

CPW Case Examples:

H.R, age 15: Diagnosed with bipolar, depression, and anxiety disorder. She missed many school days due to her conditions, and the school was threatening to not promote her to the next grade. She had very good grades, but the school was going to fail her as a result of her absences. From October to January, the case manager worked with H.R. and her family to obtain the 504 Program due to her medical conditions. Following four visits to the school by the case manager and frequent phone calls, H.R. was able to obtain 504 services. She was no longer in jeopardy of retention.

K.B, age 7 months: K.B. was born with problems with her kidneys with flow backing up, which causes urinary tract infections. She has intolerance to certain formulas. Mother was concerned with possible developmental delays. Case manager referred K.B. to ECI and provided mom with parent support resources.

T.S, age 14: Diagnosed with major depression, attention deficit hyperactivity disorder (ADHD) and anxiety. She was released from inpatient psychiatric hospital and needed to start her therapy and medication regiment. She had appointments with the local mental health authority but they did not accept her Medicaid health plan because her mother had been having difficulty getting it changed from Tarrant service area to Travis service area. T.S. was also having difficulty in school. Her grandmother wanted help with having her evaluated for special education because her grades were falling. She had special education in Fort Worth but this had not been activated in Elgin. The case manager assisted with getting their address updated with Medicaid and her MCO changed. The case manager advocated with her school to get her needs met and be successful in the classroom.

C.R., age 17: Diagnosed with attention-deficit/hyperactivity disorder (ADHD). C.R. refused to attend school and was sent to an alternative school due to drug use while on school campus. According to his mother, he had been using drugs for three years. He was previously hospitalized for behavior. Case manager made numerous phone calls and visits to assist and advocate for services. Case manager assisted with getting C.R. counseling services. C.R. was given Job Corp referral. C.R. successfully completed inpatient drug rehabilitation.

M.Z., age 7: Diagnosed with autism spectrum disorder, ADHD, speech delay (nonverbal), and genetic disorder. M.Z. receives services through special education behavior unit. Mother states M.Z. self-harms and is sensitive to noise and textures. M.Z. applied for social security income (SSI) and was denied. Case manager is assisting with appeal. Case manager also placed M.Z. on Medicaid waiver interest lists and referred him to an agency with a contract through the Children's Autism Program to provide applied behavior analysis (ABA) services.

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S.J., age 30: Seven months pregnant. S.J. is diagnosed with depression and anxiety and is experiencing suicidal thoughts with no plan. S.J. feels guilt, worthlessness, and no attachment to pregnancy. Previously hospitalized last year due to depression. S.J. needs assistance finding a therapist that specializes in postpartum depression and anxiety. She is having a hard time finding resources on her own due to symptoms. Case manager assisted S.J. in locating a therapist and coordinated care with her obstetrician/gynecologist (OB/GYN) for psychotropic medication safe during her pregnancy.

A. R., age 4: Recently diagnosed with autism spectrum disorder. Case manager assisted mother in enrolling him in Preschool Program for Children with Disabilities (PPCD) through his school district. Case manager attended his school meetings with his mother to ensure that his needs were being addressed. The school is providing occupational therapy (OT), physical therapy (PT), and speech therapy. The case manager assisted his mother in applying for SSI and placing him on the appropriate Medicaid waiver interest lists. The case manager gave his mother information on Texas Parent to Parent for support needs.

M.S., age 10: Diagnosed with depression and anxiety with psychosis. Mother states M.S. has audio and visual hallucinations. Due to hallucinations, M.S. is afraid of going to the restroom and being alone at home and at school. When frightened, M.S. screams and cries uncontrollably. M.S. is on SSI. Amerigroup service coordinator sent referral to CPW stating mom is reporting the school is not adhering to client's individual education plan (IEP) and calling mom every time client has an outburst at school. Case manager helped mom schedule an admission, review, and dismissal (ARD) meeting and attended the meeting with mom to review and advocate for M.S.'s school needs.

Texas STAR Medicaid and CHIP MSHCN Service Management by Risk Group, SFY2020
 Analysis is based on MCO self-report.
 See Notes tab for more information on methods and definitions used in the analysis.
 *Denominator is total MSHCN in specific Risk Group Category

Program	Risk Group Category	Has Service Management MCO able to reach member AND member agreed to service management AND member has service plan	Indeterminant MCO able to reach member AND member agreed to service management AND member does not have service plan	Do Not Have Service Management MCO cannot reach member OR member declined service management AND member does not have a service plan	Percentage of MSHCN with Service Management by Risk Group Category*	Total
	Children	1,096	5,967	7,322	7.62%	14,385
	Pregnant Adults	1,986	1,599	1,318	40.51%	4,903
CHIP	<i>CHIP Subtotal</i>	3,082	7,566	8,640	15.98%	19,288
	Children	10,660	25,283	50,995	12.26%	86,938
	Pregnant Adults	9,372	4,525	16,306	31.03%	30,203
	Non-Pregnant Adults	1,701	1,734	7,312	15.83%	10,747
	AA/PCA	3,759	1,609	21,604	13.94%	26,972
STAR	<i>STAR Subtotal</i>	25,492	33,151	96,217	16.46%	154,860
N/A	Missing/Invalid Risk Group	3	12	26	7.32%	41
	Grand Total	28,577	40,729	104,883	16.41%	174,189

Notes:

This report includes STAR & CHIP members with Special Healthcare Needs (MSHCN) in SFY 2020.

The members' service management status and risk group are based on the members' last record in the fiscal year.

There were 174,266 distinct MSHCN in SFY 2020. A total of 174,189 members are included in this analysis.

76 members who were listed as having a service plan but also declined and/or unable to reach were excluded from the analysis.

1 member with a missing PCN was also excluded from the analysis.

Of the 104,883 members who do not have service management, 30,796 (29.4%) members declined service management.

The following categories are used in the analysis:

(Service Plan = 1 AND Declined = 0 AND Unable to Reach = 0) = Has Service Management - MCO able to reach member AND member agreed to service management AND member has service plan

(Service Plan = 0 AND Declined = 0 AND Unable to Reach = 0) = Indeterminant - MCO able to reach member AND member agreed to service management AND member does not have service plan

(Service Plan = 0 AND (Declined = 1 OR Unable to Reach = 1)) = Does Not Have Service Management - MCO cannot reach member OR member declined service management AND member does not have a service plan

(Service Plan = 1 AND (Declined = 1 OR Unable to Reach = 1)) = Invalid

(Service Plan = 0 AND Declined = 1) = Declined service management

Risk Group Categories are as follows:

STAR, Children = 004, 009, 010, 014, 060, 062, 063, 064, 065, 066, 067, 068, 069

STAR, Pregnant Adults = 005, 020

STAR, Non-Pregnant Adults = 001, 002, 003

STAR, AA/PCA (Adoption Assistance/Permanency Care Assistance) = 070

CHIP, Children = 301, 302, 303, 304, 308, 311

CHIP, Pregnant Adults = 309, 310

N/A = Missing or invalid risk group reported

Data Source(s): DA_PRODUCTION.MSHCN_REPORT, TMHP; Uniform Managed Care Manual Chapter 5.4.6.2, HHSC.

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