



COMMISSIONER
Chris Traylor

October 20, 2011

To: Community Based Alternatives Providers
Consumer Directed Services Agencies
Day Activity and Health Services Providers
Primary Home Care Providers
Client Managed Personal Attendant Services Providers

Subject: Community Services Information Letter No. 11-119
Expansion of the STAR+PLUS Program into new service areas: El Paso, Lubbock and Hidalgo

Beginning March 1, 2012, the Texas Health and Human Services Commission (HHSC) is implementing changes to the delivery of Medicaid and the Children's Health Insurance Program (CHIP) services.

These changes include:

- the expansion of the STAR and STAR+PLUS Medicaid managed care programs to new areas of the state;
- the transition of approximately 880,000 people who currently receive services through Primary Care Case Management (PCCM) program into managed care;
- prescription drug benefits, currently administered through HHSC's Vendor Drug Program, will be delivered through the Medicaid and CHIP managed care organizations (MCOs); and
- the re-procurement of STAR, STAR+PLUS, and the CHIP MCOs in most existing service areas. As a result, different MCOs may be providing services in current managed care service areas.

This communication addresses the expansion of STAR+PLUS into the following service areas: El Paso, Lubbock, and Hidalgo effective March 1, 2012.

STAR+PLUS is a Texas Medicaid program designed to integrate service delivery of acute and long-term services through a managed care model. The STAR+PLUS program provides a continuum of care through a licensed MCO. The new STAR+PLUS service areas and counties are:

- El Paso service area: El Paso and Hudspeth
- Lubbock service area: Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry, Carson, Deaf Smith, Hutchinson, Potter, Randall, Swisher
- Hidalgo service area: Cameron, Duval, Hidalgo, Jim Hogg, Maverick, McMullen, Starr, Webb, Willacy, Zapata

STAR+PLUS EXPANSION PROCUREMENT

HHSC contracts with the MCOs for each service area in order to provide STAR+PLUS members with a choice of health plans and network providers. MCOs manage and coordinate acute care services and long-term services and supports (LTSS) for eligible STAR+PLUS members. The MCOs who have been tentatively awarded contracts in the new STAR+PLUS areas are:

- El Paso service area: Amerigroup and Molina Healthcare
- Lubbock service area: Amerigroup and Superior HealthPlan
- Hidalgo service area: HealthSpring, Molina Healthcare, and Superior HealthPlan

STAR+PLUS ENROLLMENT

HHSC contracts with an independent organization, called an enrollment broker, to enroll individuals into the STAR+PLUS program and to ensure the MCOs do not market directly to potential STAR+PLUS members. The state's enrollment broker is MAXIMUS. Eligible members will receive "enrollment packets" prior to the STAR+PLUS Expansion implementation date to allow members to select an MCO and a primary care provider. Under the HHSC STAR+PLUS contract, each MCO will provide the same array of Medicaid acute care services and LTSS to Medicaid-only members. Dual eligible (i.e., Medicare and Medicaid) members will continue to receive acute care services through Medicare and will receive LTSS services through their STAR+PLUS MCO.

IMPACT TO INDIVIDUALS RECEIVING DADS LTSS

Expansion of the STAR+PLUS program into the counties of the El Paso, Lubbock and Hidalgo service areas will impact individuals currently receiving one or more of the following services through the Department of Aging and Disability Services (DADS):

- Community Based Alternatives Waiver (CBA Waiver)
- Title XIX funded Day Activity and Health Services (DAHS)
- Primary Home Care (PHC)
- Client Managed Personal Attendant Services (CMPAS)

The STAR+PLUS 1915(c) Waiver ("STAR+PLUS Waiver") array of services is very similar to the CBA Waiver. The following summary describes the impact of STAR+PLUS expansion on individuals in the CBA Waiver, DAHS, PHC, or CMPAS.

CBA Waiver: DADS will amend the CBA Waiver by removing the targeted counties to be included in the STAR+PLUS service areas. The CBA Waiver amendment will be effective the first day of the month of the STAR+PLUS expansion operational start date. Assuming a STAR+PLUS operational start date of March 1, 2012, DADS anticipates amending the CBA Waiver effective March 1, 2012. This means DADS cannot operate the CBA Waiver program in the targeted STAR+PLUS expansion service area counties after February 29, 2012. All individuals enrolled in the CBA Waiver and residing in the targeted STAR+PLUS expansion service area counties will begin receiving STAR+PLUS Waiver services through STAR+PLUS MCO network providers on March 1, 2012.

DAHS: All individuals receiving Title XIX DAHS and residing in the targeted STAR+PLUS expansion service area counties will begin receiving DAHS through STAR+PLUS MCO network providers on March 1, 2012. With very few exceptions, DADS cannot administer Title XIX DAHS to eligible STAR+PLUS members in any of the targeted STAR+PLUS expansion service area counties after February 29, 2012. DADS can administer DAHS services, even to individuals receiving full Medicaid, in managed care service areas if the individual is unable to access the program through managed care.

PHC: In the STAR+PLUS program, PHC services are referred to as Personal Assistance Services (PAS) and do not include Community Attendant Services (CAS) or Family Care (FC). All individuals receiving Title XIX PHC and residing in the targeted STAR+PLUS expansion service area counties will begin receiving PAS through STAR+PLUS MCO network providers on March 1, 2012. With very few exceptions, DADS cannot administer Title XIX PHC services to eligible STAR+PLUS members in any of the targeted STAR+PLUS expansion service area counties after February 29, 2012. DADS can administer PHC services, even to individuals receiving full Medicaid, in managed care service areas if the individual is unable to access the program through managed care. DADS will continue to operate CAS and FC in the targeted STAR+PLUS expansion service area counties.

CMPAS: Individuals eligible for Supplemental Security Income (SSI) or SSI-related Medicaid and receiving CMPAS will be enrolled in the STAR+PLUS program effective March 1, 2012. However, individuals receiving CMPAS at the time of the expansion whose spouses are their paid attendants may choose to remain in CMPAS and will not be enrolled in the STAR+PLUS program. If an individual exercises this option and subsequently ceases to have the spouse as the paid attendant, the individual will be enrolled in the STAR+PLUS program at that time and CMPAS will no longer be an option.

STAR+PLUS AND TITLE XX SERVICES

Individuals eligible for SSI or SSI-related Medicaid who are enrolled in the STAR+PLUS program are permitted to access Title XX services provided by DADS as long as those services do not duplicate those in the STAR+PLUS service array and are allowed in accordance with DADS policies and procedures. When the STAR+PLUS MCO determines a member is eligible for the STAR+PLUS Waiver, the member will no longer have access to Title XX services that duplicate those available in the STAR+PLUS service array. DADS will continue to operate the Title XX DAHS program in the targeted STAR+PLUS expansion service area counties. Individuals who are not eligible for SSI and non-SSI-related individuals who meet DAHS eligibility requirements may receive Title XX DAHS in the STAR+PLUS service areas.

CASE ACTION ACTIVITIES

CBA reassessments are to be completed in accordance with the rule timeframe in preparation for the STAR+PLUS expansion. The Home and Community Support Services Agencies (HCSSAs) currently serving an individual receiving CBA in the counties listed are required to follow the timeline below in completing CBA reassessments/Individual Service Plans (ISP) which have an expiration date of February 29, 2012, or March 31, 2012.

For ISPs ending February 29, 2012, and March 31, 2012, the annual reassessment packets for individuals receiving waiver services and transitioning into the STAR+PLUS 1915(c) waiver must be submitted to DADS by the HCSSAs in accordance with the following timeline:

ISP Expiration Date	February 29, 2012
Reassessment packet due to DADS	December 31, 2011
ISP Expiration Date	March 31, 2012
Reassessment packet due to DADS	January 31, 2012

DADS will complete ISP reassessments for individuals currently receiving CBA 1915(c) waiver services with ISP end dates of February 29, 2012, and March 31, 2012, and complete the necessary case actions, including Service Authorization System Online entries by February 22, 2012.

Timely completion and submission of all assessment requests are critical to ensure continuity of service to current and new consumers. HCSSAs are urged to not process any reassessments with ISP dates after March 2012.

Effective with the March 1, 2012, implementation of STAR+PLUS in the new areas, the MCO selected or designated by the individual has the responsibility to complete all case action activities related to STAR+PLUS Waiver (SPW) members transitioning from the DADS CBA program. This includes reassessments and Medical Necessity/Levels of Care for SPW (formerly CBA) service plans with an expiration date of **April 2012 or later**. HCSSAs will no longer have that responsibility.

CONTRACTS

As noted in the previous section, effective with the implementation of the STAR+PLUS expansion into the targeted counties, the CBA Waiver will no longer operate in those counties. As a result, DADS intends to amend CBA Waiver contracts in those service areas by removing the targeted counties or cancel the contract in full if it addresses all targeted counties. Current DAHS and PHC providers will still be able to deliver and receive payment for Title XX DAHS, CAS, FC, and CMPAS (for individuals not eligible for SSI and non-SSI-related individuals and for those individuals with a spouse as the paid attendant). As indicated on the previous page, current DAHS and PHC providers will also be able to deliver and receive payment for certain individuals receiving Title XIX DAHS and PHC who reside in the STAR+PLUS expansion targeted counties and who will not be enrolled in the STAR+PLUS program.

DADS will notify providers of the status of their contracts in relation to the STAR+PLUS expansion into the targeted counties no later than 60 days prior to the implementation of the STAR+PLUS program in those areas.

The HHSC STAR+PLUS contract with the MCOs includes a provision to ensure continuity of care for individuals served by DADS and DADS providers during the transition from DADS program operations to STAR+PLUS managed care operations.

In order to serve STAR+PLUS members in the targeted service areas after expansion, DADS recommends providers contract with all MCOs contracting with HHSC to provide STAR+PLUS services. This will enable providers to continue delivering services to individuals they currently serve.

Below is contact information for the STAR+PLUS MCOs by service area.				
MCO	Service Area	Representative	Phone Number	Email Address
Amerigroup	El Paso Lubbock	Dorene Stangle	757-395-9396	dstangl@amerigroupcorp.com
HealthSpring	Hidalgo	Jeff Allen	817-554-5666	Jeff.allen@healthspring.com
		Benjy Green	817-554-5618	Benjy.green@healthspring.com
Molina Healthcare	El Paso Hidalgo	RosCet Varner	888-562-5442 Ext. 204059 or 281-676-2268 Ext. 204059	Roscet.varner@molinahealthcare.com
Superior HealthPlan	Lubbock Hidalgo	Network Development	866-615-9399 Ext. 22534	SHP- NetworkDevelopment@centene.com
		Will Rodriguez	800-783-5386 Ext. 22765	gurodriguez@centene.com

STAR+PLUS MCOs will be developing STAR+PLUS expansion provider networks. These MCOs may contact current DADS LTSS providers operating in the targeted service areas to request the provider sign a contract, or contract amendment to join a STAR+PLUS provider network. Please note that STAR+PLUS MCOs contract with providers, authorize LTSS directly, and pay their network providers directly.

PROVIDER PAYMENTS

Billing for Durable Medical Equipment, Home Modifications, and Dental Services

DADS will pay for durable medical equipment (DME), home modifications (HM), and dental services authorized under the DADS service plan and completed prior to March 1, 2012. The member's MCO will pay for DME, HM and dental services authorized under the DADS service plan and completed on or after March 1, 2012. DME, HM, and dental providers will be required to contact the MCO to coordinate the completion of the services. MCOs are required to instruct providers on how to submit claims for adjudication.

For further billing information, refer to Information Letter 11-04 at the following link:
<http://www.dads.state.tx.us/providers/communications/2011/letters/IL2011-04.pdf>

PROVIDER COMMUNICATIONS REGARDING STAR+PLUS PROGRAM EXPANSION

DADS publishes information regarding the transition of LTSS from DADS to the STAR+PLUS program on the DADS website at: www.dads.state.tx.us/providers.

STAR+PLUS PROGRAM CONTACT INFORMATION

If you have general questions about the DADS components of the STAR+PLUS expansion initiative, please contact Rhonda Pratt by email at rhonda.pratt@dads.state.tx.us or by phone at (512) 438-5813 or Carol Griebel by email at carol.griebel@dads.state.tx.us or by telephone at (512) 438-5295.

For general information about the STAR+PLUS program, refer to the:
HHSC STAR+PLUS website at <http://www.hhsc.state.tx.us/starplus/starplus.htm>

For more information regarding this STAR+PLUS expansion, refer to the:

- HHSC Managed Care Proposals website at <http://www.hhsc.state.tx.us/medicaid/MMC.shtml>
- TMHP website at http://www.tmhp.com/Pages/PCCM/STAR_Expansion.aspx.

Sincerely,

[signature on file]

Teresa Richard
Director
Center for Policy Innovation

[signature on file]

Gary Jessee
Assistant Commissioner
Access and Intake