

## ADDENDUM to

### State of Texas, Health and Human Services Commission' Proposal to the Centers for Medicare and Medicaid Services

#### Texas Dual Eligibles Integrated Care Demonstration Project

##### Integration of Benefits

The State is proposing to exclude members that have been in an institutional setting for over 4 months. How will the State ensure the plans are accountable to try to provide care to these individuals rather than incurring the costs for the 4 months until the beneficiary moves to FFS?

Response:

*The State will not exclude members in institutional settings for over 4 months as originally proposed and received CMS approval for an amendment to its STAR+PLUS section 1115(a) demonstration that will allow the full nursing facility benefit to be carved in.*

Please provide additional detail on the quality incentive payment program for NFs and how this will be integrated into and carried out through the demo.

Response:

*The State has been legislatively directed to develop a quality-based payment incentive program for the carve-in of nursing facilities into managed care, to be implemented by 2017. This program is still in development and as it evolves the State will seek ways to include the Demonstration population and goals.*

##### Care Model

Please provide more information about how enrollees will be assigned to Health Homes, e.g. is the state pursuing a SPA under section 2703 (pgs 8 and 20)?

Response:

*No, all STAR+PLUS MMPs will cover an integrated set of Medicare and Medicaid benefits under this Demonstration. These plans will employ Service Coordinators who will lead interdisciplinary Service Coordination Teams, including the enrollee, their caregiver(s), their PCP, and any other providers that the enrollee and/or Service Coordinator determine is necessary. This Service Coordination Team will serve as a "health home" for Demonstration enrollees.*

##### Beneficiary Protections

Please describe the requirements and processes Texas has in place to ensure all care meets the beneficiary's needs, allows for involvement of caregivers, and is in an appropriate setting, including in the home and community.

Response:

*Texas will require that all STAR+PLUS MMPs follow a person-centered approach to providing services. The State will also track the STAR+PLUS MMPs' performance in meeting specified quality benchmarks, including tracking the number of enrollees in institutional and home and community-based settings.*

Please describe the requirements and processes Texas has in place to ensure that beneficiaries are meaningfully informed about their care options.

Response:

*Texas will require that Service Coordinators be trained on person-centered care planning and philosophies in order to include enrollees as members of the Service Coordination Teams and to involve them in decision-making around their care. The State will continue to allow for the option of self-direction for those enrollees accessing HCBS.*

Will Texas be willing to extend the appeal timeframe to 60-days to provide additional protections for beneficiaries and to comport with Medicare requirements?

Response:

*Yes, enrollees will have 60 days to file appeals for all Demonstration covered services and flexible benefits.*

**Data**

Please provide written confirmation that the State will provide to CMS any required beneficiary-level expenditure data and covered benefits for the most recently available three years, including available encounter data in capitated models.

Response:

*Yes, Texas confirms that the State will provide this data to CMS as necessary.*

Please provide written confirmation that the State will provide to CMS a description of any changes to the State Plan that would affect Medicare-Medicaid enrollees during this three year period (e.g., payment rate changes, benefit design, addition or expiration of waivers, etc.).

Response:

*Yes, Texas confirms that the State will provide this information to CMS as necessary.*

Please provide written confirmation that the State will provide to CMS data on State supplemental payments to providers (e.g., DSH, UPL) during the three year period.

Response:

*Yes, Texas confirms that the State will provide this information to CMS as necessary.*