Enrollment and Re-Enrollment Process for Medically Dependent Children Program

1. The Texas Health and Human Services Commission (HHSC) manages the Medically Dependent Children Program (MDCP) interest list.

HHSC confirms individuals in released status on the interest list are possible MDCP candidates before release by:

- verifying the individual's address, county, and all contact information is correct;
- if Medicaid enrolled, identifying the individual's type of assistance in the Texas Integrated Eligibility Redesign System (TIERS); and
- verifying the individual/LAR still wants to pursue MDCP services.

2. HHSC staff generate a list of released individuals and begin the initial application process.

HHSC staff will:

- contact the individual/LAR to confirm continued interest and provide a general description of the MDCP services;
- provide the names of the managed care organizations (MCOs) operating in the individual's service area and encourage the individual/LAR to contact the MCOs for additional information and available services, if applicable;
- notify the individual/LAR that the MCO in which he/she enrolls with can be changed at any time after one month of MDCP service;
- discuss the importance of returning all required documents, as applicable;
- discuss the importance of returning the selection of an MCO as quickly as possible; and

- remind the individual/LAR that a delay in selecting an MCO could result in a delay in eligibility determination for MDCP services.

3. HHSC mails an enrollment packet to the individual/LAR for completion.

The individual/LAR has 30 days from the date of the MDCP interest list release notification letter to complete and return enrollment materials to HHSC. If the individual/LAR prefers not to apply for MDCP services at the time of his or her interest list release, the individual/LAR may request to remain on the MDCP interest list but their name will be placed at the bottom of the list.

If the individual/LAR has not selected a MCO within 30 days of contact by HHSC, an MCO is assigned based on criteria developed by HHSC. HHSC contacts the individual/LAR within three business days of an MCO assignment, and informs him or her that:

- an MCO has been assigned to the individual; and
- the MCO in which the individual is enrolled can be changed at any time, but the change will not go into effect until after one full month of receiving MDCP services.

The enrollment packet includes:

- Managed Care Organization Selection Acknowledgement, to confirm interest in applying for MDCP services;
- Health Plan Selection;
- MDCP information and Appendix IV, MDCP Frequently Asked Questions;
- Form 1200, Application for Assistance – Your Texas Benefits (if applicable);
- A postage-paid envelope.

4. Once HHSC receives the enrollment packet from the individual/LAR, they must review to ensure all documents are completed.

If all documents are not completed, HHSC will contact the individual/LAR to obtain completed forms within two business days of receipt of the incomplete information.

After confirming a complete enrollment packet, HHSC will notify the MCO of the pre-enrollment assessment authorization and submit the Medicaid eligibility documentation if applicable.

5. Assessment for MDCP

- Initial Assessment for MDCP
    - The MCO has 30 days to conduct a home visit with the applicant and the applicant's LAR to complete the initial assessment for MDCP and 30 additional days to submit all required documentation, for a total of 60 days following the initial notice from HHSC.
    - The MCO:
        - verifies the individual meets the eligibility criteria;
        - completes the managed care pre-enrollment assessment authorization;
        - completes the STAR Kids screening and assessment instrument (SK-SAI) tool, obtains the signature of the member's physician and submits to Texas Medicaid & Healthcare Partnership (TMHP);
        - completes the STAR Kids Individual Service Plan (ISP) Narrative; and
        - completes STAR Kids individual service plan – MDCP service tracking tool.

Note: The criteria MCOs must review include:

- Have an individual service plan with services under the established cost limit;
- Have an unmet need for at least one waiver service; and

- Be in an appropriate living situation.

- Reassessment for MDCP
  - No earlier than 90 days and no later than 30 days prior to the expiration of the member's current individual service plan, the MCO conducts a home visit with the MDCP member to complete the:
    - STAR Kids screening and assessment instrument (SK-SAI) tool;
    - STAR Kids Individual Service Plan (ISP) Narrative; and
    - STAR Kids individual service plan – MDCP service tracking tool.

6. HHSC Determines MDCP Eligibility

- Upon receiving the appropriate documents, HHSC ensures the individual has:
  - medical necessity;
  - Medicaid eligibility;
  - services under the established cost limit; and
  - an unmet need for at least one waiver service.

Once a member has been approved for MDCP, HHSC informs the individual of their MDCP eligibility begin date. The start of care date for MDCP services is the first day of the month following the individual's meeting eligibility.

Note: Medical Necessity Eligibility Criteria Determination and Calculation of the Resource Utilization Group (RUG) Level
RUG (Resource Utilization Group) is a measure of nursing facility staffing intensity and is used in waiver programs to categorize needs for individuals/members and establish the service plan cost limit.

- For initial assessments, the MCO has 72 hours to submit a complete SK-SAI to TMHP to determine medical necessity and the RUG level.

- For reassessments, the MCO must submit a complete SK-SAI to TMHP to determine medical necessity and the RUG level 30 days prior to the expiration of the current ISP.
- TMHP reviews the information submitted by the MCO within 5 business days.
- If that review indicates the applicant/member does not meet the nursing facility level of care, TMHP notifies the applicant/MDCP member and the primary physician listed on the SK-SAI that they may submit additional information within 14 business days to demonstrate the applicant/member meets the criteria for medical necessity.
- If after the 14 days TMHP determines the member does not meet medical necessity, HHSC is notified and issues a denial letter to the family.
- The denial letter issued by HHSC includes the member's rights to a fair hearing.