

## **Frequently Asked Questions Medically Dependent Children Program (MDCP) Medical Necessity (MN) Determination**

**Q:** What information is used to help determine medical necessity?

**A:** STAR Kids health plans collect information that the Texas Medicaid Healthcare Partnership (TMHP) uses for MDCP medical necessity determinations with the STAR Kids Screening and Assessment Instrument (SK-SAI).

**Q:** Who at the STAR Kids health plan will complete the SK-SAI?

**A:** STAR Kids health plan service coordinators or nurse assessors will meet with you at your home to complete the SK-SAI.

**Q:** Who makes medical necessity decisions?

**A:** Once the MCO has completed the SK-SAI, they submit the SK-SAI to Texas Medicaid & Healthcare Partnership (TMHP). TMHP determines if the member meets medical necessity and will approve or deny eligibility. The MCO does not approve or deny medical necessity.

TMHP doctors and nurses make the determination of medical necessity on a case-by-case basis. All MDCP denials based on medical necessity decisions are denied only after a TMHP physician review of the documentation.

**Q:** Once my child has received a medical necessity determination, will they be required to be reevaluated for medical necessity to continue receiving MDCP?

**A:** The member must receive a medical necessity determination annually to remain eligible for MDCP. Services are authorized for a 12-month period.

**Q:** I have received a letter from TMHP stating that my child does not meet the medical necessity requirements for MDCP. What does this mean?

**A:** If TMHP's initial determination is that your child does not meet medical necessity, TMHP will write a letter to both you and your child's main physician (as listed on the SK-SAI), allowing you 14 days to submit more information. The additional information you provide to TMHP should explain the individual's health conditions and the services needed. Depending on the medical need, you or your doctor may consider sending TMHP your prescription list, additional doctor's notes, laboratory results or any other information that you feel may show that your child meets the criteria for medical necessity.

**Q:** How long do I have to submit additional information to TMHP and where do I send it to?

**A:** TMHP must get the requested additional information within 14 business days of the date at the top of the letter. It may be faxed by you or your healthcare provider(s) to TMHP at 1-512-514-4223.

**Q:** Once additional information has been sent to TMHP, will I be notified of TMHP's final medical necessity decision for my child?

**A:** Yes. If TMHP does not receive additional information or the new information provided does not satisfy the criteria for an approved medical necessity, Texas Health and Human Services Commission (HHSC) will issue a formal denial letter. This formal denial letter will be sent 14 days before your MDCP benefits expire.

When additional information is received and the TMHP physician approves medical necessity, your child's MCO service coordinator will authorize-your child's new individual service plan and mail you a copy.

**Q:** My child has received a formal denial from HHSC and I do not agree with the decision, can I appeal the decision and how would I do that?

**A:** Yes. You have the right to file a fair hearing request with HHSC. If you would like to file a fair hearing request, you will need to check the box at the bottom of your formal denial letter, "Notification of Managed Care Program

Services”, sign and print your name, enter the date and return the letter to your MCO or the HHSC staff member listed on page one of the letter. You may also request a fair hearing in person or by telephone. The telephone number will be listed on page one of the formal denial letter.

**Q:** How long do I have to request a fair hearing with HHSC?

**A:** You have the right to appeal the decision 90 days from the date of the formal denial letter.

**Q:** My child is currently receiving MDCP but now is being denied, can my child continue to receive MDCP services until the outcome of the Medicaid fair hearing?

**A:** Yes. The request for continued services pending the fair hearing determination must happen within 10 days from the date on the formal denial letter, “Notification of Managed Care Program Services”, or before the date the proposed adverse benefit determination is to occur to ensure continuation of services. The formal denial letter will have a box to check indicating you request a fair hearing. If you submit this request within 10 days from receiving the formal denial letter, your services will be continued.

**Q:** If I request a fair hearing, will my child and I be required to appear in person at the fair hearing?

**A:** No. Your hearing may be conducted by conference call. The hearing officer assigned to your appeal will mail you a Notice of Hearing which will include the following information:

- day of the week;
- date;
- time;
- toll free number;
- code for appeal; and
- hearing officer’s contact information.

You may request special accommodation to participate in the State Fair Hearing.

**Q:** Prior to the hearing, will I be able to review the documents that will be discussed at the hearing?

**A:** Yes. TMHP will send all documents that will be presented to the hearing officer for consideration during the scheduled fair hearing.

**Q:** Will I be able to submit additional documentation for the hearing officer to consider?

**A:** Yes. You have the right to submit documents or other types of evidence that you would like to be considered as evidence in the hearing. You will mail or fax the documents to the hearing officer. The hearing officer's contact information is located in the Notice of Hearing.

**Q:** If my child is denied medical necessity for MDCP, are there other programs they can receive acute care services and long-term services and supports (LTSS) through?

**A:** Yes. Your child may be appropriate for a different state waiver to receive LTSS, please contact your local intellectual and developmental disability agency for additional information. Please visit this website to find your LIDDA contact information <https://apps.hhs.texas.gov/contact/search.cfm>.

If your child qualifies for supplemental security income, or SSI, they will continue to receive Medicaid acute care services through either STAR or STAR Kids. These services may include Private Duty Nursing (PDN), therapies and other acute care services. Medicaid Buy-in for Children (MBIC) may be another option for your child. This program helps families who need health insurance, but make too much money to get traditional Medicaid. For information on MBIC and to apply for the program, please visit <https://yourtexasbenefits.hhsc.texas.gov/programs/health/child/buy-in>.

If your child is denied medical necessity for MDCP, please talk to your MCO service coordinator about the most appropriate options for you child.