



HHSC: STAR+PLUS Pilot Program Workgroup, July 23, 2020

The [STAR+PLUS Pilot Program Workgroup](#) advises HHSC on the development, operation and evaluation of a new STAR+PLUS Pilot Program (Pilot) to test the managed care delivery of long-term services and supports (LTSS) for people with intellectual and developmental disabilities (IDD), traumatic brain injury that occurred after age 21, or people with similar functional needs as a person with IDD.

<p>Ginger Mayeaux, Chair Advocates for individuals with IDD Austin, TX</p> <p>Kevin Barker Stakeholders for individuals with similar functional needs Richmond, TX</p> <p>Lisa Beccera-Walker Advocates for individuals with similar functional needs Edinburg, TX</p> <p>Dennis Borel Advocates for individuals with similar functional needs Austin, TX</p> <p>Jodie Braden IDD SRAC members (professional category) San Angelo, TX</p> <p>Sylvia Cano-Negron Family members of individuals with IDD San Antonio, TX</p> <p>Jodi Fenner Managed care organization representatives Grand Prairie, TX</p> <p>Susan Garnett IDD SRAC members (family member category) Fort Worth, TX</p> <p>Colleen Gossling Managed care organization representatives Austin, TX</p> <p>Angela Hunt Hardy Family members of individuals with similar needs Rusk, TX</p> <p>Randall Jackson Individuals with similar functional needs Grand Prairie, TX</p>	<p>Erin Lawler Stakeholders for individuals with similar functional needs Austin, TX</p> <p>Sanjukta Mukherji Family members of individuals with similar needs Katy, TX</p> <p>Susan Murphree IDD SRAC members (family member category) Austin, TX</p> <p>Leah Rummel Managed care organization representatives Austin, TX</p> <p>Vanessa Sandoval IDD Stakeholders Harlingen, TX</p> <p>Carole Smith IDD SRAC members (professional category) Leander, TX</p> <p>Christi Wilson Family members of individuals with similar needs Bryan, TX</p> <p>Ken Winston IDD Stakeholders Austin, TX</p> <p>Jamie White Stakeholders for individuals with similar functional needs League City, TX</p> <p>Caren Zysk Managed care organization representatives Austin, TX</p>
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Welcome and Introductions. Ginger Mayeaux, Chair, convened the meeting. A quorum was established. The Chair provided an update on vacant committee positions. Joy Kearny stated that they are in the process of reviewing applicants for a position related to family member membership and to replace a person who had resigned from the workgroup. The process can take several months.

Adoption of June 17, 2020, Meeting Minutes. The minutes were approved as drafted.

Committee Bylaws. Some changes were reviewed by legal staff at HHSC:

- Strike the wording related to Chair
- Language that was standard to all bylaws were not changed
- Member terms changed from three to four years
- Change in terms for chair and vice chair
- Non-substantive change to member attendance
- Confidential information was clarified
- Disclosure of confidential information was clarified
- Responsibilities of HHSC staff was clarified

MOTION: *approval of bylaws – prevailed.*

Vice Chair Election. A roll call vote was agreed to. Nominees were Kevin Barker and Jamie White. Jamie White was elected Vice Chair.

Intellectual and Developmental Disability System Redesign Advisory Committee Transition to Managed Care Subcommittee Pilot Benefits Recommendations. Leah Rummel and Susan Murphree made the presentation. Anyone who is in STAR+PLUS would be included in the pilot, but they can opt out if they want. The benefits below were listed in the legislation as inclusion in state plan benefits.

**STAR+PLUS Pilot Services Including:
STAR+PLUS State Plan Benefits, STAR+PLUS HCBS Benefits,
& New Waiver Services for Managed Care**

<p>STAR+PLUS State Plan Benefits</p> <p><u>Reference:</u> https://hhs.texas.gov/laws-regulations/handbooks/sph/section-1000-state-texas-access-reform-plus-starplus-managed-care#1140</p> <p><u>Section:</u> 1143.1.1 Services Included Under the MCO Capitation Payment</p>	<ul style="list-style-type: none"> • Ambulance Services; • Audiology Services, Including Hearing Aids; • Behavioral Health Services, Including: <ul style="list-style-type: none"> ➢ Inpatient Mental Health Services; ➢ Outpatient Mental Health Services; ➢ Outpatient Chemical Dependency Services; ➢ Mental Health Rehabilitation for Non-Duals; ➢ Mental Health Targeted Case Management for Non-Duals; ➢ Detoxification Services; ➢ Psychiatry Services; And ➢ Counseling Services; • Birthing Services Provided by A Certified Nurse Midwife in A Birthing Center; • Chiropractic Services; • Dialysis; • Durable Medical Equipment (DME) And Supplies; • Emergency Response Services (ERS); • Family Planning Services; • Home Health Care Services for Acute Conditions; • Hospital Services; • Laboratory; • Medical Checkups and Comprehensive Care Program (CCP) Services for Medicaid For Breast and Cervical Cancer (MBCC) Members Under Age 21; • Oncology Services; • Optometry, Glasses and Contact Lenses, If Medically Necessary; • Podiatry; • Prenatal Care; • Prescription Drugs; • Primary Care Services; • Preventive Services Including an Annual Adult Well Check; • Radiology, Imaging and X-Rays; • Specialty Physician Services; • Therapies, Including Physical, Occupational and Speech for Acute Conditions; • Transplantation of Organs and Tissues; and • Vision Services.
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Above are the basic services in STAR+PLUS, if in a waiver or not. There are also benefits that are LTSS services and those are in the grey section below. Following that are the HCBS services; the legislation requires that the services in STAR+PLUS would move over in the pilot as well. These are for people who meet the nursing facility level of care.

The new HCBS services for Managed Care follow and possibly new services finish out the chart. Coding and fee schedule will follow after the issues are worked through.

**STAR+PLUS Pilot Services Including:
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Current State Plan LTSS Services Reference Section: 1143.1.2 Long-term Services and Support Listing	<ul style="list-style-type: none"> • Day Activity & Health Services (STAR+PLUS) • Personal Attendant Services • Community First Choice (Personal Assistance Services; Emergency Response Services; Support Management; Habilitation (Maintenance, and Enhancement of Skills)) – STAR+PLUS
Current STAR+PLUS HCBS Services Reference Section: 1143.2 Services Available to STAR+PLUS Home and Community Based Services Program Members	<ul style="list-style-type: none"> • Adaptive Aids & Medical Supplies (HCS, TxHmL, DBMD, and CLASS) • Adult Foster Care • Assisted Living • Audiology (Limited) (Audiology (HCS and TxHmL) • Auditory Integration Training/Auditory Enhancement Training (CLASS is more extensive benefit) • Cognitive Rehabilitation Therapy (CLASS) • Dental Treatment (HCS, TxHmL, DBMD and CLASS) • Emergency Response (for MAO members) • Employment Assistance (HCS, TxHmL, DBMD and CLASS) • Financial Management Services (HCS, TxHmL, DBMD and CLASS) • Home Delivered Meals • Minor Home Modifications (HCS, TxHmL, DBMD and CLASS) • Nursing Services (HCS, TxHmL, DBMD and CLASS) • Occupational Therapy (HCS, TxHmL, DBMD and CLASS) • Personal Assistance Service (for MAO members) • Physical Therapy (HCS, TxHmL, DBMD and CLASS) • Protective Supervision • Respite (HCS, TxHmL, DBMD and CLASS) • Speech (HCS, TxHmL, DBMD and CLASS) • Support Consultation Not in STAR+PLUS (MAO Only) • Supported Employment Services (HCS, TxHmL, DBMD and CLASS) • Transition Assistance Services (HCS, DBMD and CLASS)
New HCBS Services for Managed Care	<ul style="list-style-type: none"> • Behavioral Support Services (HCS, TxHmL, DBMD and CLASS) • Day Habilitation (HCS, DBMD and TxHmL) • Dietary Services • Specialized Therapies • Intervener/interpreter • Vehicle modifications • Enhanced behavioral health services; • Community support transportation (TxHmL)

**STAR+PLUS Pilot Services Including:
STAR+PLUS State Plan Benefits, STAR+PLUS HCBS Benefits,
& New Waiver Services for Managed Care**

Possible New HCBS Services	<ul style="list-style-type: none"> • Housing supports • Behavioral health crisis intervention services • High medical needs services • Peer Specialists Services/Community Mentor • Family Caregiving Stipend • Community Integrations Supports (CIS) • Career Planning • Remote Monitoring
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Reference: <https://hhs.texas.gov/laws-regulations/handbooks/sph/section-1000-state-texas-access-reform-plus-starplus-managed-care#1140>

1143.1.1 Services Included Under the MCO Capitation Payment

1143.1.2 Long-term Services and Support Listing

1143.2 Services Available to STAR+PLUS Home and Community Based Services Program Members

Waiver Comparison <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/resources/ltss-waivers.pdf>

Note:

- Services highlighted in green are new HCBS required by statute for the pilot.
- Services highlighted in yellow are not required by statute but recommended by the IDD SRAC to include in the pilot.



Questions/Answers/Comments/Discussion

Transition to Managed Care Subcommittee adopted recommendations that are moving to the full SRAC meeting next week.

Dayhab and Employment Subgroup is looking at adding alternatives to DayHab through community integration support. Recommendations have been adopted and will be reviewed by the full SRAC.

What happens in rural areas where there are no services available around rehab and community mental health? The biggest barrier is the cost of providing services in rural areas.

There was a hope to have a rural and urban model. There is a need for the rural input.

The green curtain of rural east Texas is different from rural areas that are adjacent to urban areas.

We want to know about the changes HHSC will implement related to HCS rule.

HHSC is in the initial stages of course correction related to DayHab. The effort is on a more realistic timeline. The original HHSC plan was to make changes to DayHab and then focus on Community Integration as an alternative. We would like to have these on a parallel track.

There is an additional year extension, but we would still need guidance during the legislative session. We can promote getting people into meaningful DayHab activities. It would be a missed opportunity to not push for community integration.

We now have the eligibility categories and HHSC is preparing numbers on impact. This will occur at the Transition to Managed Care subcommittee. We need a waiver that will be financially viable.

We have to develop a program that can be funded. I think the list we have for the program may have to be it. We do not have the luxury to add a lot of stuff any longer.

Ms. Rummel stated that there is a need for additional support (participation) in fleshing out some of the service items.

HHSC stated that expansion of members on subcommittees have to be monitored for quorum issues. Workgroups can fill the needed support for service descriptions.

Regarding HCS regulation, we probably should have an update on regulations and federal requirements.



HHSC stated that there are several areas where more knowledge and presentations would assist this group. We can have the HCS settings rules for the next meeting.

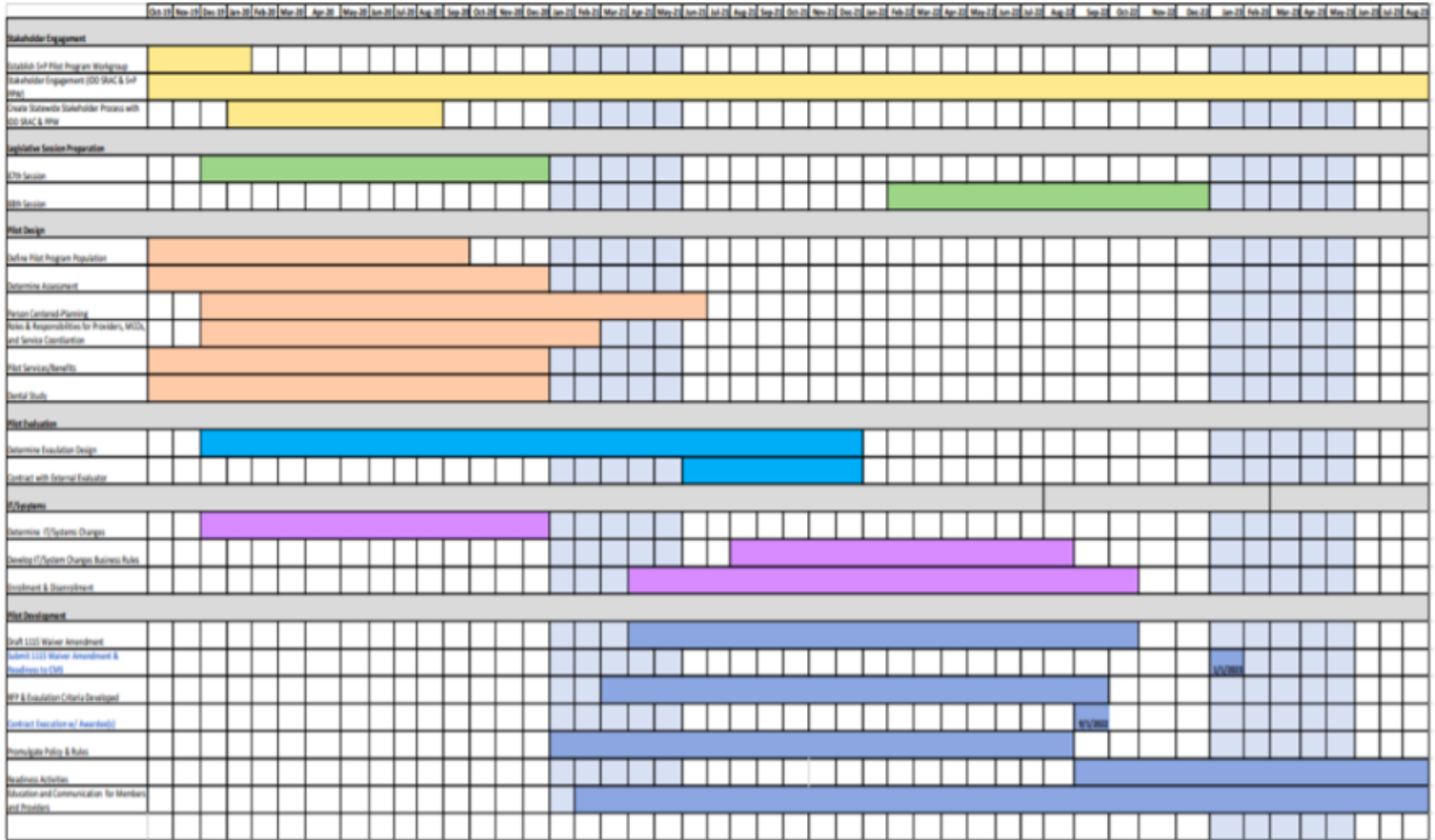
HHSC stated that they have every intention of making the pilot compliant with the HCS regulations.

Will private providers be doing CIS support? No one provides CIS because it does not exist as a service. CFC is a close cousin to providing that. There will be an effort in the pilot to not require the institutional level of support need. CFC does not include transportation because it is more home-based.

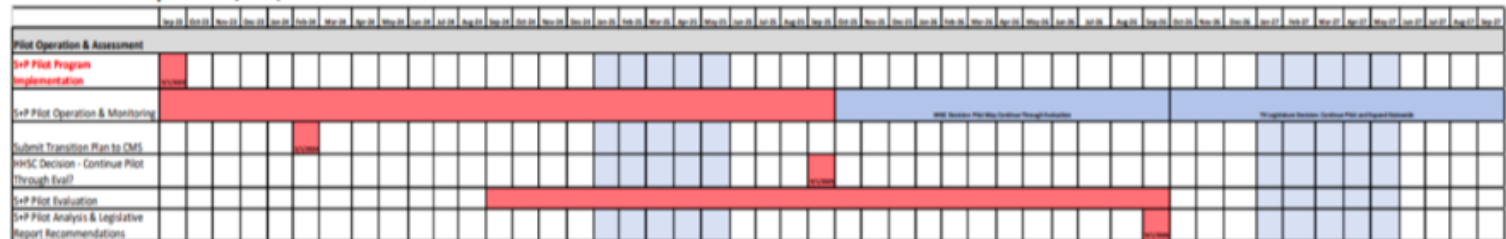
Discuss STAR+PLUS Pilot Program timeline. (Table may have to be expanded for viewing.)

This timeline reflects preliminary HHSC estimates of implementation timeframes, which will be refined through further discussions with internal and external stakeholders. The purpose is to show the anticipated phasing and estimated lengths of time for activities. The specific start and end dates of activities may vary, unless required by statute.

STAR+PLUS Pilot Development (10/19-8/23)



STAR+PLUS Pilot Operation 9/23-9/27



The timeline is being adjusted still but this gives a visual of the larger items and components.

- Stakeholder engagement—occurs throughout the process
- Statewide stakeholder process—does not include implementation
- Prepping for the upcoming session (which will be impacted by the way the Legislature chooses to meet)
- Then in the 88th session, identifying operational costs
- Eligibility processes/Defining the pilot

- Determining an assessment
- Person-Centered planning
- Roles of Managed Care Organizations
- Dental study has to be provided to determine dental services to be included in the pilot
- Contracting with an external evaluator/Questions are being routed to leadership for guidance
- IT needs and development—enrollment and disenrollment
- How the waiver amendment will be drafted
- Drafting the RFP/and contract execution
- Operation of the pilot September 1, 2023, and operation and monitoring (until 2025)
- 2026 evaluation report is due to the Legislature
- Transitioning people out of the pilot if the pilot is not continued
- 2026 recommendations to the Legislature

Discuss topics for STAR+PLUS Pilot Program Workgroup subcommittees.

IDD SRAC Subcommittees & STAR+PLUS Pilot Program Topics

System Adequacy (SA)	Transition to Managed Care (TMC)	Day Habilitation & Employment Services (DHES)
Roles of Comprehensive Long-term Services and Supports Provider (CSP), Managed Care Organization and Service Coordination	Eligibility	Employment & Day Habilitation Services
CSP Documentation & Reporting Requirements	Benefits	Consumer Directed Services
Pilot Regulatory/Certification	Dental Study	
Enrollment Process for CSPs into the Pilot	Housing Services	

The TAC can be the goal for the subcommittees. The Chair stated that forming two actual subcommittees could accomplish the tasks outlined by the group. Measurable Goals could be one subcommittee. Other ideas included Eligibility Subcommittee.

Pre-Operational items includes, eligibility, technology adjustments, person-centered processes, assessment, how people qualify, do other tools have to be developed for assessment, federal match dollars for an IT system, and other items. The focus is to figure out how to cluster the topics under the subcommittee. They have to ensure that there is not a quorum problem. IT had been part of system adequacy in the SRAC. The assessment process is a significant issue.



Ad hoc committees could also be used. Assessment and eligibility seem to couple well. Pre-implementation is important for outreach.

Suggested earlier in the meeting were the development of a Person-Centered Subcommittee and an Assessment Subcommittee.

Additional items are quality measures and performance measures, which will be needed for the evaluation.

We should let TAC4533 be our guide.

(TXI Author: Some comments were inaudible due technical issues; there were discussions about subcommittees and workgroups almost interchangeably; timing on the development of work is an issue.

It was clear that the magnitude of the work needed for the different topics was remarkably large.)

Workgroup/Subcommittee suggestions

- Person-Centered work group/performance metrics
- Assessment
- Person-Centered
- IT

The two subcommittees agreed to were:

- Assessment
- Person-Centered Processes

Discuss liaisons for the Statewide Medicaid Managed Care Advisory Committee subcommittees. Some committees covering issues that are shared by other committees often have liaisons between the two or more committees. The liaison acts as a voice for the committees within the other committees.

**State Medicaid Managed Care Advisory Committee
Subcommittees: Alignment with Medicaid & CHIP
Services Initiatives**

A brief description follows of the Health and Human Services Commission's (HHSC) focused initiatives for improving managed care oversight which align with subcommittees within the State Medicaid Managed Care Advisory Committee (SMMCAC). In addition, HHSC will seek input from SMMCAC on the implementation of various legislative requirements identified below.

Administrative Simplification

This initiative focuses on reducing Medicaid provider burden through administrative improvements in four areas: claims payments, eligibility information, provider enrollment processes, and prior authorization submissions. HHSC will seek feedback on these areas and others as specific projects are proposed and developed.

Complaints, Appeals, and Fair Hearings. This initiative focuses on more effectively leveraging complaints data to identify potential problems in the Medicaid program, opportunities for improved managed care organization (MCO) contract oversight and increasing program transparency.

Objectives addressed in this initiative include:

- Improve data collection and system processes used to trend and analyze managed care member complaints.
- Standardize complaint categories used by HHSC and MCOs for more accurate trending of complaints-related data to more quickly identify potential problems within managed care.
- Improve the complaints member experience so they are tracked and resolved consistently.

HHSC will seek feedback on items such as:

- Review of recently implemented changes to the member complaints process.
- Identify areas for improvement for provider complaints.
- Implement the independent external medical reviewer required by SB 1207, 86th Texas Legislature, Regular Session, 2019. The independent external medical reviewer will conduct external medical reviews of the resolution of a Medicaid recipient appeal related to a reduction in or denial of services, or a denial by HHSC of eligibility for Medicaid programs where eligibility is based on medical and functional need.

Network Adequacy and Access to Care. This initiative supports a comprehensive monitoring strategy to ensure members have timely access to the services they need.

Objectives addressed include:

- Improve the accuracy of provider directories, including more robust MCO validation requirements and improvement of critical processes that impact accuracy.
- Incentivize the use of telemedicine, telehealth, and telemonitoring services to improve access for members in underserved areas of the state.
- Reduce administrative burdens related to network adequacy reporting and monitoring.
- Integrate network adequacy reporting to include additional measures, such as appointment availability studies and targeted encounter data. HHSC will seek feedback on items such as:
 - Best use of telemedicine, telehealth, and telemonitoring services, and which services provide the best value.
 - Impact of provider directory accuracy on members.
 - Development of a new network adequacy measure for in-home personal care services.

Clinical Oversight and Benefits

This initiative seeks to strengthen the oversight of utilization management practices to include prior authorization policies and processes used by MCOs. Objectives addressed in this initiative include:

- Develop a new, standardized prior authorization data collection tool and process that will use member-level data.
- Identify trends and anomalies for Medicaid services using prior authorization data and focus on trends within specific Medicaid programs.
- Develop an enhanced process to trend utilization data for specific programs.
- Expand staffing model to allow for increased scope and sample size for Utilization Review activities.

This subcommittee may also discuss specific medical benefits for certain programs within Medicaid, as needed.

HHSC will seek feedback on items such as:

- Oversight of utilization management, including development of new MCO deliverables.
- Service utilization trending and analysis.
- Discussion of potential behavioral health services to be delivered under the “in lieu of” option, per SB 1177, 86th Texas Legislature, Regular Session, 2019.

Service and Care Coordination. This initiative is focused on improvements related to service and care coordination within managed care. Objectives addressed in this initiative include:

- Analyze other state Medicaid programs to assess best practices for care coordination within Texas’ managed care programs.
- Address any state-level barriers that hinder MCO delivery of care coordination services.
- Clarify terminology and definitions of service coordination and service management activities across Medicaid managed care programs.
- Identify possible improvements to ensure service coordination and service management is consistent within HHSC contract requirements. HHSC will seek feedback on items such as:
 - Terminology changes within managed care contracts to better clarify and align service and care coordination.
 - HHSC oversight activities to better monitor the provision of service and care coordination.
 - Clarifying service and care coordination components for members and providers.

Public Comment. No public comment was offered.

Agenda items for next meeting:

- HCBS settings rule presentation
- Benefits approved by the SRAC
- LAR update to date
- New member orientation



Adjourn. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
