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# **Carve-In of Case Management for Children and Pregnant Women**

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**November 3, 2021**

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# Summary of H.B. 133

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## 87th Legislature, Regular Session, 2021

H.B. 133 has three main components:

1. Establishes six months postpartum coverage for certain women enrolled in Medicaid for Pregnant Women
2. Directs HHSC to transition Healthy Texas Women (HTW) into managed care
- 3. Directs HHSC to carve Case Management for Children and Pregnant Women into managed care**



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# **Overview of Case Management for Children and Pregnant Women Benefit**

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# Case Management for Children and Pregnant Women

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- Medicaid State Plan benefit
- Component of the Texas Health Steps service array
- Assists eligible clients in gaining access to medically necessary medical, social, educational and other services
- Provides health-related case management services to Medicaid eligible children and pregnant women
- Rules:  
[Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 27](#)



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# Purpose of Case Management

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- Identify needs of person and their family
- Develop plan to address needs
- Follow up with person and their family to ensure needs have been addressed or resolved



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# Definitions

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## Definitions from TAC Title 25, Part 1, Chapter 27

### Children with a health condition/health risk:

- Children birth through age 20 who have or are at risk for a medical condition, illness, injury, or disability that results in limitation of function, activities, or social roles in comparison with healthy peers of the same age in the general areas of physical, cognitive, emotional, or social growth and development.



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# Definitions (cont.)

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## Definitions from TAC Title 25, Part 1, Chapter 27

### High-risk condition:

- Applies to women who are pregnant and have a medical and/or psychosocial condition(s) that places them and their fetuses at a greater than average risk for complications, either during pregnancy, delivery, or following birth.



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# Definitions (cont.)

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## Definitions from TAC Title 25, Part 1, Chapter 27

### Case Management for Children and Pregnant Women services:

- In reference to the federal regulation (42 C.F.R. §440.169) case management for children and pregnant women is defined as services that assist eligible clients in gaining access to necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition.



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# Eligibility

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## **The Case Management for Children and Pregnant Women benefit is available for Medicaid-eligible:**

- Children birth through age 20 with health condition or health risk; or
- Pregnant women of any age who have a high-risk condition; and
- Person who needs assistance in gaining access to medically necessary medical, social, educational, and other services related to the health condition, health risk or high-risk condition; and
- Person who wants case management.



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# Current Providers

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## Provider Types:

- Registered nurses
- Licensed social workers

## May be self-employed or work for:

- Nonprofit agencies/organizations
- Health-care clinics (including FQHCs)



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# Current Providers (cont.)

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## Today all Case Management for Children and Pregnant Women Medicaid providers must:

- Receive approval from HHSC, enroll with TMHP as a Medicaid provider, and bill TMHP directly for each service.
- Complete HHSC's standardized case management training.

**Note:** Although they are not Medicaid providers, DSHS regional case managers also deliver Case Management for Children and Pregnant Women through an interagency agreement with HHSC.



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# Differences from other types of case management

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- Initial visits are face-to-face, follow-up visits can be face-to-face or telephonic
- Case manager may attend school meetings with parent to advocate for the person
- The whole family is assessed, not just the person
- Services are provided only if person currently has needs related to their health condition or health risk



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# Billable Services

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## Comprehensive visit:

- A face-to-face visit with the person/parent/guardian, which includes completing the family needs assessment and developing a service plan.
- Limited to one per year unless there are significant changes in the client's health condition and/or psychosocial situation.



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# Billable Services (cont.)

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## Follow-up visit:

- A face-to-face or telephone contact in which the case manager reviews the complete service plan with the person/parent/guardian.
- Follow-up contacts are only billable when the client continues to meet eligibility criteria.
- HHSC is analyzing this benefit in accordance with H.B. 4, 87th Legislature, Regular Session, 2021.



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# Current Prior Authorization Process

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## HHSC Case Management staff identify:

- If person has a health condition/health risk or a high-risk condition (if pregnant) with related needs
- If person has a psychosocial factor
  - Such as Child Protective Services involvement, domestic violence, homelessness
- Level of need
  - Level of need is based on complexity, such as basic referral or assistance versus specialized need, or complex coordination and advocacy



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# Current Referral Process

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- Anyone can make a referral by:
  - Calling Texas Health Steps
  - Contacting a case manager directly
  - Submitting a referral form
- The referral process is detailed on HHSC's website:  
<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/case-management-providers-children-pregnant-women>



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# Useful Links

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- To learn more about Case Management for Children and Pregnant Women, please see:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/case-management-providers-children-pregnant-women>

<https://hhs.texas.gov/services/health/medicaid-chip/texas-health-steps>



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# Forthcoming Changes

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In accordance with H.B. 133, the following changes are forthcoming to the Case Management for Children and Pregnant Women benefit:

- Starting **9/1/2022**, Medicaid MCOs will contract with providers to reimburse for billable case management for children and pregnant women services
- HHSC will develop continuity of care requirements to ensure a seamless transition (such as transfer of existing prior authorizations to the MCOs)



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# Forthcoming Changes (cont.)

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- Some tasks currently conducted by HHSC and DSHS will shift to the MCOs
- HHSC will conduct a readiness review with MCOs
- Policy changes include:
  - Amendments to 1115 Transformation Waiver and Medicaid State Plan
  - Clean-up amendments to TAC rules (not necessary to implement)
  - Managed care contract updates



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# Transition Plan

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**HHSC is conducting the following activities to implement the transition to managed care:**

- Bi-Weekly Transition Calls with Medicaid MCOs
- Provider and member materials and webinars will occur in June-August 2022
- Regular updates to be provided to the SMMCAC Service and Care Coordination Subcommittee



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# Transition Plan (cont.)

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HHSC Medicaid and CHIP Services is coordinating with DSHS Division for Regional and Local Health Operations to coordinate services for members enrolled in Medicaid fee-for-service and processes needed to transition to receiving the service in managed care.



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# Open Discussion

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**Thank you**

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