



# Community Living

Training for Care Providers of Long Term Services and Supports



# STAR Kids

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STAR Kids members qualify for Social Security disability benefits and their health care needs are covered by Medicaid.

These children and young adults have special needs that are complex enough to qualify them for nursing home level of care. They may have developmental disabilities that are intellectual, behavioral and/or physical. We are dedicated to supporting them on an individual needs basis to maximize their quality of life.

With the help of Long-term services and supports (LTSS) in their home or community, many STAR Kids members are able live with their families in their homes.

# LTSS Care Provider Responsibilities

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As an LTSS provider, you have the responsibility to:

- Treat each member with respect
- Help ensure member choice in their care
- Verify member eligibility and prior authorization for services
- Report critical incidents such as abuse, neglect and exploitation
- Alert the member's service coordinator if you notice a change in the member's condition or situation
- Coordinate Medicaid care for members who are also eligible for Medicare
- Coordinate care for all members with the person-centered planning team
- Use restraints only as a last resort and only as planned, reviewed and documented

Employment service providers have the added responsibility of developing and updating a plan for delivering services.



# Supporting Individual Needs

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STAR Kids members should be treated with respect and courtesy, and be included in decisions affecting them.

**Culturally Appropriate Care** – Everyone has the right to care that is respectful of their culture, beliefs and practices. You can access National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) at [ThinkCulturalHealth.hhsc.gov](http://ThinkCulturalHealth.hhsc.gov).

**Special Accommodations** – Many of our members require special accommodations. If a member has trouble communicating with you due to language barriers, or has a need for hearing or visual aids, please call our customer service at **888-887-9003**.

To learn more about your responsibility to provide accommodations, go to [ADA.gov](http://ADA.gov) > Technical Assistance Materials > [Title III: Materials Specifically for Business and non-profits](#).

# Medically Dependent Children Program

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Some STAR Kids are participants in the Medically Dependent Children Program, which encourages the transition from nursing homes to the community. It is a home- and community-based waiver service authorized under §1915(c) of the Social Security Act.

## **Services may include:**

- Adaptive aids – items that provide assistance with daily living
- Minor home modification
- Adult day health services
- Employment assistance
- Supported employment
- Respite services

# Flexible Family Support Services

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STAR Kids members in the Medically Dependent Children's Program may qualify for Flexible Family Support Services (FFSS).

With FFSS, a personal care attendant may visit the home to assist a preschool or post-high school age member get ready for the day when the primary caregiver is unavailable due to work, school or other reasons.

The attendant helps the child or young adult member with basic activities of daily living (ADL) such as bathing or dressing, more complex instrumental activities of daily living such as preparing meals, or skilled tasks so they can attend child care, post high school education or care in an independent living facility.

# Other LTSS Services for STAR Kids

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STAR Kids members who are not in the Medically Dependent Children's Program may be eligible to receive:

- Private duty nursing
- Personal care services
- Community First Choice
  - Personal assistance
  - Habilitation services for help with basic skills
  - Emergency response services
  - Support management

# Consumer-Directed Services Option

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Consumer-Directed Services (CDS) is a service structure that allows families to directly employ and manage the attendants who provide their long-term services and supports.

They do not handle the financial aspects of an employer. Members are required to use a CDS agency for managing financial tasks associated with this option, such as timesheets and payroll.

CDS can be used for:

- Respite services
- Flexible Family Support Services
- Private duty nursing
- Personal care services



# Value-added Services

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We offer a number of additional services to supplement standard health plan benefits. Value-added Services include:

- Incentives for annual wellness exams
- Respite care
- Home-delivered meals
- Extra behavioral health support

Most Value-added Services are available once per calendar year unless otherwise noted. Some are available based on medical necessity. These services may change in September and March of each year.

For a list of the most current value-added services, please visit [UHCCommunitPlan.com](http://UHCCommunitPlan.com) > For Healthcare Professionals > Texas > Bulletins > Provider Reference Guides > [Value-added Services](#) . You may also call customer service at **888-887-9003**.



# Our Responsibility to Promote Independence

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In 1999, two individuals with mental and cognitive disabilities won a court case (*Olmstead*) citing that the American with Disabilities Act included the right for them to live in the community rather than in a state institution. Because of this case, the Texas the Department of Aging and Disability Services and Health and Human Services Commission have a responsibility to promote independence.

While our members' needs may be severe enough to require a nursing facility level-of-care, it is our priority to secure resources to allow them to live to the most independent degree possible, preferably in the community of their choice.



**Transition Assistance Services:** This once-in-a-lifetime financial assistance helps a member move back into the community after living in a nursing facility

# Enjoying Community Life and Choice

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Members need to be able to make the most of their life in the community. It is your responsibility to deliver care that:

- Encourages member choices
- Is person-centered and unique to each member
- Respects member rights
- Is accessible to community living
- Helps ensure personal freedom in residential living



For specific ways to incorporate this into everyday care, visit [Medicaid.gov](https://www.Medicaid.gov) > Medicaid – CHIP Program Information > By Topics > Long Term Services & Supports > [Home & Community-based Services](#).

# Coordinating Care

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A person-centered plan of care is created with the member and member's family and specifies which services will be covered.

We coordinate services through CommunityCare, our online coordination tool available through Link. Go to [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) and sign in to Link to access the application. The service coordinator arranges for the services by contacting the provider and entering an authorization into our system.

You are a vital part of each member's person-centered coordination team. Since LTSS care providers see our members on a regular basis, you are in the unique position of knowing if they experience a change in their condition or circumstances.



If you notice a change in their condition or circumstances, please call the member's service coordinator directly or call the service coordination hotline at **800-349-0550**.

# Before Delivering Services

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Before you deliver services, verify that the person is both a current UnitedHealthcare Community Plan member and eligible for Medicaid. Use the Eligibility & Benefits application on Link to check member eligibility. Go to [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) and sign into Link to access the application. Or call Customer Service at **888-887-9003**.

To verify Medicaid Eligibility online, go to [TMHP.com](https://TMHP.com) > Providers and click on “Go to TexMedConnect” in the upper right hand corner of the page. Or call the *Your Texas Benefits* care provider helpline at **855-827-3747**.

You should also ensure that services were authorized by the service coordinator. You can verify prior authorization at [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > [Notification/Prior Authorization Status](#).

The authorization must match the type of services, service codes and duration of service (number of units) and dates.



# Abuse, Neglect and Exploitation

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Abuse, neglect and exploitation qualify as critical incidents. Be sure to complete our training on Critical Incident Reporting, which includes information on how to recognize and report abuse, neglect and exploitation. Go to [UHCCommunityPlan.com](https://UHCCommunityPlan.com) > For Health Care Professionals > Texas > [Provider Training](#) > Critical Incident Reporting.



**Any knowledge or suspicion of abuse, neglect or exploitation must be reported. If a member is in danger, call 911 first and try to get them to safety.**

# Critical Incident Reporting

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Report knowledge or suspicions of abuse, neglect or exploitation to the Texas Department of Family Protective Services:



**Phone:** 800-252-5400



**Online:** [TXAbuseHotline.org](https://www.txabusehotline.org)  
(in follow-up or in a non-emergency)

# Critical Incident Reporting

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In addition to reporting to the Texas Department of Family and Protective Services, also report any knowledge or suspicion of abuse, neglect or exploitation to UnitedHealthcare Community Plan:



**Email:** [critical\\_incidents@uhc.com](mailto:critical_incidents@uhc.com)



**Fax:** 855-371-7638

You must also report to Department of Aging and Disability. Critical incidents must be entered in the Critical Incident Data Reporting system. For more details, visit [DADS.state.tx.us](http://DADS.state.tx.us) > Forms and Handbooks > Home and Community-based Services Handbook > [Critical Incident and Death Reporting](#).



# Restraints

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Restraints should only be used as a last resort, with the least amount of restraint necessary to prevent harm and for the shortest time possible.

Any restraining needs to be documented in the member's care plan with proper prior review and approvals. Seclusion is not to be used as restraint.

Train staff regarding the use and alternatives of restraint in accordance with §9.179 of the [Texas Administrative Code](#) > Title 40: Social Services and Assistance > Part 1: Department of Aging and Disability Services > Chapter 3: Responsibilities of States and Facilities > [Subchapter F: Restraints](#).

# Electronic Visit Verification

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Electronic Visit Verification (EVV) is required for personal assistant services as an established tool to confirm services were delivered to members.

- Personal assistance services and personal care services provided in the home and in the community
- In-home respite care
- Community First Choices Services - Habilitation and personal assistant services only
- Flexible Family Support Services

Wait to submit claims until after you have verified that the attendants have accurately and completely electronically verified all the visits for which you plan to submit claims.



For more information visit [UHCCommunityPlan.com](https://UHCCommunityPlan.com) >  
For Health Care Professionals > Texas > Bulletins >  
[Electronic Visit Verification](#).



# Preparing Claims

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Claims are paid according to the [DADS.state.tx.us](https://DADS.state.tx.us) > Doing Business with DADS > Resources > HIPAA > [Bill Code Crosswalks](#).

Claims must be received by UnitedHealthcare Community Plan within 95 calendar days of the date of service to be considered for payment.

You can submit claims through [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) > Claims & Payments > Claims Submission or use a clearing house of your choice. Payer ID is **87726**.



Or, mail CMS 1500 forms to:

STAR Kids  
PO Box 5290  
Kingston, NY 12402-5290

STAR+PLUS and DSNP  
P.O. Box 31352  
Salt Lake City, UT 84131-0352



# Claim Payment

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We pay clean claims within 30 business days or faster for claims submitted online. Claims are considered “clean” when:

- You are in good network standing for the dates of service billed
- All required coding is submitted on the claim:
  - CPT/HCPCS Code
  - Modifiers (if applicable)
  - ICD10
- Medicaid eligibility has been confirmed for the dates of service billed
- Medical necessity determination (prior authorization as applicable) is in place for the dates of service billed

## Electronic Payment

You can receive direct deposit of your claims and see statements online. For more information and to register, visit [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) > Help > Electronic Solutions > [Electronic Payments & Statements](#).



# Claim Adjustments and Reconsiderations

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If you believe a claim was processed incorrectly, please call **888-650-3462**. A provider representative will help you.

You may submit a claims reconsideration request through Link at [UnitedHealthcareOnline.com](https://UnitedHealthcareOnline.com) > Claims & Payments > Claims Reconsideration. The deadline for submitting a claim reconsideration is 120 calendar days from the disposition date of the original claim.

# Appeals and Complaints

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If you are not satisfied with the outcome of a claim reconsideration, you may submit a formal Claim dispute/appeal using the process outlined in your provider manual at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Texas > [Manuals](#).

You may file complaints with UnitedHealthcare Community Plan by submitting the form located at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > Texas > Provider Forms > [Provider Complaint/Grievance Form](#). Customer Service is available to provide direction at **888-887-9003**. Notification of receipt of request will be given within five business days. A decision is rendered within 30 calendar days.



# Fraud, Waste and Abuse

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Suspicious activities include:

- **Fraud** – intentionally billing for a service that was not delivered
- **Waste** – delivering an unnecessary service and billing for it
- **Abuse** – billing for a full unit when only a portion of a unit was delivered

It is everyone's responsibility to report suspicions of fraud, waste and abuse, especially as related to public Medicaid business.

Protections for those who report fraud, waste and abuse include the Federal False Claims Act, the Texas False Claims Act and the Whistleblower Act.

# Reporting Fraud, Waste and Abuse

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There are a number of ways to report fraud, waste or abuse:



Report online to the Health and Human Services Commission Office of Inspector General at [OIG.hhsc.state.tx.us](http://OIG.hhsc.state.tx.us) > [Report Fraud](#) or call **800-436-6184**.



Call us at **888-887-9003**



Report by mail to:

UnitedHealthcare Community Plan  
**Attn: Compliance**  
14141 Southwest Freeway, Ste. 800  
Sugar Land, TX 77478





# Attendant Compensation Rate Enhancement

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Employees who work directly with members are eligible for added compensation for their services. This applies to unlicensed attendants who provide services such as personal assistance with activities of daily living (ADL) and instrumental ADL.

For more information visit [HHSC.state.tx.us](http://HHSC.state.tx.us) > Providers and Vendors > Rate Analysis > Long-Term Services and Supports > [Primary Home Care](#).

You can also go to [UHCommunityPlan.com](http://UHCommunityPlan.com) > For Healthcare Professionals > Texas > Provider Training > Additional Resource Materials > [Attendant Compensation Rate Enhancement](#) or contact your provider advocate.

# Contact Information

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Keep your practice information current in our systems and directories so members can find you and payments get to you. Let us know about any changes to name, service or billing address, phone number; National Provider Identification number; Texas Provider Identification number; or Tax Identification Number.

Remember to also update your information with the Texas Health and Human Services Commission. Visit [TMHP.com](https://www.tmhp.com) > Providers. Click on “Go to TexMedConnect” in the upper right hand corner and log in to update your profile.

Changes involving identification numbers or name need to be submitted to TMHP using a [Provider Information Change Form](#) available at [TMHP.com](https://www.tmhp.com) > Providers > Forms.

# Medicaid Re-enrollment

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As an LTSS provider, you are required to re-enroll every three years for Texas Medicaid through the Texas Department of Aging and Disability.

The Patient Protection and Affordable Care Act require state Medicaid agencies to revalidate the enrollment of all state Medicaid program care providers.

For more information, go to [TMHP.com](http://TMHP.com) > providers > [provider re-enrollment help is here](#).

# Important Resources

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- The Texas Medicaid Provider Procedure Manual is available at [TMHP.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://TMHP.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx)
- UnitedHealthcare Community Plan's Manual is available at [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Health Care Professionals > TX > [Manuals](#).
- [Network Bulletin](#): Monthly newsletter posted to [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > News & Newsletter
- [Practice Matters](#): Quarterly newsletter posted to [UHCCommunityPlan.com](http://UHCCommunityPlan.com) > For Healthcare Professionals > Texas > Newsletters
- Alerts
  - The Texas Medicaid & Healthcare Partnership at [TMHP.com](http://TMHP.com)
  - [UHCCommunityCare.com](http://UHCCommunityCare.com) > For Health Care Professional > Texas > [Bulletins](#) > Provider Alerts

# Additional Resources

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Provider Services is available at **888-887-9003**, Monday through Friday, 8:00 a.m. to 5 p.m. Central Time, except major holidays. They can help answer benefit questions, secure member services (help with getting to appointments and translators, including sign language).

Our LTSS Provider Services is available at **888-787-4107** during regular business hours central time. You also can email [uhc\\_cp\\_prov\\_relations@uhc.com](mailto:uhc_cp_prov_relations@uhc.com).

**Thank you!**

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