# HEALTH ADVOCACY GUIDE



How CASA Volunteers Can Support Medical & Mental Healthcare for Children in Foster Care







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#### ACKNOWLEDGMENTS

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# INTRODUCTION

The advocacy of CASA volunteers is vital to promoting the well-being and health of children and youth in foster care. With this guide, Texas CASA wants to ensure that volunteers have the most up-to-date resources and information in order to advocate for the best possible medical and mental healthcare for the children they serve.



Children and youth in foster care often have an increased level of specialized medical needs. In fact, nationally, up to 80 percent of children and adolescents enter the foster care system with a significant mental health need. Nearly 60 percent of children in foster care that are younger than five have developmental health issues<sup>1</sup>. It is our responsibility to work with everyone on the child's case to address their health as a priority.

With a full understanding of the mental and physical health services offered through STAR Health, the Medicaid program that covers almost all children and youth in foster care, CASA volunteers are better positioned to make recommendations related to a child's best interests. This knowledge will help you to make sure the young people you advocate for are getting what they need and deserve, from check-ups to dental care to counseling.

<sup>&</sup>lt;sup>1</sup>American Academy of Pediatrics. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. 2015

CASA volunteers are essential supports and have a meaningful impact on many aspects of life during a child's time in foster care. We hope that with the help of this guide, CASA advocates can amplify their role in supporting foster parents and caregivers in navigating this sometimes-complex health system. We all want to see children have the opportunity to be their healthiest selves.

When advocating for a child's physical and mental health needs, your impact goes beyond that singular moment and can influence their life for years to come. By advocating for the necessary health services, you are setting them up for a future as a healthy adult. Thank you for your dedication.

## Important Contact Information to Know

STAR Health Member Services 24/7	1-866-912-6283	<u>fostercaretx.com/contact-us.html</u>
Medical Transportation	1-877-633-8747	
Eye Care (Envolve Vision)	1-866-642-8959	fostercaretx.com/for-members/ stay-healthy/vision-care.html
Behavioral Health 24/7	1-866-912-6283	<u>fostercaretx.com/for-members/</u> stay-healthy/behavioral-health. html
Dental Services (DentaQuest)	1-888-308-4766	<u>dentaquest.com</u>
Alcohol/Drug Crisis Line 24/7	1-866-912-6283	
Disability Rights Texas	1-800-252-9108	<u>disabilityrightstx.org/en/category/</u> foster-care/
Nurse Advice Line 24/7	1-866-912-6283	

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# HEALTH ADVOCACY: CASA'S CRUCIAL ROLE

CASA volunteers should apply the four key action steps of the CASA role to health advocacy:

- + Investigate
- + Facilitate
- + Advocate
- + Monitor

Think of this process in four stages, each of which may recur, need to be revisited or require ongoing tending in order to ensure that each child is getting the full spectrum of care that they need.



## +INVESTIGATE

- Investigate to discover what the child's current medical and mental health needs are. Consult with your supervisor about respectful approaches to learning from the family about the medical and mental health history of the child and family. Pursue age-appropriate ways to gather information from the child about any needs that may be unmet.
- Review assessments, case files and medical and mental health records, including the child's Health Passport, to become familiar with the child's treatment history and provider recommendations.
- Consult with medical and mental health professionals as well as with educators and other providers on an ongoing basis and promptly document all communications.

## + FACILITATE

- Facilitate a collaborative relationship between all parties involved in the case, helping to create a situation in which the child's medical and mental health needs can be met in an effective and trauma-informed manner.
- Support the foster parents or caregivers in seeking and securing the care the child needs.
- Share relevant resources and information with the child, caregiver and family.
- Engage parents in understanding and meeting the medical and mental health needs of their children.
- Ensure that any information you obtain reaches the parties that need it, taking the utmost care to protect the child and family's confidential health information. If you are unsure whether or not information is confidential, check with your CASA supervisor before sharing it.
- When appropriate, ensure that children are provided with age-appropriate explanations of their medical and mental health diagnoses and treatment plans by qualified professionals.

### +ADVOCATE

- Advocate for appropriate services to be included in the child's service plan, being mindful of the need for a trauma-informed approach.
- Make informed recommendations to the caseworker, court, service providers and others, based on assessment results.
- Research available local providers who are covered by STAR Health, and share information with the child's team about providers who may be able to meet a child's medical or mental health needs. If a provider cannot be located, please have the caregiver contact STAR Health at 1-866-912-6283.
- If needed services are denied, support the caregiver in pursuing an appeal or filing a complaint with STAR Health. Advocates should also include any service denials in their court reports.

## +MONITOR

- Verify with providers, the child, their family and the caregiver that ongoing needs are identified and being addressed. Support the caregiver in ensuring that medical and dental checkups as well as medication reviews occur on schedule.
- Stay aware of new medical or mental healthcare needs that may arise for the child. Talk with the child about their physical health and their emotional and mental well-being, in an age-appropriate way.
- Always check in with your CASA supervisor about medical advocacy duties.

# UNDERSTANDING MEDICAID & STAR HEALTH

In order to support access to the medical care that children and youth need and deserve, advocates should understand the basics of the Texas Medicaid program.

Medicaid is a joint state and federal program that provides medical care and other covered services to defined populations, including children in low-income families, people who are pregnant, people who are elderly, and people with disabilities. The federal government oversees Medicaid and generally covers at least half the cost for covered services. States have considerable flexibility in developing their state Medicaid Plan—detailing what services are covered and which are not. Texas administers most of its state Medicaid program through a managed care system, meaning the state contracts with private health insurance companies to provide services to individuals who qualify. At this time, STAR Health is the Medicaid program that provides healthcare to children and youth in Texas' foster care system.



The Texas Health and Human Services Commission (HHSC) currently contracts with Superior HealthPlan to serve as the Medicaid managed care organization that administers the delivery of medical and mental healthcare to children in foster care, via STAR Health. Medicaid contracts are renewed periodically, so this could change over time.

The state will generally only pay for services for children in foster care that are offered by a doctor or other provider that contracts with STAR Health, so it is important to be familiar with how to find an appropriate provider and to understand what services are covered.

The doctors in the STAR Health network are specially trained to work with children who have experienced abuse or neglect and are often trauma informed in their practices. It's key to recognize that if a child in foster care goes to a doctor that is not in network with STAR Health, the health plan is not obligated to pay for the services rendered, ultimately leaving the caregiver to be billed.

STAR Health only covers children in temporary, joint and permanent managing conservatorship of the state. Importantly, children whose parents are receiving Family-Based Safety Services and youth who are detained in a juvenile detention center do not receive coverage through the STAR Health program. Children and families in court-ordered services cases are usually not eligible for STAR Health but may receive Medicaid coverage through other forms of eligibility.

CASA volunteers should work in partnership with the child's caregiver and caseworker to ensure the child is receiving proper medical and behavioral healthcare that meets their unique needs. For example, CASA can work with a caregiver to identify a healthcare professional within the STAR Health network that is trauma informed, or can help find a skilled counselor in the local area.



# WHAT TO EXPECT IN THE FIRST 30 DAYS OF FOSTER CARE

#### What Proof of Medical Coverage Does a Child Need?

When a child first enters foster care, they have immediate eligibility for STAR Health coverage. Soon after a child enters foster care, caregivers or the child's medical consenter will receive two different medical insurance cards in the mail that resemble the pictures below. The first is a Medicaid card from the Health and Human Services Commission that can be used to verify proof of Medicaid enrollment. The second is from the STAR Health managed care organization, currently Superior HealthPlan. This card can be used to properly bill the insurance health plan for services provided to the child. Different doctors may require one or both cards to bill Medicaid for office visits. At placement, the caregiver will receive a copy of the DFPS form 2085-B. Doctors can also use the DFPS 2085-B form to verify eligibility and medical consenters.



Make sure that the child or youth you are advocating for has both cards. If they do not, help their caregiver obtain replacement cards by calling 211 or visiting 211texas.org. They can also call Superior Member Services at 1-866-912-6283.



## What Exams Take Place When a Child Enters Foster Care? All About the "3 in 30"

Once a child enters state custody, state law and the Department of Family and Protective Services (DFPS) require that children undergo three examinations to better assess their medical and developmental needs. These three exams are known as the "3 in 30." The assessments examine both physical and mental health needs and are used to help develop an appropriate service plan for the child during their time in care. It is ultimately both the caregiver and the caseworker's responsibility to ensure the child receives the three exams listed below within the required timeframe.



#### Who Can Conduct These Exams?

The 3-Day Initial Medical Exam and 30-Day Texas Health Steps Medical Check-Up should be conducted by a credentialed STAR Health Medicaid provider who is one of the following:

- Physician or physician group (MD or DO)
- Physician assistant (PA)
- Clinical nurse specialist (CNS)

- Nurse practitioner (NP)
- Certified nurse-midwife (CNM)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Health-care provider or facility (Community-based hospital and clinic) with physician supervision

The Child and Adolescent Needs and Strengths Assessment (CANS 2.0) can only be completed by a clinician in the STAR Health behavioral health network who is certified in administering the assessment. (However, if a child is from a Community-Based Care (CBC) catchment area where the state has an active contract with a Single Source Continuum Contractor, the child may receive a CANS assessment more frequently, and the assessor is not required to be a STAR Health clinician.)

#### When Should the "3 in 30" Exams Be Completed?

**3-Day Initial Medical Exam:** Like its name suggests, the initial 3-Day Exam (with some exceptions) must be completed within three business days of a child's removal from their home of origin. This medical screening is intended to provide a baseline of a child's physical health upon entering care. It is also an opportunity for the caregiver to provide any immediate treatment or medication that the child may not have been able to obtain at the time of removal. The caseworker is responsible for ensuring the 3-Day Exam appointment is scheduled.

CANS Assessment: The CANS 2.0

Assessment must be completed within the first 30 days of a child entering foster care who is over the age of 3, so that it can be used to inform the Child's Plan of Service. The CANS Assessment provides a thorough understanding of a child's behavioral health needs and makes recommendations for appropriate interventions and services. The CANS Assessment must also be completed



medical and dental checkups on time, and to help troubleshoot any challenges to making appointments (such as transportation barriers).

CASA advocates should review each of the child's assessments and support the child's team in following up on any recommendations with urgency.

Additionally, CASA advocates should document key information about the status of the child's recommended services as well as any unmet medical or behavioral needs in their court report.

annually for all children and youth in DFPS conservatorship. STAR Health and the Child Placing Agency will work with the caregiver or medical consenter to ensure children complete the initial Health Steps Medical Checkup and CANS within two weeks of entering care. For children with severe treatment needs, the CANS 2.0 Assessment may be done as frequently as every quarter.

**Texas Health Steps Medical Checkup**: The Texas Health Steps Checkup must be completed within the first 30 days of a child entering care and is not a substitute for the 3-Day Exam. Youth ages 3-20 must have Texas Health Steps Medical Checkups annually from the date of the initial checkup, and no later than their next birthday.

Children under the age of 3 require more frequent Texas Health Steps Medical Checkups. See the Services for Infants section on <u>page 23</u> for more information.

Texas Health Steps also requires dental visits every six months, starting at age 6 months. The child or youth can go to any DentaQuest dentist for a checkup. They do not need a referral for regular dental checkups or other dental services. To pick a local dentist or to find assistance with making a visit, call DentaQuest at 1-888-308-4766.

For more information visit: <u>dfps.state.tx.us/Child\_Protection/Medical\_Services/3-in-30.asp</u>

#### Who, & What, Is a Medical Consenter?

In brief, a medical consenter participates in the child's medical appointments and makes decisions regarding medical, psychiatric, psychological, dental and surgical treatment for a child. A medical consenter is the person whom a court has authorized to consent to medical care for a child in state conservatorship.

CASA cannot and does not ever serve as the medical consenter for the child but can **support** the designated medical consenter by helping to find services and providers. In some instances, CASA can assist with transportation to appointments. The medical consenter may be the child's foster parent, a relative of the child, or a person named by the Department of Family and Protective Services. The child's parent may also be a medical consenter if the parent's rights have not been terminated and the court determines that it is in the best interest of the child to allow the parent to make medical decisions on behalf of the child. A medical consenter may also be a child in conservatorship of at least 16 years of age, if a court says the child has the capacity to consent to medical care.

The law requires DFPS to designate a person to make day-to-day healthcare decisions for a child in care. DFPS uses form 2085-B Designation of Medical Consenter to name the consenter and backup consenter(s). For a child in foster or kinship care, DFPS generally appoints the child's caregiver. If the child is in a congregate care setting, the caseworker will usually be named as the consenter. If you are uncertain who the medical consenter is, ask your supervisor or the child's caseworker, or ask to see the 2085-B Designation of Medical Consenter form.

Youth who are 16 years of age or older may become their own medical consenter if a judge signs an order allowing them to do so. For more information, see the Services for Adolescents section on <u>page 26</u>.



CASA should ensure youth are advised of their rights and are supported in having a voice in their care.

CASA should check in with the medical consenter and see if they need support with locating providers, finding services, transportation (when applicable) or other steps to ensure the child gets effective and timely healthcare.

### How Do I Learn About a Child's Health Status & Medical History?

#### Health Passport & Medical Record Sharing

The Health Passport is a web-based tool that can help you learn more about a child's health status and medical history. This tool serves as a claims-based health record for both health professionals and child advocates to view prescribed treatments to children in foster care. It records medications and billing diagnosis codes, but may not include what the doctor's or provider's treatment plan is.

CASA volunteers can access and view a child's Health Passport with the help of an assigned CASA program staff person who has permission to access this information and share records with authorized volunteers.

The Health Passport often includes information such as:

- Patient summary (Face Sheet)
- Allergies
- Assessments
- Growth Chart
- Immunizations



CASA volunteers should ask their supervisor about how to access Health Passport, and review the Health Passport for each child, when possible.

- Labs
- Medication History
- Patient History
- Appointments

#### What About the Child's Previous Medical History Before They Entered Foster Care?

There are many reasons why working to build rapport with the parents and family of origin is key to ensuring CASA advocacy is as informed and effective as possible. It is important to gather information from parents about their child's medical history to ensure that nothing falls through the cracks.

STAR Health receives up to two years of claims history for children who had Medicaid coverage prior to entering foster care, though this information is not merged into the Health Passport until the child has been in DFPS care for approximately two weeks. However, STAR Health cannot obtain a child's medical history if the child was previously insured privately or not insured at all. There is an automated process to transfer critical medical records from one managed care organization to another. You can find more information about the Health Passport at <u>fostercaretx.com/for-providers/healthpassport.html</u>.

ACTION step Depending on the needs of the child, it may be helpful to create a centralized document of the child's mental health history by talking to parents and previous caregivers, reviewing records and the Health Passport, and listing all diagnoses with dates and any prescribed medications.



As CASA and caseworkers begin to accumulate health information about the child, be sure to keep parents informed and engaged regarding their child's medical needs and services.



## WHAT SERVICES ARE COVERED BY MEDICAID?

STAR Health is responsible for providing a benefit package to caregivers and children and youth in foster care that lists all medically necessary services covered under the traditional Medicaid program. The benefit package may change annually.

The following is a high-level list of services covered under the STAR Health Medicaid managed care program. More services may be covered in individual cases. In general, services that are determined to be medically necessary by a medical professional are supposed to be covered (see section on How to Help Appeal a Service Denial on <u>page 37</u>).



#### **Covered Benefits & Other Physical Health Services**

Primary care provider and specialist

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- Dental services; including routine, restorative and orthodontic treatment
- Emergency and non-emergency care and ambulance services
- Eye exams (annual) and eyeglasses
- Women's health and family planning services; including birth control
- Podiatry foot care
- Hospital care (inpatient and outpatient)
- Lab tests, radiology and x-rays
- Occupational therapy
- Personal care services

- Pharmacy benefits
- Physical therapy
- Pregnancy care
- Specialty visits
- Speech therapy
- Transplant services
- Transportation to doctor visits
- Audiology services including hearing aids
- Chiropractic services
- Dialysis
- Durable medical equipment
- Check-ups

#### **Covered Mental Health Services**

- Medications for mental health and substance use care
- Psychotherapy and counseling services
- Psychiatry services
- Outpatient therapy
- Initial substance use screening and assessment
- Non-hospital and inpatient residential detoxification and rehabilitation
- Lab testing
- Targeted case management
- Substance use counseling treatment
- Medication assisted therapy
- Texas CANS 2.0 Assessment
- Psychological evaluations

#### **Additional Services**

#### **Service Coordination**

Children in family-like placements, or who have recently had their level of care lowered to basic or moderate, can be referred to a STAR Health Service Coordinator. A Service Coordinator will identify a child's needs and link them with local community

supports such as doctors or other providers that can help the child and their family complete the service plan. Contact the STAR Health Member Advocate line at 1-866-912-6283 for more information.

#### **Service Management**

STAR Health provides additional case management services to families and children with intensive medical needs or children who demonstrate chronic/complex conditions such as having multiple hospitalizations, intent to harm self or others, explosive type behaviors (aggression, impulsivity, depression), pregnancy, etc. STAR Health Case Managers are registered nurses or licensed clinicians that conduct an over-the-phone assessment known as the Strengths Assessment Inventory to determine what type of support the child needs, such as personal care services and locating specialty providers.



Sometimes, specific therapies such as trauma-informed art therapy, play therapy or equine therapy are recommended for meeting a child's unique psychological needs. These may take extra advocacy to identify area providers who are covered, but may result in the child engaging more actively. Be sure to consult with the child, their caregiver and the caseworker if you think the child you serve could benefit from a service they are not currently receiving.

#### **Translation & Interpreter Services**



Ensure that language is not a barrier to a family trying to access health services and communicate with professionals. CASA can call STAR Health with caregivers to request help with translation services.

Translation and interpreter services are available to families and children who experience a language barrier during doctor visits. STAR Health works closely with companies that offer translation services for people who speak languages other than English, including sign language interpreters. It must be requested. If the child or family you're serving needs interpretation services, you can help them by contacting STAR Health at 1-866-912-6283 or refer to the STAR Health Member Handbook for more information.

#### **Transportation**

Medicaid offers non-emergency transportation to doctor appointments when the caregiver has limited means of transporting the child or youth. Families and children should refer to the STAR Health Member Handbook under the Medical Transportation Program for a list of eligible services with contact information.



CASA volunteers should ensure that caregivers are aware of this option and understand how to help caregivers and youth access it if transportation to appointments is a barrier.

#### Telehealth (TeleDoc)

Providers in the STAR Health network can offer telehealth services to children and youth with certain health conditions. These virtual health visits are done with a provider through a mobile app or online video. STAR Health refers to this as TeleDoc. Telemedicine services are available when the child's primary care physician is not available. Superior HealthPlan, the managed care organization for STAR Health, offers 24-hour access to in-network healthcare providers for non-emergency medical issues such as:

- Cold and flu
- Rashes or skin conditions
- Sinus allergies
- Pink eye

#### Value Added Services

STAR Health also offers Value Added Services, such as:

- Small cash Care Grants for personal items such as school clothing and team sport uniforms and art supplies;
- Up to \$100 for glasses and frames or other features not covered by Medicaid;
- ▶ Up to \$25 towards membership with Boys and Girls Club for America; and
- My Health Pays® Rewards Program, detailed later in this guide.





# HOW CAN CASA HELP FIND MEDICAL & MENTAL HEALTHCARE PROVIDERS?

To access the STAR Health healthcare services directory, visit providersearch.fostercaretx.com

It is important to know that not all providers listed in the STAR Health network directory are taking new Medicaid patients or have appointments immediately available. This is why it is best for the caregiver or medical consenter to contact STAR Health directly to find a nearby doctor. Finding qualified providers can be a challenge depending upon where the child is placed in the state.



CASA volunteers can go online to help caregivers and youth locate a provider in the STAR Health network.

#### **Primary Care Providers**

A primary care provider is the point person for a child or youth's healthcare. They will keep track of all medical records and medication, and are the best people to ensure a child is receiving the care they need.

When the child is first enrolled in STAR Health, they will be assigned a primary care doctor. If the caregiver is not happy with the doctor selected, they can change to another doctor within the STAR Health network. For female youth, an obstetrician (OB) or gynecologist (GYN) can serve as their primary care doctor. Primary care providers can be one of the following:

- Pediatricians (only sees children)
- General/Family Practice (sees all ages)
- Internal Medicine (generally sees adults)
- OB/GYN (sees women)
- Federally Qualified Health Centers/Rural Health Clinics

With STAR Health's approval, children and youth with special or severe healthcare needs can select an in-network specialist to serve as their primary care provider. To initiate the process, the caregiver/medical consenter and caseworker will need to speak with the specialist they would like to be the child's primary care doctor. They can also call Member Services at 1-866-912-6283.

#### **Determining What Kind of Provider to Seek**

It is best to consult with the child's primary care provider before seeking a new specialist. The primary care physician may need to provide the caregiver with a referral, and they can also ensure that whomever the child sees will be able to deliver appropriate services and is in network with STAR Health.

#### Finding a Trauma-Informed Provider

All children removed from their home and placed in foster care have suffered, at a minimum, the trauma of removal from home and family. It is important to meet the needs of children from a trauma-informed perspective. The STAR Health network is designed to meet the specialized behavioral health needs of children in foster care. Some providers in the STAR Health network have undergone training on trauma-informed approaches to care. It is more common for behavioral health specialists and primary care providers to be trauma informed than other types of providers. To find a trauma-informed provider, caregivers and other medical consenters can call STAR Health directly or use the Provider Search Engine and type "Trauma-Informed Care" under certifications.

#### How to See a Specialist

While the primary care doctor can take care of most healthcare needs, situations may arise where the child will need to see a specialist. A specialist is a doctor with a more specific knowledge of a certain type of disease, illness or part of the body. STAR Health has specialists within their network that are able to meet the unique needs of children in foster care.

Coverage to see a specialist under the STAR Health program may require a referral. Only the child's primary care provider can refer them to a specialist. However, there are exceptions to this listed below for some specialty doctors. The following specialist services **do not** need a referral:

- Emergency Services
- OB/GYN Services
- Behavioral Health Services
- Regular Eye and Dental Care
- Texas Health Steps Checkups
- Family Planning Services
- Ophthalmology or Therapeutic Optometry Services (only for services that do not require surgery)

Additionally, children or youth diagnosed with a disability, or those with a special healthcare need and/or chronic illness do not need a referral from a primary care provider to get direct access to a specialist.

Some specialty medical services may require approval from STAR Health along with the referral from the primary care provider. The primary care provider should call the managed care organization or health plan to get approval for the procedure if there is any uncertainty on whether the service will be covered. The managed care organization is required to render a decision within two business days of receiving all the information needed from the doctor.

#### What Are Single Case Agreements?

In the event STAR Health does not have an in-network doctor or needed specialist available within a 50-75 mile radius of the child or youth, the health plan may open a single case agreement with a nearby provider who is not in the STAR Health network but is still a registered Medicaid provider that is capable of providing the needed service. **Single case agreements can only be requested by the caregiver, caseworker or the youth.** Doctors are not required to agree to a single case agreement unless it is court ordered.

Although CASA is not able to formally request a single case agreement, when there are no local specialists available to meet a child's need, advocates should check in with the child's team about whether it's appropriate to explore the option of a single case agreement.



# SERVICES FOR INFANTS

In this section, an infant is defined as a child 0-3 years old. STAR Health offers several services that help ensure infants in foster care receive adequate healthcare.

#### **Texas Health Steps for Infants**

Texas Health Steps, or the Early and Periodic Screening Diagnosis and Treatment (EPSDT), is a program designed to identify medical or developmental problems in infants and children early. Along with the Health Steps checkups, the program also offers dental services, immunizations and vision and hearing screenings. Texas Health Steps checkups are covered and required at the following ages: Infancy is a particularly vulnerable and crucial time in a child's development, making consistent checkups and adequate healthcare vital to ensure that infants are developing appropriately.

Newborn to 5 days	2 weeks	2 months	4 months	6 months
9 months	12 months (1 year)	15 months	18 months	24 months (2 years)

An infant should also have their first dental checkup at six months, and continue to get one every six months thereafter. The Texas Health Steps checkups can be scheduled with the infant's doctor or any other in-network provider certified to complete the exam. A referral is not needed for these checkups.

## **Early Childhood Intervention (ECI)**

Early Childhood Intervention (ECI) is a program for infants (up to 3 years old) with a disability or diagnosis that may affect their development. ECI is offered at no cost to children enrolled in STAR Health. ECI services include assessments, care management, translation services and the development of an Individual Family Service Plan. The ECI program also provides access to therapy and trainings. A referral is not needed to get an ECI assessment.

To find an ECI provider, call HHSC at 1-866-566-8989 or visit their website at <u>hhs.texas.gov/services/</u> <u>disability/early-childhood-intervention-services</u>.



#### Helping through Intervention & Prevention (HIP)

The Helping through Intervention and Prevention (HIP) program is a voluntary, free program offering a support system for families with children 0-5 years old who meet eligibility criteria. HIP offers educational opportunities through home visits, as well as financial support for the basic needs of the child.

Youth who are pregnant in foster care, or have recently given birth and are parenting a child that is up to 2 years old, qualify for HIP. This also includes youth who are single teen fathers, and those who have aged out, are receiving Preparation for Adult Living and/or are



in the extended care program. A home-based assessment to assess the safety and stability of the home is required before the home visits can start. The home visits will provide education to the parents on a variety of topics including bonding and attachment to their baby, creating a safe environment for the baby, managing stress and reducing the risk of child abuse.

Families may receive up to \$200 from HIP to purchase items such as diapers or formula. Under approved circumstances, funds may be put towards rent and utility costs. Visits are based on the needs of the family but are typically 1-1.5 hours long, and the family can receive these services for 12-18 sessions.

With the consent of the youth who is pregnant or parenting, CASA volunteers can refer them to HIP by emailing <u>HIP@dfps.state.tx.us</u>. Please include the youth's name, date of birth, current address, phone number, gender, the baby's name, and the baby's date of birth or due date.

#### Health Coverage for Newborns

In addition to the services listed above, if an adolescent who is pregnant is enrolled with STAR Health, the baby will be automatically enrolled upon birth. However, the parenting youth must take certain steps before or immediately following the birth of the baby to ensure the newborn has health coverage:

Prior to the newborn's delivery, the youth should consult with STAR Health about selecting a pediatrician.

2 Contact the Department of State Health Services (DSHS) about the birth of the baby as soon as possible. This will ensure that the baby's Medicaid enrollment is processed more quickly.

**3** Contact STAR Health (by calling member services at 1-866-912-6283) to notify them of the birth. Superior HealthPlan should be made aware by the hospital, but it is important to follow up with them to make sure all information about the baby is correct.

<sup>4</sup> If the adolescent who is pregnant is in foster care, contact the DFPS caseworker after the baby is born. The baby **does not** need a Social Security Number to be signed up.





## SERVICES FOR ADOLESCENTS & YOUNG ADULTS

When a child reaches adolescence, there are many additional health factors and services to consider.

STAR Health members 20 years old or younger are strongly encouraged to complete a physical checkup (Texas Health Steps) within 30 days and a dental checkup within 60 days of joining the STAR Health program. Youth who have been on STAR Health since they were a child should continue to follow the Texas Health Steps for Adolescents discussed in the following paragraph.

#### **Texas Health Steps for Adolescents**

Texas Health Steps checkups are covered and required annually for children, youth and young adults from ages 3 to 20. Checkups must be completed by a certified Texas Health Steps provider. In addition to checkups, the program offers dental services, immunizations and vision and hearing screenings. These checkups can be done with the adolescent's primary care provider or a different doctor within STAR Health's provider directory, and do not require a referral.

#### Medical Consent for Youth Age 16+

Youth who are 16 years of age or older may become their own medical consenter if a judge signs an order allowing them to do so. Before a youth reaches age 16, DFPS must advise youth of their right to request a hearing to determine whether they may be authorized to consent to their own medical care. DFPS also provides youth with training on informed

consent and the provision of medical care as part of the Preparation for Adult Living (PAL) program. This can be found in *Texas Family Code* §266.010.

If a youth has an attorney ad litem, the attorney should also advise the youth about their right to request the court authorize the youth to be their own medical consenter. This requirement can be found in *Texas Family* Code \$107.003.



CASA should inform youth of their right to be their own medical consenter.

#### Youth Who Have Run Away

It is not uncommon for youth to run away from a placement while they are in foster care. When youth run away from their placements, the length of time that they are on socalled "runaway status" can potentially affect their health coverage. Youth will remain on STAR Health coverage for 61 days from the time that the DFPS caseworker documents in their data management system that the youth is on runaway status. After the 61 days have passed, they will be terminated from their STAR Health coverage and transition to a different Medicaid program, often assigned to them by the Health and Human Services Commission. When a youth returns after 61 days or longer on runaway status, their benefits will go back to being under STAR Health.

### **OB/GYN Care**

Adolescents desiring to see an OB/GYN do not require a referral, however, the OB/GYN must be in network with STAR Health. Exceptions can be made for youth wishing to remain with their current or previous OB/GYN if that provider is not in network with STAR Health, but Superior HealthPlan has to develop a single case agreement with that doctor. In the event an agreement cannot be made, STAR Health will assist the youth in finding a new, in-network OB/GYN.

#### **Access to Contraception**

Federal law protects confidential access to family planning services, which includes the contraceptive method of choice for individuals of childbearing age enrolled in a state's Medicaid program (including minors). Additionally, DFPS policy states that caseworkers cannot attempt to prohibit the youth from seeking contraceptive services.

Despite a common misconception, youth do not need consent from another party, including their caregiver or foster parent, to obtain contraception. The youth also has the right to say no to being placed on contraception, if they do not want it.

CASA volunteers should help to ensure that adolescents enrolled in STAR Health know they have the right to consent to covered contraception, without obtaining anyone's permission. It is important that they also know that their confidentiality around making the choice to use contraception is protected by federal law.

#### My Health Pays® Rewards Program

Young adults 18 years and older can also participate in the My Health Pays® Rewards Program (formerly known as the CentAccount a2A Program). The program is designed to incentivize young adults 18-21, still enrolled in STAR Health, to take control of their healthcare by offering monetary rewards for continuing to complete annual health exams.



#### Young adults can earn up to \$125 annually for:

- Getting the first Texas Health Steps checkup completed within 30 days of their 18th birthday [\$25]
- Each dental exam (up to two exams per year) [\$30]
- Getting an annual well-woman checkup [\$20]
- Getting an annual flu shot (one per flu season, September through April) [\$20]

A Visa Gift Card is mailed to the participating young adult after completing their first qualifying health activity—no work is needed on the participant's end. Funds are deposited onto the Visa Card once Superior HealthPlan has processed the claim for each activity completed. The funds cannot be used to buy firearms, tobacco or alcohol.

#### **Advanced Directives**

Young adults 18 and older have the option to file an Advanced Directive, also known as a Living Will. An Advanced Directive allows the young adult to put their preferences for end-of-life medical care into writing, in case they face life-threatening injury or illness and cannot communicate decisions about their choices at that time. The Advanced Directive can also give the decision-making power to someone else. There are four different kinds of Advanced Directives:

- Directive to Doctor: Tells the doctor what to do if the young adult is too sick to communicate/make decisions
- Durable Power of Attorney for Healthcare: Gives another person power to make decisions over the young adult's healthcare if they are unable to
- Declaration of Mental Health Treatment: Notifies the doctor about the type of mental health treatment the young adult wants, if they are ever unable to

Out-of-Hospital Do Not Resuscitate: Notifies doctor/first responders what to do if the young adult is about to die

Young adults 18 and older can talk directly to their doctor about filling out Advanced Directive forms or contact STAR Health to get assistance. The signing of the form must be acknowledged by two witnesses or a notary. Once the form is complete, the young adult should keep the original, give a copy to their primary care provider to keep in their file, and give a copy to anyone named in the Advanced Directive (in the case of a Power of Attorney for Healthcare).



## HOW TO HELP YOUTH KEEP HEALTH COVERAGE WHILE TRANSITIONING TO ADULTHOOD

CASA volunteers should help youth keep or apply for health coverage while they are transitioning to a successful adulthood. Under federal law, youth who age out of foster care are guaranteed Medicaid coverage until their 26th birthday.

#### **Transitioning Off of STAR Health**

- Youth who age out of foster care at 18 have the option to remain on STAR Health with the same managed care organization they had while they were in care, or opt into a new Medicaid health plan.
- When young adults turn 21, they are no longer eligible for STAR Health and must select a new Medicaid health plan and managed care organization if they would like to remain insured.
- It is critical that the youth renew their Medicaid coverage annually by updating their address with HHSC anytime they move. This option is also available to youth who decide to go into extended foster care.

#### **Transition Specialists**

A Transition Specialist is covered and provided by STAR Health and can be assigned to a youth anytime between age 15 through their 21st birthday. The Transition Specialist can help educate and prepare the youth or young adult for when they turn 21 years old and their STAR Health coverage ends. Transition Specialists can also help youth enroll in a new health plan that meets their needs and refer youth to support services, such as transportation to health-related services. Additionally, there are confidential referral processes through which Transition Specialists can refer youth to substance abuse services. Transition Specialist Services can be obtained by calling 1-866-912-6283.

The STAR Health Transition specialist is not related to the Preparation for Adult Living (PAL) program or PAL caseworkers. DFPS assigns PAL workers to qualifying youth in foster care. PAL offers a variety of services and life-skills classes, such as information on financial literacy or how to find housing. STAR Health Transition Specialists support youth with a more direct focus on navigating their healthcare as they leave foster care.

#### **Proof of Coverage**

It is especially important that young adults 18 and older transitioning out of foster care have both Medicaid insurance cards – the one from HHSC and the one from the STAR Health managed care organization – prior to their last day in foster care, so they can take advantage of their ongoing health coverage and do not experience any disruption in their healthcare. For more information on what is needed to provide proof of coverage, see page 10.



## SERVICES FOR YOUTH WHO ARE PREGNANT OR PARENTING

As a CASA volunteer, it is important to know that regardless of their age, youth who are pregnant in foster care can be the official medical consenter to all hospital medical or surgical treatment related to their pregnancy—with the exception of abortion. They can also consent to all medical care for their newborn child unless DFPS has conservatorship of the newborn.

The youth should schedule their first prenatal appointment within two weeks of learning they are pregnant. Additionally, the following services are available to youth who are pregnant in foster care:

#### **START Smart for Your Baby**

START Smart for Your Baby is a program offered to youth who are pregnant or new mothers and covered by STAR Health. To enroll in the program, youth must notify STAR Health about their pregnancy by submitting the Notification of Pregnancy (NOP) form or by calling Superior HealthPlan member services at 1-866-912-6283.

For youth who are pregnant with special needs, START Smart offers Care Managers that serve as registered nurses and licensed social workers. Care Managers can assist youth with scheduling appointments, providing transportation and can make referrals to any other services they may need. They are available as a resource at every step of the pregnancy. To learn more about Care Managers, go to: <u>superiorhealthplan.com/members/medicaid/health-wellness/start-smart-for-baby/care-management-program.html</u>.

START Smart for Your Baby also offers additional My Health Pays® Rewards (see <u>page 28</u>) opportunities for youth who are pregnant. **They can earn an additional \$100 throughout the duration of the pregnancy for the following:** 

- Prenatal visit within the first trimester or 42 days of enrollment with Superior HealthPlan [\$20]
- 3rd prenatal visit [\$20]
- 6th prenatal visit [\$20]
- 9th prenatal visit [\$20]
- Postpartum visit within 21-56 days of delivery [\$20]

The money is credited to a My Health Pays® Rewards Visa Card once Superior HealthPlan has processed the claim for each completed visit.

# SERVICES FOR CHILDREN & YOUTH WITH DISABILITIES

Children with mental or physical disabilities require specialized medical care to meet their needs. To meet these needs, STAR Health offers case managers who are specifically trained to work with caregivers and assist them with making appointments with specialists and/or navigating eligibility for different programs.

To qualify for Intellectual and Developmental Disability (IDD) services, the child or youth must go through an eligibility assessment. Generally, children and youth who qualify have chronic or severe conditions that result in physical or mental impairment. The assessment uses standardized tests to determine IQ and Adaptive Behavior Level. If the child you are serving has an IDD and has not yet gotten an assessment, contact the STAR Health managed care organization directly to find a qualified assessment provider.

Caregivers with children already identified by DFPS as having a disability should be contacted by STAR Health to begin case management services as soon as the child is ordered by a court into DFPS conservatorship.





If you are advocating for a child with a disability, know that there are other nonprofit resources to help ensure they get the care they need. One of these resources is the Foster Care Program offered by Disability Rights Texas, which provides legal representation through court appointment. According to Disability Rights Texas, children with a disability in foster care:

- Are more likely than their peers to not finish high school, to be incarcerated and to experience homelessness;
- Are half as likely as children without a disability to experience permanency through reunification with their family or adoption; and
- If they "age out" of the system at age 18, often end up institutionalized or incarcerated.

Courts appoint Disability Rights Texas to represent children in foster care and help them navigate the systems with which they are involved. Services provided include:

- Educational advocacy
- Cross-system advocacy
- Reasonable accommodations
- Representation in Medicaid fair hearings
- Transition out of foster care
- Discharge from institutional settings
- Psychotropic medication monitoring
- Trauma-informed care
- Trust-Based Relational Intervention® (TBRI®)



Consult with your supervisor about whether it would be useful to contact Disability Rights Texas on behalf of a child you are advocating for.

# SERVICES FOR LGBTQ CHILDREN & YOUTH

LGBTQ youth are at increased risk for many physical and mental health issues and are often subjected to harassment and abuse by their peers and others<sup>3</sup>. With these considerations in mind, it is vital that LGBTQ youth feel comfortable discussing their healthcare needs and know the options available to them.

When working with LGBTQ youth, advocates should be affirming of their identities, respectful of their experiences and willing to learn. They should also make sure that they have the consent of the youth before disclosing their sexual orientation or gender identity to others.

STAR Health offers resources for both LGBTQ youth and their caregivers to ensure their medical needs are appropriately addressed, and has developed a free safety packet that includes: The Child Welfare League of America found that 30.4 percent of children and youth in foster care identify as LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer/Questioning) compared to a nationally represented sample of their non-foster peers of 11.2 percent<sup>2</sup>.

- Educational information about what other LGBTQ youth have experienced;
- An LGBTQ resource guide with local resources, such as youth support centers;
- An HIV book with facts about how to prevent HIV; and
- > Other resources that can help LGBTQ youth feel supported while in care.

In addition to the safety packet, Transition Specialists can also assist with connecting LGBTQ youth and caregivers to a variety of resources. A Transition Specialist is a professional employed with STAR Health whose work is similar to that of the Preparation for Adult Living (PAL) staff at Child Protective Services. If the youth does not yet have a Transition Specialist,

<sup>&</sup>lt;sup>2</sup> American Academy of Pediatrics. LGBTQ Youth in Unstable Housing and Foster Care. 2019

<sup>&</sup>lt;sup>3</sup> Child Welfare League of America. Recommended Practices: To Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ0 Youth and Youth at Risk of or Living with HIV in Child Welfare Settings. 2012

they can fill out the online Self-Referral Form at <u>fostercaretx.com/for-members/resources.</u> <u>html</u> or <u>superiorhealthplan.com/members/medicaid/resources.html</u> and a Superior HealthPlan Transition Specialist will call to help with any questions.

Superior HealthPlan has also compiled a resource guide for LGBTQ youth. This guide lists organizations by city that may offer support and services to LGBTQ youth. The guide can be found at: <u>fostercaretx.com/content/dam/centene/fostercare/pdfs/SHP-LGBTQ-Resource-Guide-M-EN-09072018.pdf</u>.



# HOW TO HELP APPEAL A SERVICE DENIAL

Children and youth covered by STAR Health are entitled to any medically necessary service, which is defined as healthcare services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet accepted standards of medicine. Yet sometimes necessary services are denied for reasons that might not make sense or seem right. It is important that the medical consenter read the denial notice and call STAR Health if they have any questions about the denial.

If a doctor determines that a child is in need of special services or procedures that are not covered by Medicaid (for example, ABA therapy for children with autism), the medical consenter/caregiver and CASA should notify the court so the judge may consider ordering CPS to locate and pay for those services for the child. Below are examples of what can be appealed:

- Stopped coverage for care the child needs,
- Denied coverage for care the caregiver or medical consenter thinks should be covered,
- Payment denial of a hospital bill for medically necessary treatment,
- Limiting a request for a covered service (e.g. only covering part of the cost of a service), and
- Any other medically necessary service recommended by a STAR Health physician.

In this case, the caregiver or medical consenter has 60 days from the date they received a coverage denial letter to appeal the decision. Once the appeal has been filed, it follows the same timeline as a complaint resolution appeal (see <u>page 39</u>). If the appeal is regarding the termination, suspension or reduction of services, such as discontinuing a service that the child was receiving, the caregiver or youth has 10 days from the date they received their denial letter to appeal. For more information about how to prevent a disruption on already-authorized services, please refer to the STAR Health Member Handbook.



Denials for healthcare services can be appealed within certain timeframes. If CASA learns of a recent service denial and the caregiver needs assistance with the appeal process, they should contact the <u>CPS Regional Well-Being Specialist</u> to assist with the appeal process.

In emergencies and other urgent situations, expedited appeals are allowed. Contact STAR Health directly to inquire about this process.

If, after going through the appeal process, the complainant is still not satisfied with the result, the complainant can contact the Health and Human Services Commission by calling 1-866-566-8989 or mailing a written complaint to the address below:

#### Texas Health and Human Services Commission

Attn: Resolution Services MCCO Research and Resolution P.O. Box 149030, MC: 0210 Austin, TX 78714-9030





# HOW TO HELP FILE COMPLAINTS WITH STAR HEALTH

A complaint notifies the managed care organization that an individual, such as a caregiver or youth, is dissatisfied with their health plan or services. This does not include service or prescription denials, for which one should file an appeal (see <u>page 37</u>).

Complaints can only be filed by the youth, caregiver, medical consenter or caseworker. STAR Health is unable to file a complaint from an individual not listed as the child or youth's designee. Under no circumstances can CASA file a complaint on behalf of a child. However, CASA volunteers should be knowledgeable of the complaint process so they can advise caregivers or youth and/or help them navigate the process should it be necessary.

Complaints can be filed by contacting Superior HealthPlan at 1-866-912-6283 or online at <u>superiorhealthplan.com/members/medicaid/resources/complaints-appeals.html</u>. Complaints can also be faxed to 1-866-683-5369, or mailed to:

**Superior HealthPlan** Complaints Department 5900 E. Ben White Blvd. Austin, TX 78741

The person will be notified that their complaint was received by Superior HealthPlan within five business days. Within 30 business days, Superior HealthPlan should send a letter with a proposed resolution to the complaint.

Complaints concerning emergencies or denial of continued hospitalization will be expedited and resolved within one business day from receipt of the complaint, or earlier, depending on the urgency of the case. For emergency complaints, the complainant will receive a letter with the resolution of the complaint within three business days. If the complainant is not satisfied through the complaint resolution, they have the option to appeal by contacting STAR Health in writing. These appeals can be mailed to:

**Superior HealthPlan** Attn: Medical Management 5900 E. Ben White Blvd. Austin, TX 78741

Appeals must be submitted in writing, unless it is an appeal regarding an expedited resolution. The complainant has 30 days from the day they receive their resolution letter to file an appeal. Once an appeal is filed, the complainant will be notified within five business days that the appeal has been received. The complainant will receive a letter outlining the result of their appeal within 30 business days.



It is important to know that STAR Health cannot retaliate against a child, caregiver, medical consenter or caseworker because they filed a complaint.

The process of appealing service denials or filing written complaints can be overwhelming, especially because needed medical care is usually at issue. Having the support of a CASA volunteer could make this process easier for youth and caregivers.

## OUR COMMITMENT TO CHILDREN'S HEALTH

Thank you for sharing our commitment to health advocacy as a vital part of the CASA role, and for your dedication and work on behalf of children in foster care in Texas. Remember that an advocate can always turn to their supervisor for guidance, support and knowledge. Each child has a team of adults working on their behalf which operates more effectively when everyone is informed and connected. As a CASA volunteer, you can be a critical link for sharing information, supporting caregivers and ensuring accountability.

Advocacy is an experience full of constant learning and growth. Use this guide as a reference for health advocacy situations you may face and as a refresher as time goes on.

Through effective health advocacy, the children served by the CASA network can receive the care they need and deserve. The difference advocates make does not stop once the case is closed. By advocating for a child's medical and mental healthcare today, you are laying the foundation for their life as a healthy adult, and giving them the best chance of success and well-being during their time in foster care and beyond.







STRENGTHENING THE VOICES OF CASA STATEWIDE