TEXAS INSIGHT
HEALTHCARE INTELLIGENCE

Health and Human Services

SMMCAC Service and Care Coordination and Service Delivery Options Subcommittee

November 5, 2025, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.

The Service and Care Coordination and Service Delivery Options Subcommittee focus on improvements related to service and care coordination, and service delivery options within managed care. Objectives include assessing best practices for care coordination; addressing state-level barriers hindering MCO deliver of care coordination services; clarifying terminology and definitions of service coordination and service management activities; and identifying possible improvements to ensure service coordination and service management is consistent within HHSC contract requirements; and, advising HHSC on service delivery models, including but not limited to Consumer Directed Services (CDS), Service Responsibility Option (SRO), and Agency option/agency managed option.

Members present: Demetria Haffort, Tyra Hinton, Beth Hughes, Jeff Humber.

1. Call to order, roll call, and introductions.

The meeting was convened by Demetria Haffort, Subcommittee Chair. A quorum was established

2. Consideration of May 7, 2025, draft meeting minutes.

The minutes were approved as drafted.

3. STAR Kids to STAR+PLUS transition

HHSC overview on managed care organization (MCO) service coordination assessment timelines

In Summary: Veronica Karam (STAR KIDS) and Demetra Alexander (STAR PLUS) presented service-coordination processes.

- Initial telephonic contact to new members required within 10 business days (STAR KIDS) and within 90 days (STAR PLUS).
- In-person assessment (SKSAI) due 15 business days for level 1, 30 days for levels 2-3 (STAR KIDS).
- Individual Service Plan (ISP) must be completed within 90 days after SKSAI.
- Minimum annual contacts vary by level: Level 1 = 4 face-to-face visits + monthly calls; Level 2 = 2 face-to-face visits + 6 calls; Level 3 = 1 face-to-face visit + 3 calls.

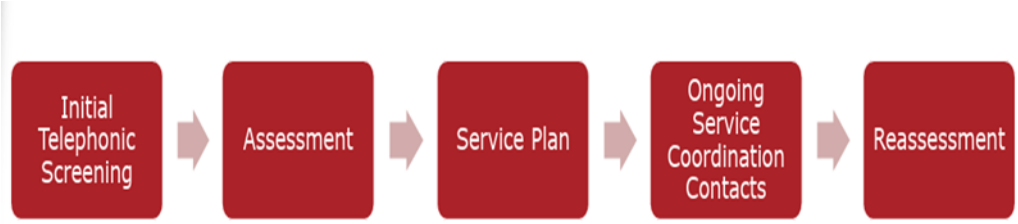
- Reassessment occurs annually, no earlier than 90 days before prior assessment anniversary and no later than 30 days before ISP end date; urgent reassessment within 14 or 21 days based on safety risk.

Presentation

Service Coordination

- Health and care management service
- Performed or arranged by a managed care organization (MCO)
- Purpose:
  - Identify a member needs;
  - Develop an individualized service plan to address the member's needs;
  - Coordinate with medical and non-medical service providers; and
  - Monitor the member's needs and access to services.

Service Coordination Process



STAR Kids

MCOs must call new members who enroll with the MCO.

	Description
Purpose	• Identify and prioritize which members need the most immediate attention • Inform the MCO on a member's service coordination level needs • Determine how soon the MCO must schedule a member's in-person assessment
Timing	• Within ten business days from a new member's enrollment
Reference	• 8.1.39 STAR Kids Initial Screening and Assessment Process

MCOs must visit members in person to complete the STAR Kids Screening and Assessment Instrument (SK-SAI).

	Description
Purpose	• Identify a member's conditions, service needs and preferences, natural supports, and goals • Obtain input from a member's legally authorized representative (LAR) • Inform whether a member needs additional assessments

Timing	• Depends on a member's service coordination level:
	  • Level 1: Within 15 business days of enrollment
	  • Level 2 or 3: Within 30 business days of enrollment

References	• 8.1.38.6 Service Coordination Levels • 8.1.39 STAR Kids Initial Screening and Assessment Process

2025

MCOs must work with members and members' LAR to develop a person-centered ISP.

	Description
Purpose	• Document SK-SAI findings • Document a member's status, needs, short- and long-term goals, and preferences
Timing	• No later than 90 days after completing the SK-SAI • Follow up no later than four weeks after completing the ISP
Reference	• 8.1.38.2 Individual Service Plan Description • 8.1.38.3 ISP Requirements • 8.1.43 Required Contact with STAR Kids Members

MCOs must contact members regularly to ensure the ISP is up-to-date and members are receiving services they need.

Service Coordination Level	In-person visit	Face-to-Face visit	Telephonic contact
Level 1	Once per year	Four per year	Monthly
Level 2	Once per year	Two per year	Six per year
Level 3	Once per year	Once per year	Three per year

Reassessment: MCOs must readminister the SK-SAI no less than annually and adjust a member's ISP accordingly.

	Description
Purpose	• Reevaluate a member's conditions, needs, and goals
Timing	• No sooner than 90 days prior to the one-year anniversary of the previous SK-SAI • No later than 30 days before the end of the ISP • As requested by the member • After being notified of a change in the member's condition
Reference	• 8.1.39.1 STAR Kids Reassessment

STAR+PLUS

Initial Contact: MCOs must call new members who enroll with the MCO.

	Description
Timing	• 90 days from the day the new member enrolls with the MCO
Purpose	• Identify and prioritize members who need the most immediate attention • Determine whether the MCO needs to conduct additional assessments

MCOs must use functional assessment instruments to identify the needs of members with significant health problems, immediate health care needs, and members who are at risk of needing facility-based long term services and supports (LTSS).

MCOs must conduct the following assessments in-person:

- Initial and annual reassessments for STAR+PLUS Home and Community Based Services (HCBS)
- Initial and annual functional reassessments for personal assistance services, Community First Choice (CFC), and day activity and health services
- Change in condition assessments that require or potentially require a change in the member's Patient Driven Payment Model Long-Term Care (PDPM LTC) level

The service plan is the central place for MCOs to document members' choices for services, supports, and who provides them.

The Service Plan or ISP is updated:

- At least annually;
- If there is a change in the member's health condition or supports;
- and Upon request by the member, the member's authorized representative, or member's LAR.

Service Coordination Contacts: STAR+PLUS Service coordination contacts are used to ensure the member is receiving medically necessary services and the member's needs are being met.

Service Coordination Level	Face-to-Face visit	Telephonic contact
Level 1 (Nursing Facility)	Quarterly	Two per year
Level 1 (Not Nursing Facility)	Two per year	Two per year
Level 2	Once per year	Once per year
Level 3	Once per year	Two per year

Reassessment: MCOs must conduct an annual reassessment and make necessary adjustments to a member's ISP.

	Description
Purpose	• Reevaluate a member's conditions, needs, and goals
Timing	• No earlier than 90 days before the ISP expiration • No later than 45 days before the MN/LOC expiration • As requested by the member • After being notified of a change in the member's condition
References	• 2.6.59 STAR+PLUS Assessments • 2.6.61.3 Annual Reassessment • 2.6.61.3.1 Reassessment Following a Change in Condition

Resources:
star-kids-contract.pdf
amended-star-plus-5.pdf
STAR Kids Handbook
STAR+PLUS Handbook

Discussion.

The difference between levels two and three nursing home eligible? For members in STAR Plus, if there is a change in the member's safety, it must be assessed within 14 days or 21 days if safety is a consideration. The assessment requirements are the same for both levels. The requirements for face-to-face and phone contact are different.

Transition support was addressed between STAR Plus and STAR kids. Level one members should get two face-to-face meetings annually. The extension should be for 12 months and not 6 months.

For people coming into managed care for immediate services, or those prioritized before the SKSAI. HHSC stated that during the intake the MCO must look at services being received and prior authorizations. Services are continued before the SKSAI if necessary. They must meet the medical criteria.

We hear from families who have not been assessed for community first choice. This should be examined for STAR Plus and STAR Kids.

MCO presentations.

In Summary. BCBS (Jana Britton, Kevin Warwood) presented a transition case study, identified barriers (provider shortages, PDN nurse availability, attendant-care wages, contact turnover) and best practices (early transition planning, community-partner engagement, centralized contact list).

Community First Health Plans (Mackenzie Johnson) described transition specialists, person-centered planning tools, newsletters, and resources to support families.
Presentations.

BCBS STAR Kids to STAR Plus Transition

A case Scenario was presented.

Barriers to Transitioning

Access to Complex Adult Care

- Providers and PDN Nurses
- Attendant care

Contacts for STAR+PLUS MCO Transition Team

- Assessment Process
- Approved Services

Guardianship Cost

- High legal cost

Transitional Housing and Day Habilitations

- STAR Kids/STAR Plus Acceptance

Transportation

-Rural Areas with limited access

Best Practices

- Begin Transition Planning early
- Engage all community partners: school, medical providers, federal agencies, state resources
- Help families create a clear timeline for transition planning
- Person-Centered Planning to determine best goals
- Provide a Transition Toolkit for families
- Use community partnerships to provide warm hand-offs

Resources

Transitionta.org

Gottransition.org

Transitioncurriculum.com

Community First Health- Pediatric to Adult Transition.

Role of the Transition Specialist

Community First Transition Specialists:

- Help Members prepare for adult services
- Coordinate with Service Coordinators and families.
- Provide education on adult services (e.g., STAR+PLUS).
- Ensure timely completion of transition activities.
- Identify transition needs.
- Ensure completion of transition activities.

Resources & Referrals

Resources

- Complex Care Medical Binder
- Member Newsletter
- Provider Newsletter

Community Referrals

- State/Federal Agencies (e.g., on aging or disabilities)
- Social Services (e.g., independent living or supported employment)
- Local Agencies (e.g., housing or SNAP)
- Civic/Religious Organizations (e.g., community, socialization)
- Advocacy Groups (e.g., legal aid and family support)

Health Care Transition

- STAR Kids eligibility ends on the last day of the month of the Member's 21st birthday.
- STAR+PLUS eligibility begins the first day of the following month for those who qualify.
- STAR+PLUS HCBS program may be available at age 21.
- Transition Specialist presents STAR+PLUS HCBS service options and explains enrollment pathways:
  - Through Maximus for individuals not receiving PDN/MDCP.
  - Through PSU for individuals receiving PDN/MDCP.

STAR+PLUS: Members Not Receiving PDN/MDCP

- **Continuity of Care:** For the first **6 months after STAR+PLUS enrollment**, any STAR Kids services continue under continuity of care provisions.
- **Initial Classification**: During this period, Members are classified as Level 1 Non-Waiver. STAR+PLUS has a dedicated team who manage Level 1 Non-Waiver Members and make upgrade referrals to HCBS waiver, if needed.
- **After 6 Months**: If HCBS waiver is not needed, the Member transitions to Level 2 or Level 3 based on LTSS services received. These Members can remain Non-Waiver and are eligible for PAS and DAHS services.
- **Upgrade Referral**: If an upgrade referral is made and approved, the Member becomes Level 1 Waiver.

STAR+PLUS: Members Receiving PDN/MDCP

- Age 20: STAR Kids Members begin working with a Transition Specialist to pre-enroll in the STAR+PLUS HCBS waiver program.
- STAR+PLUS team receives Form H3676A from the Program Support Unit (PSU).
- STAR+PLUS Service Coordinator completes initial visit and submits MNLOC (Medical Necessity and Level of Care) to TMHP.
- MNLOC is approved and cost ceiling limit is identified. Assessor creates at least two Individualized Service Plans (ISPs) that stay within the cost ceiling.
- Member/LAR selects preferred ISP and signs the agreement with the ISP.
- Chosen ISP is entered into the TMHP portal.
- PSU issues Form H2065D to confirm official ISP date.
- Member is classified as Level 1 Waiver.

STAR+PLUS Services

Long-term services and supports:	Other services under the STAR+PLUS Home and Community-Based Services program:
Day Activity and Health Services (DAHS)	Personal assistance services
Personal assistance services	Adaptive aids
Habilitation services (learning to do activities of daily living)	Adult foster care home services
Emergency response services	Assisted living
	Emergency response services
	Home delivered meals
	Medical supplies
	Minor home modifications (making changes to your home so you can safely move around)
	Nursing services
	Respite care (short-term care to provide a break for caregivers)
	Therapies (occupational, physical and speech-language)
	Transition assistance services if someone is leaving a nursing facility to live in their home
	Dental
	Protective Supervision
	Financial Management Services
	Supportive Employment/Employment Assistance.

A case study was presented.

Discussion (Both Presentations)

The concern is that in the examples young people are transitioning from family to nursing home at age 21. There is a requirement for early planning. Training must be

done on family-based alternatives. There is work to be done on medically fragile individuals.

Do you have a discussion about alternatives to guardianship? The speakers stated they are having conversations about other options. The plans work to keep people in their homes, and all alternatives are presented.

Parent to Parent has a checklist for transitioning. Sharing resources is important

4. Discussion on the SMMCAC 2025 annual report and possible integration of various recommendations from the former STAR Kids Managed Care Advisory Committee 2023 report

There was a handout and even though this was requested to be made public, the subcommittee chose not to do so.

The following was discussed from the mystery report.

- Extend the level-1 transition period for STAR Kids to STAR PLUS to 12 months.
- Create a centralized, regularly updated MCO contact list.
- Standardize authorization formats for LTSS across MCOs.
- Provide training on family-based alternatives to guardianship.
- Improve portal access for providers to view authorizations and ISPs.

5. Public comment. No public Comment was offered.

6. Action items and future agenda topics.

Vote on recommendations from the report
Next meeting February 11, 2025.

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