Review Process Using Medical Necessity Protocols

The review process using the medical necessity review protocols is applicable to all three Home and Community Based (HCBS) Services waivers. Protocols will be applied to the following:

1. The Pre-Admission Evaluation (PAE)/Physician’s Plan of Care approved by TennCare (before development of the ISP);
2. The Individual Support Plan (ISP);
3. ISP Amendments; and
4. The ISP Annual Update.

ISC or Case Manager Submits the Approved PAE, ISP, ISP Amendment, or ISP Annual Update and any Supporting Documentation

Application of the Medical Necessity Protocols by the Plans Reviewer

The Plans Reviewer:

1. Approves or Denies the Service Request in Accordance with the Medical Necessity Protocols;
2. Assigns a Concurrent Review Date in Accordance with the Concurrent Review Process; and
3. Notifies the Clinical Review Unit if the Request Involves a Child Under Age 20 and a Clinical/Therapy Service for that will be Transitioned to the TennCare Managed Care Contractor (MCC).