Process for Transitioning Waiver Services for Children to the TennCare Managed Care Contractor (MCC)

Role of the Plans Review Unit

This process applies to Occupational Therapy; Physical Therapy; Speech, Language, and Hearing Services; Nutrition Services; Nursing Services; and Behavior Services.

ISP Annual Update or ISP Amendment is Received from the Case Manager or ISC

Plans Reviewer Identifies a Service for a Child Age 20 or Under Which Requires Transition to the MCC

If the Request is Only for Continuation of Services at the Previously Approved Amount:
- Plans Reviewer Will Approve Continuation of the Service at the Current Level in Accordance with the Medical Necessity Protocol Pending Transition to the MCC

If the Request is for Continuation of Services but with an Increase in the Previously Approved Amount:
- Plans Reviewer Will Deny the Increase in Services but Approve Continuation of the Service at the Current Level in Accordance with the Medical Necessity Protocol Pending Transition to the MCC

Plans Reviewer Will Notify the Clinical Review Unit to Initiate the Transition Request to the MCC

6-11-2008
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Role of the Clinical Review Unit

**Clinical Review Unit** Receives the MCC Transition Request from the Plans Reviewer

Clinical Review Unit Inputs the Transition Request into a Tracking System

**Within 5 Working Days** of Receiving the Transition Request from the Plans Reviewer, the Clinical Review Unit Will Send Written Notice to the MCC of the Plan to Transition Services to the MCC. Along with this notice, the Clinical Review Unit will send a copy of all relevant medical information, including the following:

- Physician’s order
- A copy of the ISP;
- Applicable clinical/therapy plans of care (specifying the medical diagnosis or functional deficit), assessments, notes, goals and documentation showing progress in meeting such goals;
- A statement of the purpose of currently authorized services (e.g. to achieve functional gains; to maintain current functional abilities that would be lost without continued services; or to prevent or minimize the deterioration of a chronic condition that would result in the further loss of function); and
- Any request to increase the currently approved level of services.

The Clinical Review Unit will monitor the tracking system to ensure that the MCC responds to the Transition Request. If there is an unreasonable delay by the MCC in completing transitioning activities, the Clinical Review Unit will notify the DMRS Office of Community Services who will notify TennCare regarding the delay. An unreasonable delay would be:

1. Failure of the MCC to act on a transition request and to make a medical necessity determination to approve or deny the service within thirty (30) days of the date DMRS submitted the transition request to the MCC; or

2. Failure of the MCC to identify a provider for an approved service and to arrange a date for initiation of services within fourteen (14) days of the date of approval by the MCC.

The Clinical Review Unit will coordinate with the MCC regarding the appropriate date to transition services. (To prevent service gaps, the transition should not occur until a TennCare MCC provider has been identified, all applicable pre-service activities have been completed, and a specific date has been determined when the provider can begin providing services. Such date must allow adequate time for advance notice of termination of the waiver service.)

Once a specific transition date has been established (or if the MCC issues a denial determination), the Clinical Review Unit will notify the Appeals Unit to generate a notice of termination of service, providing 20 days advance notice (inclusive of mail time) indicating that the service will be terminated on the 21st day from the date of the notice or upon the specific date of transition to the MCC.

6-11-2008