

State Profile

Summary of Care Coordination Contract Provisions for the Texas STAR+PLUS Program

This summary was prepared for a study of care coordination in managed long-term services and supports programs, conducted by Truven Health Analytics for the AARP Public Policy Institute.¹ Contracts from the following states were included in the study: AZ, CA, DE, FL, HI, IL, KS, MA, MN, NJ, NM, NY, OH, RI, TN, TX, VA, and WI. The full report and contract summaries from the 18 states are available at www.aarp.org/carecoordination. The full report includes a compilation of findings across the states.

Texas Contract Provisions

Element	Contract Requirement	Summary and Notes
Care Coordination Eligibility and Choice		
1) Which members are eligible for care coordination?	Other	All STAR+PLUS members are eligible for care coordination, based on their needs, or by request.
2) Can eligible members opt out of care coordination?	Yes	Member may opt out of service coordination, and the contractor must note this in that member's case file.
3) Can members choose or change care coordinators?	Not addressed in contract	
Care Coordinator Qualifications		
4) Are care coordinators required to have college or nursing degrees?	Yes	Degree requirements vary by member need level, as follows: <ul style="list-style-type: none"> • Level 1 (nursing facility level of care) care coordinator must be a registered nurse (RN) or nurse practitioner (NP); and • Level 2 (receiving personal assistance or adult day health) care coordinator must have an undergraduate or graduate degree in social work or a related field, or be a licensed vocational nurse, RN, NP, or physician assistant; or have a minimum of a high school diploma or GED and direct experience with the population in 3 of the past 5 years.
(continued)		



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Element	Contract Requirement	Summary and Notes
Care Coordinator Qualifications (continued)		
5) Are care coordinators required to have experience in long-term services and supports or disability?	Yes	Contractors must employ as service coordinators persons experienced in meeting the needs of people with disabilities, old and young, and other vulnerable populations.
6) Are care coordinators required to receive training?	Yes	Service coordinators are required to attend 16 hours of training every 2 years in topics such as populations served, assessment of medical and behavioral health, preadmission screening and resident review requirements, person-directed planning, and respect for cultural, spiritual, and ethnic beliefs of others.
Cultural Competency of Care Coordination		
7) Are care coordinators required to speak languages other than English when the other language is used by members?	No	
8) Are translation/interpretation services required when a care coordinator does not speak a member's language?	Yes	Contractor must make efforts to provide interpreters and translated materials as needed by members. Contractor must submit a cultural competency plan to the State that addresses linguistic access.
Care Coordinator Assignments, Contact Requirements, and Role		
9) Are care coordinators with certain specialties (e.g., nursing, social work, behavioral health) assigned based on the needs of members?	Yes	Care coordinators must have expertise related to the specialized needs of their members, or access to expertise as needed within the contractor. Examples of expertise are behavioral health, substance abuse, long-term services and supports, consumer direction, and end-of-life care.
10) Is in-person contact required and at what frequency?	Yes	<p>In-person contact requirements vary by care level, as follows:</p> <ul style="list-style-type: none"> • Level 1 members in nursing facilities must have quarterly in-person visits; all other Level 1 members must have at least two in-person visits annually. • Level 2 members receiving long-term services and supports for Personal Assistance Services (PAS) or Day Activity and Health Services (DAHS) must have at least one in-person contact annually. • Also, members with behavioral health or substance abuse issues must have at least one in-person contact annually.
11) Is telephonic or other remote contact required?	Yes	<p>In addition to the in-person contact specified above, the following telephone contact is required:</p> <ul style="list-style-type: none"> • Level 2 members receiving long-term services and supports for PAS and DAHS must have at least one telephone contact annually. • Members with behavioral health or substance abuse issues must have at least one telephone contact annually. • Dually eligible members must have two telephone contacts annually. • All other members who are neither Level 1 nor Level 2 must receive two telephone contacts annually.
<i>(continued)</i>		

Element	Contract Requirement	Summary and Notes
Care Coordinator Assignments, Contact Requirements, and Role (continued)		
12) Must initial contact with a new member be made within a specified time period?	Yes	Members must be contacted in order to participate in and agree with the development of a transitional plan of care within 30 days of enrollment.
13) Is an assessment required at initial enrollment?	Other	Services may be provided for up to 6 months from a previously existing assessment, but this must be reviewed and a transitional plan developed.
14) Is reassessment required and at what frequency?	Yes	An annual reassessment is required for all members to ensure they are receiving the appropriate services. Reassessments must also be completed on request of the member, or as needs change.
15) Does the care coordinator authorize long-term services and supports?	Yes	Contractor must give care coordinators authority to authorize long-term services and supports.
16) If the member chooses a participant-directed option, does the care coordinator continue to provide coordination?	Yes	Care coordinators must inform members of self-directed options and assist them with executing the options.
17) Does the care coordinator play a role when members use a transition program such as Money Follows the Person to move out of institutional settings?	Yes	Members participating in Money Follows the Person are designated as a priority population.
18) Does the member have a single point of contact who coordinates across specialized coordinators when needed (e.g., coordinates across long-term services and supports, behavioral, medical specialists)?	Yes	Members at Levels 1 and 2 have an individual person assigned who acts as the single point of contact.
Care Coordination Role with Family Caregivers		
19) Are family caregivers asked directly about (a) their own health and well-being; (b) level of stress and feelings of being overwhelmed; (c) need for training in assisting the member; and (d) any additional services or supports needed to better carry out their roles?	Not addressed in contract	
20) Does the plan of care address needs of the family caregiver raised during the assessment process?	Not addressed in contract	
21) Are family caregivers given care coordinator contact information?	Not addressed in contract	
Care Coordination Information Tools		
22) Does the care coordinator have access to centralized member records?	Yes	Service coordinator is responsible for maintaining a centralized record related to member contacts, assessments, and service authorizations.

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Element	Contract Requirement	Summary and Notes
Care Coordination Information Tools (continued)		
23) Does the care coordinator have access to an electronic care coordination program?	Yes	Contractor must operate a system that supports all care functions.
Care Coordination Structures, Policy, and Oversight		
24) Are care coordination caseload ratios required?	Other	Contractor must provide the anticipated maximum caseload for each care coordinator (number of members per care coordinator) and the assumptions used in developing the maximum caseload estimate.
25) Does state program monitoring include a specific focus on care coordination?	Yes	Contractor must submit an annual care coordination report.
26) Outcomes measurement: Does the model include an evaluative component, through which the outcomes of the care coordination are periodically measured?	Other	Contractor must have a quality improvement strategy, but not specifically related to care coordination.
27) Care coordination entity	Partners permitted	The contract neither requires nor prohibits the contractor from using subcontractors to perform care coordination.

Contract Reviewed: Texas Health & Human Services Commission, STAR+PLUS MRSA Contract Terms and Conditions, Version 1.0 (December 15, 2013).

- 1 Saucier, P. and B. Burwell. 2015. *Care Coordination in Managed Long-Term Services and Supports*. AARP Public Policy Institute.

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