Levels	
Priority Level 1	1. Those who become new STAR+PLUS Members to the MCO after the Operational Start Date (i.e., on September 1, 2024 or after) and request immediate services. 2. STAR Kids and STAR Health members transitioning into STAR+PLUS. 3. Nursing Facility members in the process of relocating (MFP).
Priority Level 2	1. Members with unmet needs for services.
Priority Level 3	1. Members from HCBS STAR+PLUS Interest List Needing Assessment. 2. Members receiving HCBS STAR+PLUS and non-HCBS services, other LTSS in order of the end date of current authorization/s.

Interest List Releases (ILRs)

HHSC maintains an interest list for Medical Assistance Only (MAO) applicants seeking STAR+PLUS HCBS services. MAO applicants become eligible for Medicaid based on the STAR+PLUS HCBS eligibility determination and are enrolled in STAR+PLUS as interest list slots become available.

Once the name of an MAO is released from the HCBS interest list, the HHSC Program Support Unit (PSU) has 14 days to obtain the individual’s MCO selection and process a referral to the MCO. The MCO then has 45 days to process the ILR, for an effective date on the first day of the month following the HCBS eligibility determination.

In previous managed care transitions, HHSC has reduced or suspended ILRs for a period of time leading up to the operational start date. This policy helps ensure newly-eligible members are not assigned to an MCO that is about to exit the market and helps ensure a more even distribution of new members on the operational start date.

Recommendations:

- **Pause interest list releases for 5 months beginning 120 days before the Operational Start Date** to allow MCOs to focus on the transition of existing members (May 2024 – September 2024).
- HCBS STAR+PLUS waiver interest list releases, **through April 30, 2024, will be completed by the current MCO** following the contract turn-around times.
- HHSC staggers interest list releases beginning in **October 2024**. MCOs will work with HHSC leading up to October 2024 to determine manageable volumes. HHSC can continue their work related to interest list releases including outreach, updating contact information, etc. The staggering of releases will also be important to ensure the workload is also manageable for TMHP.

Individual Service Plans (ISPs)

In the STAR+PLUS program Individual Service Plans (ISPs) are used to identify a member’s short term and long-term needs and are driven by assessments. It is important that steps are taken to preserve ISPs when a reassessment has not taken place which could happen due to various scenarios.

MCOs will continue to conduct assessments, will review ISPs to ensure services are being provided, update ISPs as necessary, update service authorizations, and conduct all activities necessary to ensure access to care but to ensure there are no gaps in services (including extremely important waiver services) need flexibility regarding ISP dates to ensure continuity of care for the member.

Recommendations:

- MCOs will work with HHSC to develop a process to monitor the progress of current ISPs with upcoming expiration dates.
 - We recommend the process include a requirement that the exiting MCO continue to conduct assessments during the transition phase and **provide monthly updates to HHSC starting May 2024** to help reduce the risk of expiring ISPs and ensure continuity of care.
- As a safety net for members, HHSC should allow flexibility regarding ISP dates. We would like to discuss with HHSC the following options regarding ISP extensions to determine the best course of action:
 1. HHSC automatically extend all ISPs for up to one year following the Operational Start Date to ensure there are no gaps in coverage while the MCOs continue to work to conduct assessments and update ISPs; OR
 2. HHSC work with the MCOs to develop a process for an MCO to request an ISP extension on a case-by-case basis.
- Allow MCOs to begin annual reassessments sooner than 90 days from the date of assessment and temporarily waive the following contract requirement (Section 2.6.61.3 of the STAR+PLUS Exhibit B – STAR+PLUS Scope of Work (SOW) so that work can begin as early as possible to help with workload during the transition: *The MCO must not initiate or submit the community medical necessity and level of care assessment earlier than 90 days prior to the expiration of the ISP.*

Individuals Turning Age 21 and Transitioning to Adult Services

Young adults in STAR Health and STAR Kids begin the processes for transitioning to adulthood well in advance of their 21st birthday and normally transition to STAR+PLUS on the first of the month following their 21st birthday. There are a lot of steps and activities that take place leading into the transition to STAR+PLUS. Additionally, there will be STAR Kids Members transitioning into STAR+PLUS before the operational start date and may be transitioned into an exiting MCO.

The “age out” transition process is complex and is a major concern for families, as demonstrated in discussions during the February 2024 State Medicaid Managed Care Advisory Subcommittee focused on children with complex medical needs. It is extremely important that there is no disruption in this process for these young adults and their families.

For the MDCP population the process generally begins five months before the member’s 21st birthday and includes selecting a STAR+PLUS MCO. Once the STAR+PLUS MCO receives the referral for the transition assessment for HCBS services, the MCO has 45 days to complete assessment activities. These timeframes need to be assessed and a transition plan developed specifically for this population.

Recommendations:

- To help inform transition plan recommendations we would like to request the volume of age-outs by service area.
- Based on the volumes and other considerations, the STAR+PLUS plans will work together to develop recommended transition activities and timeframes for these Members and may recommend HHSC consider keeping age-outs in STAR Kids for a period of time.

Additional Transition Activities

There are several other areas in which transition processes and activities need to be discussed and the MCOs will continue to work through and update HHSC or request HHSC input once recommendations developed. Additional topics include:

- **Individuals in the Relocation Process.** The Money Follows the Person (MFP) procedure allows Medicaid-eligible nursing facility residents to receive services in the community. One of the eligibility requirements for MFP is that the individual be approved for the STAR+PLUS HCBS program prior to leaving the NF. Once the assessment process has been completed and the resident is determined eligible, the MCO must be prepared to initiate the ISP. There will be members that are in the process of transitioning to the community and in the relocation process (MFP) but are not scheduled to relocate until after September 1, 2024. The MCOs will work together to develop processes to ensure the relocation process is not disrupted.
- **Prior Authorizations.** In previous transitions, MCOs have used a standardized approach to extending prior authorizations to ensure continuity of care during the transition, allow providers and families to know members will continue to be able to access services, and reduce any gaps in care that could result in hospitalizations or other negative impacts to health outcomes. The MCOs will work together to develop timelines and processes associated with continuing and establishing new prior authorization requests through the transition.
- **Fair Hearings.** Texas has policies in place for members to request appeals and state fair hearings when a member expresses dissatisfaction with an Adverse Benefit Determination (ABD). Members must file a request for an MCO Appeal within 60 days. To ensure continuation of currently authorized services the member must file the appeal within 10 days of the MCO sending the ABD or the intended effective date of the proposed ABD, whichever is later. The MCOs will develop timelines and identify which MCO representative should be responsible for associated processes and requirements to help ensure the continuation of Fair Hearing processes for members.
- **Utilization Management Review.** UMR helps ensure that STAR+PLUS members are receiving necessary services and supports. Individuals in STAR+PLUS that transition into a new MCO will

have a new Service Coordinator and within the first 6 months be reassessed and a new ISP developed. It is important that temporary waivers or allowances related to the transition are clearly documented to inform future audits. The MCOs would like to continue a dialogue with HHSC PSU to discuss future audits and begin documentation of the transition processes and allowances.

- **Data and File Sharing Between MCOs.** It is important to establish a standardized process to ensure that member data is transmitted between MCOs in a timely manner so that gaps in care and services can be reduced. The MCOs will work together to identify data that needs to be transmitted and shared between exiting and in-coming MCOs and develop timelines and processes to transmit the data.