

Medical Necessity Guideline:	Creation Date:	Review Date:	Effective Date:
Personal Care Services Medical Necessity Guideline – STAR Kids Only	09/01/2022	05/30/2023	09/01/2022

PURPOSE:

Personal care services (PCS) is a benefit in Texas Medicaid intended to assist eligible clients in performing Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and Health Maintenance Activities (HMAs). The purpose of this medical necessity guideline is to set down, in general terms, the requirements that must be met for authorizing PCS in STAR Kids.

DEFINITIONS: (underline and list in alphabetic order)

Activities of Daily Living (ADLs): A term used to collectively describe fundamental skills required to independently care for oneself (e.g., locomotion or mobility, eating, bathing, dressing, personal hygiene, positioning, transferring, continence, and toileting) ¹.

Allowed practitioner: A licensed physician, physician assistant, or advanced practice registered nurse who is licensed as a certified nurse practitioner (CNP) or clinical nurse specialist (CNS).

Comprehensive Care Program (CCP): A package of Medicaid services available to individuals based on medical necessity that goes beyond regular Medicaid services for all ages and is a part of the THSteps benefit for individuals under the age of 21.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Medicaid’s comprehensive preventive child health service (medical, dental, and case management) for individuals from birth through 20 years of age. In Texas this is named Texas Health Steps (THSteps)

Health maintenance activity (HMA): - A specific task that requires a higher level of skill to perform than personal care services and that the member could perform for themselves but for a functional disability that prevents it (e.g., ostomy care, oxygen management, bowel and bladder care, tube feeding, insulin injections, management of other medications, and any other task that an RN may reasonably conclude as safe to exempt from delegation based on an assessment consistent with 22 TAC §225.6 RN Assessment of the Client) ².

Instrumental Activities of Daily Living (IADLs): Activities of daily living that require more complex thinking skills, including organizational skills (e.g., escort or assistance with transportation, grocery or household shopping, money management, meal preparation, laundry, housekeeping and home maintenance, managing communication with others, managing medications) ³.

Long-Term Services and Support (LTSS): These encompass a variety of health, health-related, and social services that assist individuals with functional limitations due to physical, cognitive,

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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or mental conditions or disabilities with the goal to facilitate the optimal functioning of a person with a disability.

Managed Care Organization (MCO): A business group that manages the delivery of health care services through managed health care plans.

Medical Transport Program (MTP): A Medicaid benefit responsible for arranging and administering cost-effective, non-emergency medical transportation (NEMT) services to eligible Medicaid clients, Children with Special Health Care Needs (CSHCN) Services Program clients and Transportation for Indigent Cancer Patients (TICP) who have no other means of transportation.

Personal Care Services (PCS): A benefit of CCP for Texas Medicaid clients who are birth through 20 years of age. These are support services provided to members who meet the definition of medical necessity and require assistance with the performance of activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health maintenance activities (HMAs) due to physical, cognitive, or behavioral limitation related to a member's disability or chronic health condition.

1915(c) Waivers: These waiver programs provide services to meet the needs of those who prefer to receive long-term care services/supports (LTSS) in their home or community, rather than in an institutional setting such as a nursing home or other inpatient facility. The waivers are named for the section of the Social Security Act that allows such programs. In Texas Medicaid these waiver programs are:

- Community Living Assistance and Supports Services (CLASS) Waiver
- Deaf Blind With Multiple Disabilities (DBMD) Waiver
- Home and Community-based services (HCS) Waiver
- Medically Dependent Children Program (MDCP) Waiver
- STAR+PLUS Home and Community Based Services (HCBS) Waiver
- Texas Home Living (TxHML) Waiver, and
- Youth Empowerment Services (YES) Waiver.

GUIDELINE:

The PCS benefit is available to Texas Medicaid clients who:

- Are birth through 20 years of age.
- Are enrolled with Texas Medicaid.
- Are eligible for CCP.
- Have physical, cognitive, or behavioral limitations related to a disability or chronic health condition that inhibits the client's ability to accomplish ADLs, IADLs, or HMAs ⁴.

PCS is available to Medicaid members who are enrolled in the STAR and STAR Kids Programs. Within STAR, the PCS benefit is administered by the Texas Department of State Health Services

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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(DSHS). Clients must be referred to DSHS. A referral can be made by any person who recognizes a client may have a need for PCS, including, but not limited to the following:

- The client, a parent, a guardian, or a responsible adult
- A primary practitioner, primary care provider, or medical home
- A licensed health professional who has a therapeutic relationship with the client and ongoing clinical knowledge of the client
- A family member ⁴.

The remainder of this medical necessity guideline pertains only to clients enrolled in STAR Kids.

A. PCS includes:

- Assistance with ADLs and IADLs;
- Nurse-delegated tasks and HMAs within the scope of PCS, as permitted by program policy and 22 Texas Administrative Code §225 (relating to RN Delegation to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions) ²; and
- Hands-on assistance, cueing, redirecting, or intervening to accomplish the approved PCS task ⁶.
- ADLs and IADLs include, but are not limited to, the following: ⁵

ADLs	IADLs
Bathing	Escort or Assistance with Transportation Services
Dressing	Grocery or Household Shopping
Eating	Laundry
Locomotion or Mobility	Light housework
Personal Hygiene	Meal preparation
Positioning	Medication Assistance
Toileting	Money management
Transferring	Telephone Use or Other Communication
* Escort or Assistance with Transportation Services includes the coordination of transportation to medical appointments and accompaniment to appointments to assist with needed ADLs. PCS does not include the payment for transportation or transportation vehicles since these services are available through MTP.	

Note: Exercise and range of motion are not available through PCS, but are services that could be provided through PT, PDN, or home health SN.

B. PCS does not include the following ⁵:

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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- ADLs, IADLs, or HMAs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision. In these circumstances, the responsible adult is expected to perform or assist in performing these tasks.
- Services that provide direct intervention when the client has the physical, behavioral, and cognitive abilities to perform an ADL, IADL, or health-related function without adult supervision
- Services used for or intended to provide respite care, childcare, or restraint of a client
- Stand-by supervision related to safety
- Potty training
- Grocery shopping for members of the client's family or household
- Cleaning for members of the client's family or household (exception: light housework is approved if the client shares a room with a person)
- Cleaning the entire house (exception: a need for a clean environment is approved if related to the client's diagnosis or condition [e.g., asthma, allergies, or autoimmune deficiencies])
 - Note: Cleaning an area or equipment that is used to complete a task may be included in the light housework IADL, as appropriate.*
- Laundry services for members of the client's family or household (exception: laundry is approved when related to the client's diagnosis or condition that results in soiled bedding or clothing for the client beyond the norm [e.g., incontinence, feeding tube, tracheostomy, diapers, or skin condition])
- Waiting time for the laundry machine to complete a cycle in the home setting (exception: the time an attendant is at a laundromat completing the laundry task for the client is covered for PCS)
- Meal preparation for members of the client's family or household
- Time of a PCS attendant while acting as the responsible adult for the receipt of medical care or providing medical transportation.

The amount and duration of PCS is determined by the MCO and must take into account the following ⁶:

- Whether the member has a physical, cognitive, or behavioral limitation related to a disability or chronic health condition that affects the member's ability to accomplish ADLs or IADLs;
- The member's caregiver's need to sleep, work, attend school and meet their own medical needs;
- The member's caregiver's legal obligation to care for, support, and meet the medical, educational, and psychosocial needs of other members of the household;
- The member's caregiver's physical ability to perform PCS;

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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- Whether requiring the member's caregiver to perform PCS will put the member's health or safety in jeopardy;
- The time periods during which PCS tasks are required by the member, as they occur over the course of a 24-hour day and a seven-day week;
- Whether or not the need to assist the family in performing PCS on behalf of the member is related to a medical, cognitive or behavioral condition that results in a level of functional ability that is below that expected of a typically developing child of the same chronological age; and
- Whether services are needed based on the physician's statement of need and the assessment for personal care described in Section 4210 that follows.

PCS may be authorized to support a member's primary caregiver(s) but may not be authorized to supplant a member's natural support, nor to provide a member's total care. PCS may be authorized in an individual or group setting including, but is not limited to the:

- Member's home;
- home of the primary or other caregiver;
- member's school;
- member's daycare facility; or
- community setting in which the member is located ^{5,6}.

An MCO will not authorize PCS that duplicates services that are the legal responsibility of the school district. The school district, through the School Health and Related Services (SHARS) program, is required to meet the member's personal care needs while the member is at school. However, if those needs cannot be met by SHARS or the school district, documentation must be submitted to the MCO with documentation of medical necessity ⁵.

PCS is not authorized in a hospital, nursing facility, institution providing psychiatric care, or an intermediate care facility for individuals with intellectual or developmental disabilities (ICF-IID) ⁵.

Members who receive services through the following 1915(c) waiver programs listed below are eligible to receive PCS through their waiver program and not the MCO ⁵:

- Community Living Assistance and Support Services (CLASS);
- Deaf Blind with Multiple Disabilities (DBMD);
- Home and Community-based Services (HCS); and
- Texas Home Living (TxHmL) Program.

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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C. Assessment for Personal Care Services (STAR Kids Handbook – Section 4210) ⁶

Sections I, J, K and L of the STAR Kids Screening and Assessment Instrument (SK-SAI) contain assessment questions for PCS. MCOs must have a mechanism in place to assist service coordinators in recommending a number of attendant hours. Based on the assessment, the service coordinator develops a recommended service plan for the delivery of PCS. The service coordinator works with the member or their representative to locate an appropriate provider and sends an authorization to the selected provider.

D. Documentation Requirements:**i. Primary practitioner's role in the PCS benefit:**

A client who is assessed for the PCS benefit must have an allowed practitioner who has personally examined the client within the last 12 months and reviewed all of the appropriate medical records. The allowed practitioner must have established a diagnosis for the client and must provide continuing care and medical supervision of the client. Prior to authorizing PCS, HHSC requires the completion of an HHSC-approved Practitioner Statement of Need (PSON) by an allowed practitioner. The PSON must be on file with HHSC prior to the initiation of PCS and will only accept the PSON from an allowed practitioner. The PSON certifies that the client is 20 years of age or younger and has a physical, cognitive, or behavioral limitation related to a disability or chronic health condition ⁸. The member's Driscoll Health Plan (DHP) Service Coordinator (SC) will communicate with the member/LAR that the start of services is dependent upon the allowed practitioner's return of a signed PSON and will notify the member/LAR if the PSON has not been provided to DHP.

HHSC requires the reassessment of the member's need for PCS every 12 months or when requested due to a change in the member's health or living condition. A new PSON will be required at each annual reassessment and when there is a change in the member's medical condition that may increase the need for services.

ii. Approvals:

Once the SC determines the need, they will complete the relevant Sections of the SKSAI, Visit Documentation, and a PCS Allocation worksheet (which includes tasks and time of tasks purchased), and enter the authorization. If no reduction/termination of services from current existing services or no reduction/termination of newly requested services, the SC will proceed with referral entry and approval. The SC will send an approval notification to the service provider and telephonically notify the member/LAR.

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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iii. Reductions/Terminations:

If, after completing the relevant sections of the SKSAI, the Service Coordinator (SC) identifies that the member does not meet the medical necessity requirements for PCS or determines that the member has PCS needs less than that which has been requested, the SC will submit the entire visit documentation and the PCS Allocation worksheet to the Medical Director for review for a final decision. The Medical Director will either:

1. Request a Reassessment by a different assessor to determine if there is additional information identified by a reassessment⁹; or
2. Reduce the amount of PCS based on new information received, or
3. Deny (terminate) based on the information received.

If no additional information is received, the LOI process will continue to the end of the LOI time frame and be denied for lack of medical necessity. PCS may be requested by the member or the member's representative and re-processed if additional information becomes available.

BACKGROUND:

Medicaid's Early Prevention Screening, Diagnostic, and Treatment (EPSDT) program began in 1967. The program has two basic parts – 1) a focus on prevention, screening, and treatment; and 2) the provision of all medically necessary services for Medicaid recipients who are 20 years of age or younger and who face major chronic health challenges demanding more than the typical well-child screening/services. These services are meant to “correct or ameliorate” the effect of any impairment or health challenge – the widely applied working definition of medical necessity. They must be authorized by a medical professional and pre-approved (prior authorized) by the responsible state agency¹⁰.

The passage of time has seen a large shift away from institutional care. More and more, people are seeking to have their healthcare delivered in the home. This is driven by personal preference as well as the Supreme Court's Olmstead decision that found unjustified institutionalization of persons with disabilities violates the Americans with Disabilities Act^{11, 12}.

Prior research looking at the results of PCS allocations has shown a great deal of variation. Much of the variation could be attributed to the strong preferences of the assessor¹⁰. This has led to pressure on States to create a more uniform process. Texas, in response to the need for better access to LTSS and more uniformity in making allocation decisions in all LTSS services created a Medicaid Program called Star Kids. All acute care and LTSS programs for children who were deemed to be disabled (either by virtue of being on SSI or who were in a 1915(c)-waiver program) have now been enrolled in STAR Kids^{13, 14}. Within STAR Kids, a uniform assessment tool has now been implemented. It is called the STAR Kids Screening and Assessment

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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Instrument ⁹. The original SKSAI has undergone significant revisions. The newer version was implemented in early 2022. The SKSAI is divided into Sections. The sections used to determine the need for PCS are Sections I (Cognition and Executive Functioning), J (Hearing and Vision), K (Functional Status), and L (Continence) ¹⁵. The SKSAI continues to be a “work in progress”. It does, however, provide a more uniform approach to the complex process of determining the correct amount of home care a child needs in the context of multiple idiosyncratic situations.

Determining how much time will be allowed to assist a client with ADLs and/or IADLs in Texas Medicaid is determined by each individual Managed Care Organization (MCO) using subject matter experts who are trained in the assessment process as well as a well-defined process that has long been established in Texas Medicaid. Driscoll Health Plan uses a modification of the Task/Hour guide ¹⁶ (the well-established process) for determining the amount of PCS a client should receive. This first involves a functional assessment; the degree to which a person is either physically, cognitively, or behaviorally impaired in carrying out the ADLs and/or IADLs. The range of this impairment assessment is either no impairment, mild impairment, severe impairment, or totally unable to carry out a given activity. Following this functional assessment, the service coordinator (the subject matter expert) will go through each ADL and IADL asking the legally authorized representative (LAR) (and also the client) the amount of time that is required for each ADL and IADL based on the initial functional impairment. For example, with the task of bathing a person with a mild impairment may need minimal assistance in getting in and out of the bath but needs assistance in regulating the water temperature while a person with a severe impairment will need extensive assistance in getting in and out of the bath and is incapable of safely regulating the bath temperature. The LAR and or member is asked to give a time estimate for bathing in minutes. This estimate can be quite variable based on the age of the client as well as the degree of impairment. Service coordinators have extensive experience and training in making these time estimates. Thus, if the time requested for any given task exceeds what the service coordinator believes is appropriate based on the amount of impairment and the age of the client, the time requested will be adjusted to what is more appropriate. This process is repeated for each ADL and IADL. Every time estimate for every task for every day of the week is entered into a spreadsheet. A total amount of time (in minutes) is created for each day when PCS is being requested. The weekly total of minutes is finally created and divided by 60 to get the total hours per week. Personal care services are also allocated across days. Thus, some clients will be granted PCS daily (a 7-day plan) while others might be granted PCS only during the typical work week (a 5-day plan).

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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PROVIDER CLAIMS CODES:

PCS Procedure Codes	
All PCS Providers* (except FMSA)	
Procedure Code	T1019
Modifier	U6 (PCS each 15 minutes)
	UA (Behavioral health condition, each 15 minutes)
FMSA Under CDS Option*	
Procedure Code	T1019
Modifier	U7 (Attendant for each 15 minutes)
	U8 (Administration fee each month)
	UB (Behavioral health condition, each 15 minutes)
*40 TAC Part 1, Chapter 41	

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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Effective 12/1/2022	Description
U1	LTSS Personal Care Services- AO
U2	LTSS Personal Care Services- SRO
UC	LTSS Personal Care Services - CDS
UB, U1	LTSS Personal Care Services- Behavioral Health AO
UB, U2	LTSS Personal Care Services- Behavioral Health SRO
UB, UC	LTSS Personal Care Services- Behavioral Health CDS
UD, U1	LTSS CFC Personal Care Services - AO
UD, U1, U6	LTSS CFC Personal Care Services – AO MDCP
UD, U2	LTSS CFC Personal Care Services SRO
UD, U2, U6	LTSS CFC Personal Care Services SRO MDCP
UD, UC	LTSS CFC Personal Care Services CDS
UD, UC, U6	LTSS CFC Personal Care Services CDS MDCP
U9, U1	LTSS CFC Habilitation PCS AO
U9, U1, U6	LTSS CFC Habilitation PCS AO MDCP
U9, U2	LTSS CFC Habilitation PCS SRO
U9, U2, U6	LTSS CFC Habilitation PCS SRO MDCP
U9, UC	LTSS CFC Habilitation PCS CDS
U9, UC, U6	LTSS CFC Habilitation PCS CDS MDCP

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2. 22 Texas Administrative Code; Chapter 225 RN - Delegation To Unlicensed Personnel And Tasks Not Requiring Delegation In Independent Living Environments For Clients With Stable And Predictable Conditions; §225.8 - Health Maintenance Activities Not Requiring Delegation (adopted to be effective as amended February 24, 2014, 39 TexReg 1154)
[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=225&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=11&ch=225&rl=Y)

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3. Guo HJ, Supra A. Instrumental Activity of Daily Living. [Updated 2021 Nov 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK553126/>
4. Texas Medicaid Policy and Procedures Manual (current edition); Children’s Services Handbook; Section 2 (Medicaid Children’s Services Comprehensive Care Program [CCP]); Subsection 2.12 (Personal Care Services)
5. Texas Medicaid Policy and Procedures Manual (current edition); Children’s Services Handbook; Section 2 (Medicaid Children’s Services Comprehensive Care Program [CCP]); Subsection 2.12 (Personal Care Services); Subsubsection 2.12.2 (Services, Benefits, and Limitations)
6. Texas Health and Human Services; STAR Kids Handbook; Section 4200 (Personal Care Services); found on the Internet May 16, 2023 at URL: <https://www.hhs.texas.gov/handbooks/star-kids-handbook/4200-personal-care-services>
7. Texas Health and Human Services; STAR Kids Handbook; Section 4210 (Assessment for Personal Care Services); found on the Internet May 16, 2023 at URL: <https://www.hhs.texas.gov/handbooks/star-kids-handbook/4200-personal-care-services>
8. Texas Medicaid Policy and Procedures Manual (current edition); Children’s Services Handbook; Section 2 (Medicaid Children’s Services Comprehensive Care Program [CCP]); Subsection 2.12 (Personal Care Services); Subsubsection 2.12.2.2.2 (The Primary Practitioner’s Role in the PCS Benefit)
9. Texas Health and Human Services; STAR Kids Screening and Assessment Instrument; found on the Internet, May 16, 2023 at URL: <https://www.hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/star-kids/sai-v-2-06.pdf>
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14. American Academy of Pediatrics; Medicaid and CHIP Texas Profile (last updated 05/31/2022); found on the Internet September 30, 2022 at URL:

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<https://www.aap.org/en/practice-management/medical-home/medical-home-national-and-state-initiatives/medicaid-and-chip-state-profiles/medicaid-and-chip-texas-profile/>

15. Texas Health and Human Services; STAR Kids Handbook; Section 3100 STAR Kids Screening and Assessment; found on the Internet May 16, 2023 at URL:

<https://www.hhs.texas.gov/handbooks/star-kids-handbook/3100-star-kids-screening-assessment>

16. Texas Health and Human Services; Form 2060, Needs Assessment Questionnaire and Task/Hour Guide; found on the Internet May 16, 2023 at URL:

<https://www.hhs.texas.gov/regulations/forms/2000-2999/form-2060-needs-assessment-questionnaire-taskhour-guide>

DOCUMENT HISTORY:

DHP Committee that Approved	<i>Review Approval Date (last 5 years)</i>				
Medical Director	09/01/2022	05/30/2023			
CMO	09/30/2022	06/06/2023			
Medical Policy Workgroup <i>Effective 2022</i>	09/30/2022	06/06/2023			
Medical Management <i>Retired December 2020</i>					
Utilization Management & Appeals Workgroup <i>Effective January 2021</i>	01/17/2023	06/20/2023			
Utilization Management Behavioral Health					

Medical Necessity Guideline: STAR, CHIP, STAR Kids

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Driscoll Health Plan Medical Necessity Guideline

<i>Retired December 2020</i>					
Provider Advisory Committee (PAC) <i>Effective 2022</i>	10/21/2022	06/09/2023			
Clinical Management Committee <i>Effective March 2021</i>	01/24/2023	07/20/2023			
Quality Management <i>Retired 2020</i>					
Executive Quality Committee <i>Effective 2021</i>	01/31/2023	07/25/2023			

<i>Document Owner</i>	<i>Organization</i>	<i>Department</i>
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

<i>Review/Revision Date</i>	<i>Review/Revision Information, etc.</i>
05/30/2023	Reviewed by Dr. Fred McCurdy; no changes

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