



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR
EXECUTIVE COMMISSIONER

Memorandum

To: Program Support Units
Program Management
Operations Coordination
Utilization Management and Review
Managed Care Organizations

From: Emily Zalkovsky
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Medicaid/CHIP Division

Subject: Processing Medical Necessity/Level of Care Assessments for Community First Choice (CFC) Services or Upgrading CFC Recipients to HCBS STAR+PLUS Waiver

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The memorandum applies to the STAR+PLUS program and Home and Community Based Services (HCBS) STAR+PLUS Waiver (SPW). It is being issued to provide guidance to managed care organization (MCO) and program support unit (PSU) staff for processing medical necessity/level of care (MN/LOC) assessments for members being assessed for or receiving Community First Choice (CFC) services.

For Members Who Do Not Have an Existing MN/LOC

For CFC eligibility purposes, the MCO submits MN/LOCs in the Texas Medicaid and Healthcare Partnership (TMHP) long-term care (LTC) portal using either Service Group 19 or 23, depending on the member's age:

1. For STAR+PLUS members 21 years of age or older being assessed for CFC services, the MCO submits MN/LOC assessments in the TMHP LTC portal using Service Group 19. The Service Group 19 information is transmitted to the Department of Aging and Disability Services (DADS) to update the Service

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Authorization System (SAS). When this update occurs, medical necessity, level of care and diagnosis records are created.

2. For STAR+PLUS members under 21 years of age being assessed for CFC services, the MCO submits MN/LOC assessments in the TMHP LTC portal using Service Group 23. The Service Group 23 information is not transmitted to DADS to update SAS. The information is retained at TMHP. The only exception to this is when a member is aging into SPW. Policy for these types of members is described in the sections 5 and 6 below.

MCO staff follows policy and procedures issued in the LTC Community Services Waiver Programs User Guide available on the TMHP website when submitting MN/LOCs for either Service Group 19 or 23. Included on the first page of the guide is information related to CFC submissions.

For Members with an Existing CFC MN/LOC Who are Upgrading to SPW

When members have a current, approved MN/LOC assessment on file, different processes apply for utilizing or updating the existing MN/LOC assessments. Below is guidance MCO and PSU staff follow when processing these cases.

1. For STAR+PLUS members receiving CFC services who are upgrading to SPW (non-medical assistance only (MAO)) and the ISP begin date is less than 120 days from the MN/LOC approval date, the following activities occur:
 - a. The MCO must:
 - i. review and update the current MN/LOC if the member's condition has changed*;
 - ii. submit a significant change in status in the TMHP LTC portal, when applicable*; and
 - iii. post Form 2067 to TexMedCentral following the CFC naming convention described below in addition to required forms outlined in the STAR+PLUS handbook for initiating SPW services, explaining they are processing the member for SPW services in addition to CFC services.

*If the member's medical condition has not changed but the need for SPW is a result of other situations in the member's life, (e.g. a change in supports), the MCO can use the MN/LOC on file and does not need to update the MN/LOC or submit a significant change in status in the TMHP LTC portal.

- b. The PSU must:

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- i. follow current policy outlined in the STAR+PLUS handbook for authorizing SPW; and
- ii. extend the existing MN/LOC record by changing the end date of the record to match the Individual Service Plan (ISP) end date.

For example, a member receiving CFC services whose MN/LOC dates are 07/01/15 - 06/30/16 experienced a change in supports requiring an upgrade to SPW. The MCO submitted Form H1700-1 to the PSU on 08/10/15. The PSU approved the ISP and determined the member is eligible for SPW effective 09/01/15.

In this case, the ISP dates are 09/01/15 - 08/31/16 and the MN/LOC span period is revised to 07/01/15 - 08/31/16.

The MCO is required to reassess for CFC services within 12 months of the last CFC functional assessment. The MCO can sync the end date of the CFC service plan reassessment with the end date of SPW ISP so that ongoing, the SPW and CFC assessment dates match and there is a current MN/LOC for both programs.

2. For STAR+PLUS members receiving CFC services who are upgrading to SPW (non-MAO) and the ISP begin date is on or after 120 days from the MN/LOC approval date, and is more than 90 days prior to the end date of the MN/LOC, the following activities occur:

- a. The MCO must:

- i. review and update the current MN/LOC;
- ii. submit a significant change in status in the TMHP LTC Portal; and
- iii. post Form 2067 to TexMedCentral following the CFC naming convention described below in addition to required forms outlined in the STAR+PLUS handbook for initiating SPW services, explaining they are processing the member for SPW services in addition to CFC services.

- b. The PSU must:

- i. follow current policy outlined in the STAR+PLUS handbook for authorizing SPW; and
- ii. extend the existing MN/LOC record by changing the end date of the record to match the ISP end date.

For example, a member receiving CFC services whose MN/LOC dates are 07/01/15 - 06/30/16 experienced a change in condition requiring an upgrade to SPW. The MCO submitted a significant change in status in the TMHP LTC portal, which was

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approved. The MCO submitted Form H1700-1 to the PSU on 12/10/15. The PSU approved the ISP and determined the member is eligible for SPW effective 01/01/16.

In this case, the ISP dates are 01/01/16 - 12/31/16 and the MN/LOC period is revised to 07/01/15 - 12/31/16.

When the CFC functional reassessment is due, the MCO uses the existing MN/LOC to reauthorize CFC services and syncs the end date of the CFC service plan reassessment with end date of SPW ISP so that ongoing the SPW and CFC assessment dates match and there is a current MN/LOC for both programs.

3. For STAR+PLUS members receiving CFC services who are upgrading to SPW (non-MAO) and the ISP begin date is 90 days or less from the end date of the MN/LOC, the following activities occur:
 - a. The MCO must:
 - i. submit a reassessment MN/LOC; and
 - ii. post Form 2067 to TexMedCentral following the CFC naming convention described below in addition to required forms outlined in the STAR+PLUS handbook for initiating SPW services, explaining they are processing the member for SPW services in addition to CFC services.
 - b. The PSU must follow current policy outlined in the STAR+PLUS handbook for authorizing SPW, ensuring a reassessment MN/LOC has been submitted when authorizing SPW.

For example, a member receiving CFC services whose MN/LOC dates are 07/01/15 - 06/30/16 experiences a change in condition requiring an upgrade to SPW on 05/15/2016. The MCO submits Form H1700-1 to the PSU on 05/20/16. The PSU approves the ISP and determines the member is eligible for SPW effective 06/01/16. Since the MN/LOC expires within 90 days of when SPW services begin, the MCO must submit a reassessment MN/LOC.

In this case, the ISP dates are 06/01/16 - 05/31/17. The existing MN/LOC record will not be extended since the MCO is required to submit a reassessment MN/LOC, with the dates of 07/01/16 - 06/30/17.

4. For STAR+PLUS waiver members (non-MAO) who are adding CFC services, the MCO can use the MN/LOC on file regardless of the age of the MN/LOC to authorize CFC and sync the end date of CFC authorization with SPW authorization.

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5. For STAR+PLUS members receiving CFC services who are in Service Group 23 and who will begin receiving SPW (non-MAO) when they turn 21, the MCO submits a new MN/LOC using Service Group 19 following established age out policy.
6. For individuals receiving CFC services through fee-for-service Medicaid who are aging into STAR+PLUS, the MCO submits an initial MN/LOC using Service Group 19 following established age out policy.

Form 2067, Case Information, Naming Convention

When the MCO communicates the CFC status of a member to the PSU, the MCO must add a "CFC" status suffix to the naming convention currently used when posting the Form 2067 to TexMedCentral as follows:

Two-Digit Plan ID	Form #	Member ID, Medicaid # or SSN	Member Last Name (first four letters)	Sequence Number of Form	Status Suffix
##	2067	123456789	ABCD	1M or 1S	CFC

If you have any questions regarding this memorandum, you may contact Chris Welch at 512-428-1946 or chris.welch@hhsc.state.tx.us.