

Medically Dependent Children Program (MDCP) Frequently Asked Questions

Medically Dependent Children's Program (MDCP)

Q: What is MDCP?

A: MDCP is a Medicaid waiver program that provides home and community-based long-term services and supports (LTSS) for individuals under the age of 21 with complex medical needs as a cost-effective alternative to living in a nursing facility (NF). These services are provided through a STAR Kids or STAR Health managed care organization (MCO) in addition to other Medicaid managed care services.

Q: What are the eligibility criteria for MDCP?

A: To be eligible for services under MDCP, you must meet the following criteria:

- have a slot in the MDCP waiver;
- have a medical necessity (MN) for a nursing facility level of care;
- have an individual service plan (ISP) under the established cost limit;
- have an unmet need for at least one MDCP service;
- be under the age of 21;
- be a U.S. citizen and Texas resident;
- live in an appropriate living situation;
- not be enrolled in another 1915(c) Medicaid waiver program; and
- be Medicaid eligible.

Q: What is medical necessity?

A: MN is a determination of the level of care provided in an NF. Your health plan will conduct an assessment called the STAR Kids Screening and Assessment Instrument (SK-SAI) to determine if you meet the MN required for MDCP. Your MN determination is updated annually and is used to create your ISP which lists your services.

Q: What is an unmet need?

A: An unmet need is a need for at least one MDCP service. For STAR Kids members, the frequency of service utilization depends on your Medicaid eligibility type and whether you receive Community First Choice (CFC).

Q: What is the cost limit?

A: The cost of MDCP waiver services noted on an ISP cannot exceed 50% of the cost of care the state would pay if the member was served in an NF.

Managed Care

Q: What is managed care?

A: Managed care means you receive Medicaid in a provider network through a managed care health plan.

Q: What is a provider network?

A: A provider network is a group of providers who contract with a managed care health plan to deliver covered services to its members.

To learn which STAR Kids providers are contracted with the managed care health plans in your area, you can call MAXIMUS, the state's enrollment broker, at 877-438-5658.

To learn which STAR Health providers are contracted with your managed care health plan, you can call Superior Health Plan member services, your STAR Health plan, at 866-912-6283.

Q: Why are STAR Kids and STAR Health in managed care?

A: The goal of managed care is to improve health care outcomes by improving access to care and coordination of care. Lawmakers directed the Texas Health and Human Services Commission (HHSC) to create the STAR Kids managed care program in 2013 and the STAR Health managed care program in 2005 in order to meet this goal.

STAR Kids and STAR Health

Q: What are STAR Kids and STAR Health?

A: STAR Kids is a Texas Medicaid managed care program for children and young adults ages 20 and younger with disabilities. STAR Health is a Texas Medicaid managed care program for children and young adults who are, or were formerly, in the state's foster care system. STAR Kids and STAR Health members receive MDCP services through their STAR Kids or STAR Health managed care plan's provider network, if eligible.

Q: Do I have to join STAR Kids or STAR Health?

A: You must join STAR Kids if you are age 20 or younger, covered by Medicaid, and meet one or more of the following conditions:

- receive Supplemental Security Income (SSI);
- receive SSI and Medicare;
- receive services through the MDCP;
- are not in foster care;
- do not live in the Truman W. Smith Children's Care Center;
- do not live in a state veteran's home or state supported living center (SSLC);
- receive services through Youth Empowerment Services (YES);
- live in a community-based intermediate care facility for individuals with an intellectual disability or related conditions (ICF-IID) or in a nursing facility;
- receive services through a Medicaid Buy-In program; or
- receive services through any of the following intellectual and developmental disability (IDD) waiver programs:
 - Community Living Assistance and Support Services (CLASS);
 - Deaf Blind with Multiple Disabilities (DBMD);
 - Home and Community-based Services (HCS); or
 - Texas Home Living (TxHmL).

You must join STAR Health if you are a:

- child under the age of 18 in the conservatorship of the Department of Family and Protective Services (DFPS);
- child in the Adoption Assistance (AA) program or the Permanency Care Assistance (PCA) program transitioning from STAR Health to STAR or STAR Kids; or
- youth age 18 to 22 years with voluntary extended foster care placement agreements (Extended Foster Care).

Choosing a Health Plan**Q: What is an HHSC health plan (also called a managed care organization)?**

A: An HHSC health plan is an insurer that is licensed by the Texas Department of Insurance (TDI) and has a contract with HHSC to deliver Medicaid-covered services to its members.

Q: Who is a health plan member?

A: A health plan member is someone enrolled in a Medicaid program and is enrolled with a health plan.

Q: How do I choose a health plan?

A: STAR Kids members will receive information about STAR Kids in the mail, including information on how to choose a health plan, health plan comparison charts and health plan report cards. STAR Kids members can also call MAXIMUS, the state's enrollment broker at 877-438-5658 to ask questions, choose a plan over the phone or change health plans. STAR Kids members who do not choose a health plan will be assigned to a health plan in their service area (SA).

STAR Health members are assigned to Superior Health Plan and cannot choose another health plan. STAR Health members can call Superior Health Plan member services at 866-912-6283 to ask questions.

Q: What is a service area (SA)?

A: If you are a STAR Kids member, you will be assigned to a service area based on where you live. A service area consists of the counties where a Medicaid health plan operates. STAR Kids members can see which service area they live in using the following link:

<https://hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf>. Each service area has at least two health plans to choose from. The service area you are in is based on the physical address on record with Medicaid or the Social Security Administration (SSA). Please make sure your address is up to date.

If you are a STAR Health member, Superior Health Plan is contracted to provide your services in Texas. STAR Health members may not change their health plan.

STAR Kids and STAR Health Services

Q: What services do STAR Kids and STAR Health offer?

A: Some of the STAR Kids and STAR Health services include, but are not limited to:

- **An ISP** – STAR Kids and STAR Health members receive an ISP that helps their doctors and other providers know what kind of care they need.

- **A care plan** – STAR Health members receive a care plan that supplements their ISP and helps their doctors and other providers know what kind of care they need.
- **Basic health care services** – STAR Kids and STAR Health members receive basic Medicaid health care services such as doctor's visits, hospital visits, specialist visits, medical equipment and prescription drugs.
- **Medical Transportation** – STAR Kids and STAR Health members can receive transportation to doctor visits. Members can call their health plan for more information about medical transportation.
- **Long-Term Services and Supports (LTSS)** – STAR Kids and STAR Health members receive LTSS like CFC or private duty nursing (PDN), if eligible. LTSS includes things that help in the home with basic daily activities or help members participate in community activities.
- **Service Coordination** – STAR Kids members receive coordination services that include clinical case management, creating service plans to address identified needs and getting access to other services and providers.
- **Service Management Services** – STAR Health members receive coordination of clinical services, referrals, assistance setting up appointments, a care plan and help locating specialty providers.
- **Value-added services** – STAR Kids and STAR Health members receive extra health services offered by their health plan in addition to regular Medicaid services. Members can call their health plan to discuss value-added services.
- **Dental Services** – STAR Kids members ages 20 and younger receive dental services through at least two state contracted managed care dental health plans. STAR Kids members can call MAXIMUS, the state's enrollment broker, at 877-438-5658, to choose a dental health plan and request provider directories.

STAR Health members receive dental services through Dentaquest. STAR Health members can call Dentaquest at 888-308-4766 to ask about dental benefits, find a dentist or request provider directories.

- **Behavioral health care** – STAR Health members receive care services for emotional, behavioral or developmental health.
- **A Health Passport** – STAR Health members receive a comprehensive, patient-centered and internet based electronic health record that follows the STAR Health member.

Q: Will I receive additional services if I am a STAR Kids member or STAR Health member and enrolled in MDCP?

A: Yes. STAR Kids and STAR Health members enrolled in MDCP are eligible for additional services through their STAR Kids or STAR Health MCO including, but not limited to:

- **Flexible Family Support Services (FFSS)** – Individualized and disability related services that support independent living, participation in community-based child care and participation in post-secondary education.
- **Minor home modifications (MHM)** – Necessary physical modifications to a member's home to ensure the member's health, welfare and safety while supporting the most integrated setting for the member to remain in the community. These modifications include things like a wheelchair ramp or modifying your bathroom to make it easier to use.
- **Adaptive aids (AA)** – Devices to treat, rehabilitate, prevent or compensate for conditions resulting in disability or loss of function that enable you to perform activities of daily living or control the environment in which you live.
- **Respite** – Direct care services that temporarily relieve a primary caregiver from caregiving activities for a member.

STAR Kids and STAR Health Medical Home and Primary Care Provider

Q: What is a medical home?

A: A medical home is where you receive your basic care. It includes your primary care provider (PCP) or specialist. It helps build the relationships between you and your family with doctors and other care providers.

Q: Do I have to choose a PCP?

A: You must choose a PCP if you don't have Medicare, or one will be assigned for you. You can call your health plan to choose or change your PCP if you don't have Medicare. If you have Medicare, you don't have to choose a PCP.

STAR Kids members can also call MAXIMUS, the state's enrollment broker, at 877-438-5658, to ask questions or request a provider directory. STAR Health members can call Superior Health Plan member services at 866-912-6283 to ask questions or request a provider directory.

Q: What if I need to see a specialist or go to the hospital?

A: Your PCP will help you with basic medical care. If you need other medical services, your PCP will give you a referral. For example, if you need to see a specialist or go to the hospital for non-emergency visits, your PCP will set that up for you. Check with your health plan to find out about the referral process.

You don't need a referral from your PCP for some services, such as:

- mental health and drug and alcohol abuse treatment;
- Texas Health Steps checkups; and
- emergency room services.

Q: What will happen to my current authorizations and services when I change to STAR Kids or STAR Health? Will my authorizations be honored, and will I continue to get services?

A: To ensure continuity of care, your health plan will work with your existing PCP and specialists to coordinate the transfer of care from your previous PCP and specialists to your new PCP and specialists.

Q: How will I know if my doctors and other providers are contracted with my STAR Kids or STAR Health plan?

A: As a STAR Kids member, you can contact MAXIMUS, the state's enrollment broker, at 877-438-5658 to request provider directories and to see if your doctor is contracted with the STAR Kids health plan you choose.

As a STAR Health member, you can contact Superior Health Plan at 866-912-6283 to request a provider directory and to see if your doctor is contracted with Superior Health Plan.

Q: What if my doctor isn't enrolled with STAR Kids or STAR Health?

A: You can make a list of all your providers and contact them to encourage them to enroll with your health plan. You can also share your provider list with your health plan and ask them to contract with your providers if they haven't done so already. Health plans and providers can do single case agreements in some situations if a provider only wants to see you, but not everyone else in your STAR Kids or STAR Health plan. Talk to your provider and health plan about single case agreements.

STAR Kids and Out-of-Area Providers

Q: I have STAR Kids and one or more of my providers are in another service area. Can I join a STAR Kids health plan in the other service area?

A: No. You must choose a STAR Kids health plan in the service area where you live. STAR Health members cannot pick a health plan and are assigned to Superior Health Plan.

Q: If I have STAR Kids, can I see doctors and specialists outside my service area?

A: Health plans must have an adequate network of providers and provide services that members need inside their service area. Health plans can pay providers outside their service area in certain situations, such as emergency services and to maintain ongoing care with an existing provider. Your health plan will have a process to help you if you must see providers outside your service area.

Other Insurance

Q: What if I have STAR Kids or STAR Health and have Medicare?

A: If you have Medicare and Medicaid, you are known as "dual eligible," and will keep receiving most of your basic health care services through your Medicare doctors. Members who have Medicare won't choose a STAR Kids or STAR Health PCP. If you are enrolled in STAR Kids and have Medicare, your STAR Kids health plan service coordinator will help coordinate between your Medicare and Medicaid services.

Your Superior Health Plan service manager will help coordinate between your Medicare and Medicaid services if you are enrolled in STAR Health and Medicare.

Q: What if I have private health insurance?

A: If you have private health insurance and STAR Kids, your private insurance, known as your primary insurance, will pay first; then your Medicaid health plan will pay the remainder for any service covered by Medicaid.

In the STAR Health program, Medicaid coverage is primary when coordinating benefits with all other insurance coverage, with the exception of court ordered insurance. If you have private health insurance, contact your health plan for assistance.

Consumer Directed Services (CDS)

Q: Is the CDS option available for STAR Kids and STAR Health MDCP members?

A: Yes, the CDS option is available for STAR Kids and STAR Health MDCP members. The CDS option is where members elect to self-direct certain services. You can contact your health plan for more information about the CDS option.

Changing Your Address

Q: How do I update my Medicaid or Medicare addresses?

- If you receive Social Security (retirement, survivors or disability), Supplemental Security Income (SSI) or Medicare, you can change your address online by using the website: www.ssa.gov/myaccount/ or you can call the Social Security Administration (SSA) at 800-772-1213 (TTY 800-325-0778), 8 a.m. to 5:30 p.m., Monday through Friday.
- If you are a STAR Kids member, receive Railroad Retirement Board (RRB) benefits and are enrolled in Medicare, you will need to file a change of address with RRB and not the SSA. You can get more information by calling the Centers for Medicare and Medicaid Services (CMS) at 800-633-4227. This option does not apply to members with STAR Health.
- If you are a STAR Kids member, do not receive Social Security benefits, SSI or Medicare, or you are enrolled in the Former Foster Care Children (FFCC) program, you can call 2-1-1 and select English or Spanish. If you prefer to go online, you can go to the following website: www.YourTexasBenefits.com.
- If you are in conservatorship, the Adoption Assistance program or the Permanency Care Assistance program and want to update your Medicaid address, you must contact your DFPS caseworker so they can process your address change.