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# Managed Care Expansion

Home and Community-based Services (HCS)  
and  
Texas Home Living (TxHmL)



# 2013 Texas Legislature Senate Bill 7

The Health and Human Services Commission (HHSC) is expanding the **Medicaid managed care** system to include:

- **Medicaid acute care services** for individuals with intellectual and developmental disabilities (IDD) and
- **Nursing facility services**



# Expansion of Medicaid Acute Care Services

## Effective September 1, 2014

- Individuals receiving services in a community-based Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) and
- individuals receiving services in an ICF-IID 1915 (c) waiver, including Home Community-based Services (HCS) and Texas Home Living (TxHmL)

will receive their Medicaid acute care services through the STAR+PLUS managed care system.



# Expansion of Medicaid Acute Care Services

The ICF-IID 1915 (c) waiver programs are:

- Community Living Assistance and Support Services (**CLASS**)
- Deaf Blind with Multiple Disabilities (**DBMD**)
- Home and Community-based Services (**HCS**)
- Texas Home Living (**TxHmL**)



# Expansion of Medicaid Acute Care Services

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## Not included:

- Individuals residing in a state supported living center
- Individuals dually eligible for Medicare and Medicaid

## Voluntary:

- Children and young adults under age 21 receiving Supplemental Security Income (SSI) or SSI-related services



# Expansion of Medicaid Acute Care Services

## Medicaid Acute Care Services:

- primary care
- specialty doctor's office
- hospital, or emergency room
- access to prescription medications
- may be based on an isolated event or part of routine health maintenance



# Expansion of Medicaid Acute Care Services

## Long Term Services and Supports (LTSS):

- LTSS received through Medicaid in addition to Medicaid acute care, or Medicaid card services
  - Services an individual receives through an ICF/IID or one of the ICF-1915 (c) waiver programs, including HCS and TxHmL

Certain individuals may qualify for LTSS through STAR+PLUS; however individuals enrolled in LTSS with STAR+PLUS cannot be enrolled in a DADS program at the same time.



# Expansion of Medicaid Acute Care Services

How does this affect me or the individuals in my program?

Prevent loss of Medicaid acute care for individuals by:

- maintaining a **continuously authorized Level of Care** (LOC) through an Intellectual Disability/Related Conditions (ID/RC) approved by DADS;
- maintaining **continuous service authorizations** through an Individual Plan of Care (IPC) approved by DADS;
- reminding individuals and their representatives to inform you of **any communication** received from HHSC; and
- assisting individuals and their representatives with completing and returning Medicaid recertification packets to HHSC **on time**.





# Expansion of Medicaid Acute Care Services

If a lapse in LOC or IPC authorizations occurs

- Risks for the Individual include:
  - Denied doctor, clinic, or hospital visits
  - Denied prescription medications
  - Loss of financial eligibility for the HCS or TxHmL waiver program due loss of Medicaid or, in some cases enrollment into STAR+PLUS for their LTSS
- Risks for the Program Provider Include:
  - Difficulty accessing necessary acute care services and prescription medications on behalf of an individual
  - Non-payment for services due to the individual's loss of financial eligibility for the waiver program



# Expansion of Medicaid Acute Care Services

## Annual Renewal of the ID/RC (LOC) and IPC: HCS:

- Title 40, Part 1, Chapter 9, §9.161 describes the program provider and local authority responsibilities and timeframes for completing and submitting a **renewal ID/RC** to DADS.
- Title 40, Part 1, Chapter 9, §9.166 describes the program provider and local authority responsibilities and timeframes for completing and submitting a **renewal IPC** to DADS.



# Expansion of Medicaid Acute Care Services

Annual Renewal of the ID/RC (LOC) and IPC:  
TxHmL:

- Title 40, Part 1, Chapter 9, §9.568 describes the program provider and local authority responsibilities and timeframes for completing and submitting a renewal ID/RC and renewal IPC to DADS.

More Information: <http://www.dads.state.tx.us/rules/TAC.html>



# Expansion of Medicaid Acute Care Services

## IMPORTANT:

- DADS has not made any changes to the program provider or local authority roles and responsibilities for HCS or TxHmL regarding submission of the annual ID/RC or IPC.
- This presentation is intended only to provide guidance about how to avoid lapses in LOC an IPC authorizations and assist individuals with maintaining financial eligibility for the program. It is not meant to imply any role or responsibility changes.



# Expansion of Medicaid Acute Care Services

Prevent LOC and IPC authorization lapses by:

- avoiding the need to submit a Purpose Code E ID/RC;
- avoiding the need to submit a request for IPC backdating; and
- completing data entry in the system as early as possible to allow sufficient time for processing before the previous authorizations expire.



# Expansion of Medicaid Acute Care Services

- The Client Assignment and REgistration (CARE) system will allow a program provider or local authority to enter an ID/RC or IPC renewal as early as **60 calendar days** before the expiration of the current ID/RC or IPC.
- Complete data entry and submit documentation to DADS **as close to that 60 day mark as possible** to avoid a lapse in LOC or IPC for individuals in your program.



# Expansion of Medicaid Acute Care Services

## Recommendations:

- **Develop a tracking method**, such as a spreadsheet, to record ID/RC (LOC) and IPC expiration dates
- **Begin working on ID/RC (LOC) and IPC renewals early** enough to allow sufficient time for DADS to make an authorization determination before the previous authorizations expire



# Expansion of Medicaid Acute Care Services

## Recommendations (continued):

- Schedule SPT meetings well in advance when possible to account for difficulty in coordinating schedules for all SPT members.
- Encourage families and individuals to avoid delaying SPT meetings.
- Prior to submitting a LOC or IPC packet to DADS for review, conduct a thorough quality check of the submission to ensure it is accurate and complete to avoid delays in authorization determinations.





# Expansion of Medicaid Acute Care Services

## Preventing the Loss of Financial Eligibility

HHSC mails a Medicaid recertification packet to the individuals last known address at least **90 days in advance** of their recertification due date. Individuals or their authorized representative may **call 2-1-1** to find out their Medicaid recertification due date.

**NOTE:** This only applies to non-SSI Medicaid recipients. Individuals enrolled in a waiver program who receive Supplemental Security Income (SSI) are categorically eligible for SSI Medicaid and would not receive an annual Medicaid recertification packet from HHSC.



# Expansion of Medicaid Acute Care Services

## Recommendations:

- **Develop a tracking method** to record Medicaid recertification due dates for individuals served in your program.
- **Assist** the individual or their authorized representative **to complete the Medicaid recertification packet** and **submit all required documentation to HHSC before the deadline.**
- **Educate** individuals and their families about the importance of informing you when they receive **any communication from HHSC.**



# Expansion of Nursing Facility Services

**Effective September 1, 2014**

**Nursing facility services** will be provided through STAR+PLUS for:

- Adults (age 21 and over) who are in a nursing facility, who have been determined eligible for Medicaid, and who meet STAR+PLUS criteria

**Excluded:**

- Children and young adults (under age 21)



# Expansion of Nursing Facility Services

## Suspensions of Waiver Services

- The capitated rate a Managed Care Organization (MCO) receives for an individual's STAR+PLUS services will increase during the individual's nursing facility stay.
- The program provider must immediately enter a suspension record in the CARE system when an individual's HCS or TxHmL services need to be suspended because the individual is in a nursing facility.
- If the individual's HCS or TxHmL services are not suspended timely, the individual may be at risk of early discharge from the nursing facility



# Managed Care Expansion

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Program providers must comply with:

- applicable state laws and rules;
- program standards and requirements; and
- instructions from DADS.



# Managed Care Expansion

## Where can I find more information?

- Visit the HHSC Medicaid Managed Care Initiatives website:  
<http://www.hhsc.state.tx.us/medicaid/mmc.shtml>
- Visit the DADS HCS or TxHmL program websites:  
<http://www.dads.state.tx.us/providers/HCS/index.cfm>  
<http://www.dads.state.tx.us/providers/TxHmL/index.cfm>
- Read DADS Information Letters  
<http://www.dads.state.tx.us/providers/communications/letters.cfm?ftype=HCS>  
<http://www.dads.state.tx.us/providers/communications/letters.cfm?ftype=TxHmL>
- Register for email alerts! Have your employee's register too  
<https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?qsp=307>



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# Thank you



Texas Department of Aging and Disability Services