February 22, 2012

To: Community Based Alternatives providers
    Community Living Assistance and Supports Services providers
    Deaf Blind with Multiple Disabilities providers
    Home and Community-based Services providers
    Medically Dependent Children Program providers
    Texas Home Living providers

Subject: Information Letter No. 12-26
    Expansion of STAR in the Medicaid Rural Service Areas

On March 1, 2012, Texas Medicaid is expanding the STAR Medicaid managed care program to serve clients in the 164 rural counties, Medicaid Rural Service Area, in which STAR+PLUS is not operating. The STAR program in the Medicaid Rural Service Area (Medicaid RSA) is a Medicaid model that will serve Medicaid clients who do not receive Medicare and are currently covered by the Primary Care Case Management (PCCM) program for their acute care services.

It is important to note that services in the STAR program are for Medicaid acute care services only and are not intended to replace any waiver services being provided through the Department of Aging and Disability Services (DADS) 1915(c) waiver programs.

Not all Medicaid clients are affected by this change.

1. **Children age 20 and younger receiving Supplemental Security Income (SSI)** may voluntarily choose to enroll in Medicaid managed care, but they also may choose to continue to receive their acute care services through traditional Medicaid fee-for-service.

2. **Adults age 21 and older receiving SSI** will receive their acute care services (office visits to their doctor, prescription drugs, emergency room and inpatient hospital visits, etc.) through Medicaid managed care.

3. **Clients with both Medicaid and Medicare** whose acute care services (including pharmacy) are covered under Medicare are not affected.

In November, the Health and Human Services Commission (HHSC) began mailing enrollment packets to clients eligible to enroll in the STAR program asking them to select a managed care organization (MCO) to provide services to them beginning March 1, 2012. Clients who did not receive a packet, or who declined to select an MCO, will not be enrolled in managed care at this time.
time. They will continue to receive their services through traditional Medicaid fee-for-service. In the coming months, clients will get another letter from HHSC again offering them the option of enrolling in the STAR program.

Clients who selected a health plan by February 10, 2012, were enrolled in STAR. However, providers and advocates raised concerns about the enrollment of Medicaid clients who receive services through a DADS 1915(c) waiver program into the STAR program. Because of these concerns, all clients who selected a managed care organization to deliver their acute care services will be contacted to confirm that they understood how the STAR program operates. Adults who want to opt out of managed care until they receive more information or children who want to opt out of managed care will be given instructions on how to do so.

HHSC will provide additional education and outreach to individuals who are served in the following programs to ensure that they understand the STAR program prior to being enrolled in it:

- Community Based Alternatives (CBA)
- Community Living Assistance and Supports Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)

HHSC and DADS are working closely with the MCOs to provide training and educational opportunities for consumers, providers, advocates, and stakeholders regarding the STAR program. HHSC and DADS are also working to ensure that MCOs have an understanding of the various DADS waiver programs and the population they will be serving and to ensure processes are in place to coordinate care when necessary.

HHSC and DADS will determine when Medicaid clients in the DADS waiver programs will be enrolled into managed care. New enrollment packets will be sent to clients at that time, explaining their options.

Thank you for your continued service to Texas Medicaid clients. We appreciate the important role you play in the Medicaid program. All questions regarding this issue may be directed to managedcare_exp2012@hhsc.state.tx.us.

Sincerely,

[signature on file]

Billy Millwee
Deputy Executive Commissioner for Health Services Operations
Health and Human Services Commission

Gary Jessee
Assistant Commissioner for Access and Intake
Department of Aging and Disability Services
STAR Program in the Medicaid Rural Service Area
Provider Questions & Answers
for Individuals in DADS 1915(c) Waiver Programs

The following questions and answers apply to Medicaid clients residing in the Medicaid Rural Service Area (Medicaid RSA) for the STAR expansion who receive waiver services through one of the following the Department of Aging and Disability Services (DADS) 1915(c) waiver programs and do not receive acute care services through Medicare:

- Community Based Alternatives (CBA)
- Community Living Assistance and Supports Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)

What are STAR Medicaid RSAs, and how do clients know if they reside in a STAR Medicaid RSA area?

The STAR Medicaid RSA includes the following geographic areas – Northeast, Central, and West. A map of the Medicaid RSA is included with this letter. Clients residing in the Medicaid RSA receive enrollment information for their area.

How enrollment in STAR in the Medicaid RSA affect a Medicaid client’s current services?

Clients will continue to receive all Medicaid benefits they currently receive. Waiver services will continue to be delivered through DADS. However, acute care services will be provided through Medicaid managed care. In the coming months, you will be notified when STAR enrollment in the Medicaid RSA will reopen for these clients.

Is an adult receiving Supplemental Security Income (SSI) and waiver services required to get their acute care services through the STAR in the Medicaid RSA?

Not at this time. Adults age 21 and older receiving SSI who get their waiver services through DADS will not be required to receive their acute care services through STAR in the Medicaid RSA until a later date. They will receive their acute care services through traditional Medicaid fee-for-service for now.
Are children receiving SSI and waiver services required to get their acute care services through STAR in the Medicaid RSA?

No. Children age 20 and younger who receive SSI may choose to receive their acute care services through STAR in the Medicaid RSA, but their participation is voluntary. They also may choose to continue receiving their acute care services through traditional Medicaid fee-for-service.

What if someone receives both Medicare and Medicaid services?

Clients who receive Medicare and Medicaid are not eligible to receive acute care services through the STAR program.

What if a Medicaid client got an enrollment packet for STAR in the Medicaid RSA and did not respond? Will they automatically be enrolled? If they want to be in it, can they enroll now?

Only adults age 21 and older who chose a health plan will be enrolled in STAR in the Medicaid RSA at this time. Clients who did not respond to the enrollment packet will continue to receive their acute care services through the traditional Medicaid fee-for-service program for now. In the coming months, clients will get a letter from HHSC telling them when and how they may enroll in STAR in the Medicaid RSA.

If a Medicaid client chose a health plan, but now wishes not to be enrolled in STAR in the Medicaid RSA, can they stay with traditional Medicaid fee-for-service?

Children age 20 and younger who receive SSI are always voluntary participants for STAR in the Medicaid RSA. Adults age 21 and older have the option of disenrolling from STAR in the Medicaid RSA and receiving their acute care services through traditional Medicaid fee-for-service for now. Clients may disenroll by calling toll-free 1-800-964-2777 (TTY 1-800-267-5008).

What if a Medicaid client never got an enrollment packet?

They will not be enrolled in STAR in the Medicaid RSA program at this time.

What if a Medicaid client receives an enrollment packet before STAR enrollment reopens in the Medicaid RSA?

They will not be allowed to enroll at this time.
Service Area | Counties Served
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