



Delivery of Health and Human Services to Young Texans

**As Required by
Texas Government Code, Section
531.02492(b)**

**Texas Health and Human Services
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TEXAS
Health and Human
Services

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Executive Summary

The Delivery of Health and Human Services to Young Texans report, required by Texas Government Code, [Section 531.02492\(b\)](#), discusses services for children under six years of age – a critical time of early development which impacts a child’s long-term outcomes. This 10th biennial report updates the previous December 2020 report and covers the services offered in the Health and Human Services (HHS) system.

HHS’ mission is to serve Texas, and its vision is to make a positive difference in the lives of the people we serve. Protecting and enhancing the health, safety, and well-being of young children is essential to carrying out this mission. HHS leads many programs and efforts that impact the different factors affecting child health. While most programs focus on providing medical and supportive services, other programs help families with nutrition and financial assistance. Additional programs prevent illness and injuries by promoting healthy behaviors and safe environments.

To maximize the reach and effectiveness of services to young Texans, program areas continue to form collaborations and partnerships with other state and local programs and organizations.

The report highlights the unified and collaborative approach to delivering services and improving the health of Texas children. The report contains the following:

- Overview of Child Health in Texas: Improvements in child health as well as challenging health disparities.
- Child Health Determinants: Factors affecting child health.
- Texas Child Health Program Briefs: Summary information on 37 programs serving children under six years of age, including program description, eligibility requirements, and recent accomplishments.
- Partnerships and Collaborations: Descriptions of joint efforts to improve child health including program collaborations and structured state and local efforts.

For the next generation of Texans to thrive, creating a healthy foundation in their earliest years is vital. In partnership with families and other organizations, HHS delivers services essential to building this foundation.

1. Background

Texas Government Code, [Section 531.02492\(b\)](#) requires the Texas Health and Human Services Commission (HHSC) to report biennially on HHS agencies' efforts to provide services to children younger than six years of age. HHSC may include recommendations on improving collaboration and coordination between programs serving children. HHSC must notify the governor, lieutenant governor, speaker of the house, comptroller, and appropriate legislative committees upon publication of the report.

This report contains information from the two HHS system agencies: HHSC and the Department of State Health Services (DSHS). In addition, while the Department of Family and Protective Services (DFPS) is an independent agency outside of the HHS system, because it provides services to children under the age of six, the report also includes information from DFPS.

2. Introduction

Report Approach

This report provides an overview of child health in Texas in the HHS system. The report includes information about the health of children in Texas, programs serving children, and collaborative efforts contributing to the advancement of child health.

COVID-19 Pandemic Response

Public Health Response

The scale and scope of the continued COVID-19 pandemic necessitated an unprecedented statewide public health response. Staff have been redeployed throughout the agency as DSHS prioritized the COVID-19 pandemic response efforts, while continuing to perform ongoing public health work, including vaccinations, newborn screening, and the other activities detailed in this report.

Since early spring of 2020, DSHS' responsibilities during the pandemic have included:

- Coordination of local and state public health efforts;
- Statewide management and provision of lab testing and capacity;
- Data collection, analysis, and reporting;
- Health care system support and deployment of medical staffing to hospitals and nursing facilities;
- Statewide public awareness;
- Public health guidance for individuals and businesses and consultation with local elected leaders;
- Sourcing and consulting on medical supplies and personal protective equipment; and
- Developing the infrastructure to safely and appropriately distribute vaccinations.

Programs successfully adapted to the modified work environment and used innovative strategies to provide service delivery during the pandemic. For example,

DSHS allowed the Children with Special Health Care Needs (CSHCN) Systems Development Group's community-based contractors to divert available funding to emergency one-time funds for families due to the COVID-19 pandemic. Using guidance from DSHS' Contract Management Section, these contractors redistributed funds to other allowable contract activities like paying for food, clothing, utilities, transportation, or medical supplies during the COVID-19 pandemic without submitting a contract amendment. Contractors were required to submit a proposal for the CSHCN Systems Development Group and DSHS Contract Management Section for approval. Once proposals were approved, each contractor distributed approved funds to families based on their organization's policies and procedures.

In addition, DSHS staff held biweekly calls with contractors to provide a space to discuss the COVID-19 pandemic challenges and share resources.

Continuity of Services

To ensure continuity of client services during the COVID-19 pandemic and its necessary limits on people's movement, HHSC has provided flexibilities to clients and client service providers, including Medicaid and the Children's Health Insurance Program (CHIP), women's health programs, behavioral health services, disability programs, and other client service programs. These flexibilities help to minimize face-to-face interactions while maximizing the use of telemedicine and telehealth services, thus slowing the spread of disease while ensuring clients get the care they need during these challenging times.

HHSC currently provides many services to clients using telemedicine and telehealth, including medical, behavioral health, case management, professional, and specialized therapy services, plus certain components of Texas Health Steps medical check-ups.

Examples of other flexibilities and initiatives to ensure continuity of client services that were approved by the appropriate federal agencies include:

- Extending Special Supplemental Nutrition Program for Women, Infants and Children (WIC) benefits from three months to four months before recertification.
- Providing WIC services through a curbside or drop-box model.
- Authorizing issuance of additional Supplemental Nutrition Assistance Program (SNAP) benefits to currently enrolled individuals to raise their monthly allotment to the maximum allowable amount for the household's size. The

ongoing issuance of the SNAP Emergency Allotment is based on approval from the United States (U.S.) Department of Agriculture's Food and Nutrition Service.

- Organizing issuance of Pandemic Electronic Benefits Transfer benefits through electronic funds transfer for children based on the student's absences, virtual attendance, or school closures that were due to the COVID-19 pandemic.
- Dedicating a COVID-19 pandemic line within 2-1-1 Texas – a free, anonymous social service hotline available all hours of the day, all days of the year.
- Launching a statewide COVID-19 pandemic mental health support line for Texans experiencing anxiety, stress, or other emotional challenges due to the pandemic available all hours of the day, all days of the week.

More Young Texans Have the Potential to Lead Healthier Lives

From 2016 to 2020, the percentage of all Texas children under the age of six living in poverty declined by five percentage points.¹ As a result, a greater number of the approximately 2.5 million Texas children under the age of six have the potential to lead healthier lives.² Between 2019 and 2021, the percentage of children under the age of six without health insurance decreased from 10 percent to nine percent.³

Health Disparities

Despite these improvements, Texas faces challenges with child health disparities, both in communities of color and in certain geographic communities. As Texas continues to make progress towards becoming a healthier state for all children and families, it is critical to accelerate improvements among populations affected most by health disparities.

Infant Mortality Rates

Nationally in 2020, Texas ranked 22nd in infant mortality at a rate of 5.3 deaths per 1,000 live births but has a lower rate of infant mortality than the national figure of 5.6 deaths per 1,000 live births.^{4,56} Since 2011, the state has consistently been below the Healthy People 2020 (HP 2020) target of 6.0 deaths per 1,000 live births. The Healthy People 2030 target is 5.0 deaths per 1,000 live births.

However, significant differences exist by ethnicity. The most recently available DSHS Vital Statistics data (2019) indicates that black infant mortality rate (10.7 deaths per 1,000 live births) was more than double that of white infants (4.6 deaths per 1,000 live births), Hispanics (5.1 deaths per 1,000 live births), and other ethnicities (3.6 deaths per 1,000 live births).⁷ To improve birth outcomes, the DSHS Maternal and Child Health Section operates the Healthy Texas Mothers and Babies program. This program works to achieve the following goals:

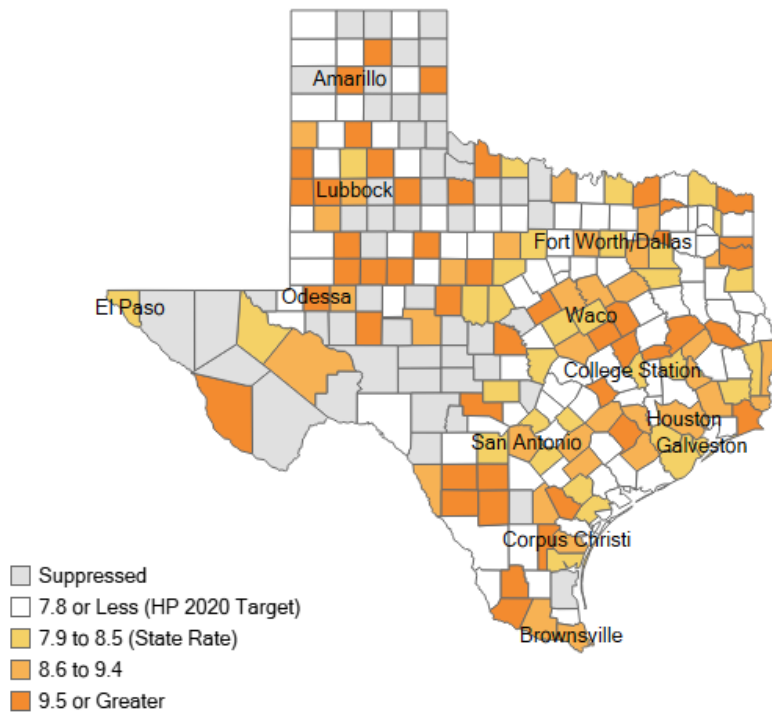
- Increase health-promoting behaviors.
- Strengthen professional support to women.
- Improve community systems that work with women.
- Reduce barriers to healthy lifestyle choices.
- Support women’s health systems to make data- and research-driven decisions to improve women’s safety.⁸

DSHS works with community coalitions to implement evidence-based interventions that address infant mortality risk factors including perinatal period of risk analysis, health education, needs assessment, and care coordination.⁹ Further, the Texas Collaborative for Healthy Mothers and Babies works to improve maternal and infant health care quality.¹⁰

Low Birth Weights

In 2019, the overall percent of low birthweight births (5 pounds, 8 ounces or less) in Texas was 8.4 percent compared to the national average of 8.3 percent.¹¹ However, the percentage of low birthweight infants varied greatly by county. In 82 Texas counties, the percentage of low birthweight infants was at or below 7.8 percent, which meets the HP 2020 target.^{12,13} In contrast, 66 Texas counties have rates of low-birth-weight infants ranging from 9.0 to 16.7 percent, well above the national average of 8.3 percent.^{14,15} Figure 1 shows the variations in percentage of low-birth-weight infants in Texas counties in 2018.

Figure 1. Low Birth Weight Infants by County - Texas 2018



2018 Texas data are provisional
Source: 2018 Birth File
Prepared by: Maternal & Child Health Epidemiology Unit
Oct 2020

Source: Texas Department of State Health Services, Maternal and Child Health Epidemiology Unit. Data are provisional.

Developmental Screenings

Regular developmental screenings help families and medical professionals recognize milestones, monitor a child’s health, and identify possible behavioral and developmental delays that early intervention services can treat. However, data shows not every child enrolled in Medicaid or CHIP receives developmental screenings. Among children under age three who are enrolled in Medicaid or CHIP statewide, 48 percent received a developmental screening.¹⁶ Screening rates vary widely across Texas regions, from as high as 60 percent to as low as 32 percent for children enrolled in the State of Texas Access Reform (STAR) Medicaid managed care Program.¹⁷ While Texas has sustained incremental improvements in the developmental screening rate for children in Medicaid and CHIP (45 percent in 2015

to 48 percent in 2017 and 2018)¹⁸, the state faces challenges with consistently increasing developmental screenings. DSHS provides parents with information stressing the importance of regular developmental and behavioral health screenings to be performed by a child's doctor.¹⁹

3. Child Health Determinants

Factors Influencing Child Health

A person's health status is a product of the following four factors:

- Health Behaviors, such as diet and physical activity;
- Clinical Care, such as access to and quality of health care;
- Social and Economic Factors, such as income, safety, and community support; and
- Physical Environment, such as housing and water quality.²⁰

Poor outcomes in these areas increase the risk of impaired development and poor health from childhood through adulthood, while strengthening these factors improves health and development. For example:

- Failure to receive immunizations or living in substandard housing increases susceptibility to infectious diseases.^{21,22}
- Preventing toxic stresses during child development helps promote good health, educational achievement, and overall success in later life.²³
- Healthy nutrition practices for infants and toddlers including breastfeeding and appropriate introduction of fruits and vegetables supports children being at a healthy weight.²⁴

4. Texas Child Health Programs

This report contains information on 37 different programs that provide services to Texas children under six years of age. These brief summaries include information on the program's purpose and eligibility requirements and highlight some recent programmatic accomplishments. Appendix A provides "at a glance information" for each of these programs.

Financial and Nutrition Assistance

Supplemental Nutrition Assistance Program

- Administered by HHSC

Program Description

SNAP provides nutrition assistance to low-income families and individuals. SNAP households include all individuals who reside at the same address and purchase and prepare food together. Recipients receive a monthly financial allotment based on income and household size to purchase food items. Most benefit periods last six months but can be as short as one month or as long as three years. Benefits are provided monthly and can be used to purchase food, seeds, and plants which produce food for the household to eat. The purchase of certain items is prohibited, including vitamins, medicine, hot foods, alcohol, and tobacco. SNAP food benefits are put on an electronic benefits transaction card, known as the Lone Star Card, that can be used like a credit card at any store that accepts SNAP.

Supplemental Nutrition Assistance Program – Education (SNAP-Ed) is a federally funded evidence-based grant program that strengthens SNAP's public health impact by addressing consistent access, availability, and affordability of healthy foods and beverages. SNAP-Ed promotes well-being to improve nutrition and prevent or reduce diet-related chronic disease and obesity among individuals eligible for SNAP, racial and ethnic minorities, populations living under the federal poverty line, and rural and remote areas. The goal of SNAP-Ed is to improve the likelihood that eligible persons will make healthy food choices within a limited budget and choose physically active lifestyles. Implementing agencies are contracted across the state to implement direct education, social marketing campaigns, policy, systems, and environmental change initiatives for eligible individuals which promote healthy lifestyles.

A family or individual can apply for SNAP through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and through one of the statewide networks of community-based organizations participating in the Community Partner Program (www.texascommunitypartnerprogram.com).

Eligibility Requirements

Table 1. Summary of SNAP Eligibility Requirements.

Eligibility Criteria	Requirements
Age/Family Status	Any age (see below regarding benefit timeframe)
Residency/Citizenship	Citizen or qualified eligible immigrant
Income/Assets	The gross income test of 165 percent of federal poverty level (FPL) and net monthly income of 100 percent of FPL. Countable resources cannot exceed \$5,000. Certain resources (the full amount of one prepaid burial insurance policy per household member, up to \$15,000 for highest valued countable vehicle) are exempt. Net monthly income is determined by subtracting certain deductions such as dependent care, medical, and housing costs.
Diagnosis	Not applicable
Other	Unless exempt, able-bodied adults without dependents ages 18 through 49 may only receive SNAP benefits for three months in a three-year period if they do not meet work requirements. Persons such as those with a disability or those caring for a child under six may be exempt from work requirements.

Recent Accomplishments

SNAP benefits have provided access to nutritious food for eligible families during natural disasters and pandemic-related hardships. In the first half of 2022, SNAP served an average of 498,214 Texas children under five years of age per month.

During federal fiscal year 2021, SNAP-Ed implementing agencies delivered nutrition education and obesity prevention services to 17,059 individuals under the age of five.

Special Supplemental Nutrition Program for Women, Infants and Children

- Administered by HHSC

Program Description

WIC is a nutrition program that helps low-income pregnant women, postpartum and breastfeeding women, infants, and young children up to the age of five receive tailored nutrition education, referrals to essential health and community resources, and supplemental nutritious foods. WIC foods meet the nutritional needs of participants and are rich in protein, iron, vitamins C and A, and calcium, which are vital to healthy development during pregnancy and early childhood. The Texas WIC program significantly improves short- and long-term health outcomes of Texans by providing families the education, support, training, and supplemental foods needed during key stages of child development.

Eligibility Requirements

Table 2. Summary of WIC Eligibility Requirements.

Eligibility Criteria	Requirements
Age/Family Status	Pregnant, breastfeeding, or postpartum woman; infants; children under 5 years of age.
Residency/Citizenship	Texas resident
Income	Income at or below 185 percent of the FPL or be eligible for SNAP, Temporary Assistance for Needy Families (TANF), or Medicaid.
Diagnosis	Not applicable
Other	Applicants must meet nutrition risk eligibility requirements, including having a medical or dietary risk. For example, history of poor pregnancy outcomes, underweight, iron-deficiency anemia, or poor eating habits leading to poor nutrition or health status are medical or dietary risks.

Recent Accomplishments

Texas WIC launched a chatbot named Maya on [TexasWIC.org](https://www.texaswic.org) to answer common questions and provide users with information tailored to their needs. Maya answers questions, screens for WIC eligibility, and guides people to start their application online. Further, Maya can direct clients to nearby WIC offices or grocery stores that accept WIC and allows current WIC clients to submit a card lock request online if their WIC card is lost or stolen.

To increase satisfaction with the WIC food package and improve the shopping experience, Texas WIC added more food options. Additions include Greek yogurt, brown-shelled eggs, more organic choices, and more options and brands across other food categories. Texas WIC also implemented temporary increases in Cash Value Benefit for fruits and vegetables initially authorized through the American

Rescue Plan Act of 2021 and continued with the Extending Government Funding and Delivering Emergency Assistance Act of 2022.

Participant need for online access to Texas WIC staff, such as nutritionists, registered dietitians, and lactation consultants increased during the pandemic. To help meet this need, Texas WIC added multiple live, online classes that are available to WIC clients and non-WIC clients at no cost.

Temporary Assistance for Needy Families

- Administered by HHSC

Program Description

TANF provides temporary financial assistance to needy children and their parents or relative caretakers with whom they live. The program's purpose is to: ensure that children are cared for in their own homes; support parents transitioning to self-sufficiency; prevent out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families. One form of TANF assistance is a monthly cash benefit issued through the Lone Star Card. TANF also provides an annual \$30 school subsidy payment per child that can be used to purchase clothing, school supplies, and other needed items.

The Texas Legislature appropriates TANF federal funds to other HHSC divisions and state agencies for non-cash assistance programs that assist children. Examples of these programs include the DFPS Texas Nurse-Family Partnership, after-school youth initiatives, pre-kindergarten education, foster youth transition centers, and the Relative Caregiver Program.

A family can apply for TANF through multiple channels, including a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices, 2-1-1 Option 2 phone service and through one of the community-based organizations participating in the Community Partner Program (www.texascommunitypartnerprogram.com).

Eligibility Requirements

Table 3. Summary of TANF Eligibility Requirements.

Eligibility Criteria	Requirements
Age/Family Status	Family must include a child under the age of 18 living in the household or an 18-year-old who is a full-time student who expects to graduate high school before or during the month of the child's 19th birthday. The child must live with an adult relative, such as a parent, stepparent, grandparent, sibling, aunt, uncle, or cousin.
Residency/Citizenship	Citizen or qualified eligible immigrant
Income/Asset	Resource limits are \$1,000 and income limits are based on household size according to the following needs tests: Budgetary Needs Test: Gross income minus allowable deductions, such as dependent care and work expenses. Recognizable Needs Test: Net income (from Budgetary Needs Test) minus 1/3 or 90 percent earned income deduction.
Diagnosis	Not applicable
Other	Personal Responsibility Agreement and complete an interview with HHSC. The Personal Responsibility Agreement includes requirements related to employment, child support, school attendance, alcohol/drug abuse, medical care for child, and parenting skills.

Recent Accomplishments

The TANF program continued to provide time-limited cash assistance to needy families during the COVID-19 pandemic. Approved by the appropriate federal agency, Texas made temporary changes to TANF eligibility policies to accommodate unforeseen circumstances for families during this emergency period. In addition, HHSC implemented Senate Bill (S.B.) 263, 87th Legislature, Regular Session, 2021, which expanded the One-Time TANF for Grandparents program to be the One-Time TANF for Relatives program, which now includes aunts, uncles, brothers, and sisters aged 25 or older and not just grandparents.

Health Insurance and Health Care Coverage

HHSC operates several programs that provide health care coverage for Texas children, including Medicaid fee-for-service (FFS) and managed care programs, CHIP, dental programs, and other programs for specific populations. While a small number of children remain in FFS Medicaid, the vast majority of children in Medicaid receive services through a managed care organization (MCO). Enrollment in one of these programs depends on the criteria outlined for each program.

Children's Medicaid

- Administered by HHSC

Program Description

Children's Medicaid is a jointly funded state-federal health care program administered under Title XIX of the Social Security Act. In Texas, Medicaid primarily serves low-income families, children, related caretakers of dependent children, pregnant women, people aged 65 and older, and adults and children with disabilities. Medicaid also provides coverage for people in need of chronic care or long-term services and supports (LTSS). Children's Medicaid-covered services are the same whether provided through the traditional FFS model or through managed care.

Children's Medicaid services include the following: acute care, pharmacy services, behavioral health, and LTSS, which are primarily delivered through managed care. Children enrolled in any Medicaid program receive services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, known as Texas Health Steps (THSteps) and the Comprehensive Care Program (CCP), an expanded THSteps benefit. THSteps provides preventive health and comprehensive care services consisting of periodic medical and dental checkups and preventive care such as immunizations, laboratory screenings, oral evaluations, and fluoride varnish. THSteps also provides outreach and information to families and providers.

CCP services include any other medically necessary and appropriate health care service covered by Children's Medicaid, regardless of the limitations of the Children's Medicaid plan, for the treatment of all physical and mental illnesses or conditions found during a screening. In addition, all children in Children's Medicaid have access to as many prescriptions as they need.

The School Health and Related Services program extends the EPSDT benefit to include reimbursement to local education agencies (LEAs) for specific direct medical services and transportation services delivered in a school-based setting to children who are 20 years of age or younger, enrolled in Medicaid, and are able to receive services under the Individuals with Disabilities Education Act (IDEA). The School Health and Related Services program is designed to offer reimbursement to LEAs for certain services that are current benefits under Children's Medicaid. The School Health and Related Services program includes reimbursement for audiology, counseling and psychological services, nursing, occupational therapy, personal care

services, physician services, physical therapy, special transportation services, and speech therapy.

In the traditional Medicaid payment system, FFS, HHSC pays the health care provider a fee for each unit of service they provide. In managed care, HHSC pays MCOs a capitated rate per member per month for each Medicaid client enrolled in the MCO. The MCO then pays the health care provider an established fee for each unit of service or through an alternative payment model. Managed care members receive services through the MCO's contracted networks of doctors, hospitals, and other health care providers. In fiscal year 2019, 3,676,441, or 94 percent, of the state's 3,915,011 Medicaid full benefit clients (includes children and adults) were enrolled in an MCO.²⁵

A family can apply for Children's Medicaid through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices, 2-1-1 Option 2 phone service and through one of the community-based organizations participating in the Community Partner Program (www.texascommunitypartnerprogram.com).

There are four major managed care programs serving Medicaid-eligible children:

- STAR;
- STAR Health;
- STAR Kids; and
- Children's Medicaid Dental.

This report provides information about each of these programs in the subsequent program briefs.

Eligibility Requirements

To become eligible for Medicaid, a child will typically meet one of the following categories:

- Low-income family;
- In state conservatorship; or
- Have a qualifying disability.

Table 4 provides information about the Medicaid eligibility criteria for each of these categories. Once a child is eligible for Medicaid, they will receive services through the service model matching their eligibility category, most likely through one of the managed care programs (e.g., STAR, STAR Health, or STAR Kids). However, as noted above, there is a small percentage of children who do not enroll in a managed care program and continue to receive services through traditional FFS Medicaid.

Table 4. Summary of Medicaid Criteria Applicable to Children

Eligibility Criteria	Eligibility Category: Low-income, non-disabled children	Eligibility Category: Children in state conservatorship	Eligibility Category: Children with disabilities
Age/Family Status	Under age 19	Under age 21 (children in state conservatorship) or under age 22 (adults in voluntary foster placement)	Under age 21
Residency/Citizenship	Texas resident who is a U.S. citizen or a lawfully residing non-citizen	Texas resident who is a U.S. citizen or a lawfully residing non-citizen	Texas resident who is a U.S. citizen or a qualified non-citizen

Eligibility Criteria	Eligibility Category: Low-income, non-disabled children	Eligibility Category: Children in state conservatorship	Eligibility Category: Children with disabilities
Income	<ul style="list-style-type: none"> • Under age 1: 198 percent of FPL • Age 1 to 5: 144 percent of FPL • Age 6 to 18: 133 percent of FPL <p>A standard income disregard is deducted from financial eligibility equivalent to 5 percentage points of FPL.</p>	Not applicable	<ul style="list-style-type: none"> • Supplemental Security Income (SSI): 74 percent FPL (100 percent SSI federal benefit rate) • Medicaid Buy-In for Children (MBIC) for children age 18 and under with gross family income not more than 300 percent FPL • Medicaid Buy-In (MBI) for working individuals of any age with earned income less than 250 percent FPL • Children residing in a community-based intermediate care facility for individuals with an intellectual disability or a nursing facility and children receiving waiver services with income not more than 222 percent FPL (300 percent SSI federal benefit rate) <p>Individuals are also subject to an asset test.</p>
Diagnosis	Not applicable	Not applicable	Meets Social Security's definition of disability. children receiving waiver services. Must also meet the level of care requirement for a nursing facility.

Eligibility Criteria	Eligibility Category: Low-income, non-disabled children	Eligibility Category: Children in state conservatorship	Eligibility Category: Children with disabilities
Other	Have a Social Security Number or apply for one	Have a Social Security Number or apply for one	Have a Social Security Number or apply for one

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC provided significant flexibility to ensure children and their families could continue to receive necessary services, while protecting the health and safety of recipients and providers. To comply with the Families First Coronavirus Response Act (FFCRA, Public Law 116-127), HHSC ensured Medicaid members kept coverage and access to services during the COVID-19 pandemic and federal public health emergency. This included flexibilities for certain services, including THSteps checkups, to be delivered via telemedicine. Additionally, Texas Medicaid covers administration for all U.S. Food and Drug Administration authorized and approved COVID-19 vaccines for their respective age ranges and indications. Over-the-counter COVID-19 tests are a benefit of Texas Medicaid through enrolled pharmacies, and COVID-19 monoclonal antibodies and Paxlovid are both covered COVID-19 treatment modalities.

House Bill (H.B.) 4, 87th Legislature, Regular Session, 2021, requires HHSC to expand services that can be delivered by telemedicine or telehealth in any program, benefit, or service HHSC determines to be cost effective and clinically appropriate. H.B. 4 also requires HHSC to implement audio-only benefits for behavioral health services, if determined to be clinically appropriate and cost effective. HHSC analyzed the clinical and cost effectiveness of COVID-19 public health emergency flexibilities to align with H.B. 4 requirements and transitioned many state plan and 1915(c) waiver services delivered in the fee-for-service program from temporary public health emergency flexibilities to ongoing policy. In addition, rural health clinics are now allowed to be reimbursed as telemedicine and telehealth distant site providers and patient site providers for telemedicine, further expanding access to teleservices for children in rural areas.

In 2022, HHSC issued direction, in alignment with H.B. 4, to ensure that Medicaid managed care members receive synchronous audiovisual telehealth

and telemedicine services and audio-only behavioral health services, when it is deemed clinically effective. MCOs have the responsibility to determine which services could be delivered through telemedicine, telehealth, and audio-only methods. MCOs cannot deny reimbursement to health care providers for a Medicaid service or procedure just because it was delivered via synchronous audiovisual telemedicine or telehealth. MCOs also cannot deny or reduce reimbursement for a covered health care service or procedure based upon the network provider's choice of platform and must ensure that telemedicine and telehealth services promote and support patient-centered medical homes.

Several Medicaid policy changes have been made since the last report, including:

- Effective March 1, 2021, HHSC implemented a new Medicaid durable medical equipment policy for immobilized lipase cartridges, which help break down the fats in enteral formulas for individuals five years of age and older who have exocrine pancreatic insufficiency.
- Effective July 1, 2021, the administration of Vaxelis® became a benefit for children six weeks through four years of age. Vaxelis®, a three-dose vaccine series, was made available through the Texas Vaccines for Children Program (TVFC). This vaccine contains six components to prevent disease from diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and Haemophilus influenzae type b.
- Effective February 1, 2022, HHSC implemented a new Medicaid medical policy for applied behavior analysis (ABA) services to treat autism spectrum disorder. The services may be available to children up to age 20 who have a diagnosis of autism spectrum disorder and for whom these services are clinically appropriate and effective. Services are provided through THSteps-CCP to the extent required by EPSDT.
- Effective June 1, 2022, HHSC implemented a new Medicaid medical policy for the Collaborative Care Model. The Collaborative Care Model is a systematic approach to the treatment of behavioral health conditions that integrates the services of behavioral health care managers and psychiatric consultants with primary care provider oversight to proactively manage behavioral health conditions as chronic diseases. The Collaborative Care Model services are benefits for children and adolescents (and adults) who have a mental health or substance use condition to include a pre-existing or suspected mental

health or substance use condition, as determined by their primary care physician.

State of Texas Access Reform Medicaid Managed Care Program

- Administered by HHSC

Program Description

STAR is the first and largest managed care program in Texas. Most children receiving Children's Medicaid are enrolled in STAR. The program primarily covers children, pregnant women, and some families. STAR MCOs also provide service coordination to members with special health care needs. There are 16 MCOs delivering the STAR program across 13 STAR service areas.

Members in the STAR program can access Medicaid benefits, such as the following: THSteps and Comprehensive Care Program services; regular checkups at the doctor and dentist; prescription drugs and vaccines; hospital care and services; X-rays and lab tests, vision, and hearing care; case management services; access to medical specialists and mental health care; and treatment of special health needs and pre-existing conditions.

In addition to children, the STAR program serves pregnant women and includes prenatal visits, prescription prenatal vitamins, labor and delivery, and postpartum care. Adults caring for a related dependent child receiving Medicaid may themselves be eligible to receive Medicaid benefits through STAR.

Participation Requirements

The following Medicaid-eligible populations participate in STAR:

- Parents and caretaker relatives caring for a dependent child who is also receiving Medicaid.
- Pregnant women and children with limited income.
- Newborns.
- Certain former foster care youth.
- Special populations.

Recent Accomplishments

See Recent Accomplishments for Children’s Medicaid.

STAR Health

Medicaid eligibility for children in state conservatorship is determined by DFPS, and the program is administered by HHSC.

Program Description

In partnership with DFPS, Medicaid provides STAR Health, a managed care program for children in state conservatorship. The program is administered by a single, statewide MCO. Children in foster care and kinship care are a high-risk population with greater medical and behavioral health needs than most children with Medicaid. STAR Health provides the following services to this population: acute care, LTSS, behavioral health, dental, vision, and pharmacy services. In addition, STAR Health members receive THSteps and Comprehensive Care Program services, which provides preventive health and comprehensive care services for children, birth through age 20. The Health Passport is a patient-centered, internet-based health record and is required for all STAR Health members.

STAR Health trains and certifies behavioral health providers, caregivers, and caseworkers in trauma-informed care—including evidence-based practices, such as Trauma-Focused Cognitive Behavioral Therapy. Use of psychotropic medication among STAR Health clients is carefully monitored for compliance with the DFPS psychotropic medication utilization parameters.

In 2018, DFPS, HHSC, and Superior HealthPlan (the single, statewide MCO for STAR Health) launched the “3 in 30” initiative for children and youth in foster care. “3 in 30” refers to a package of assessments that ensure DFPS has a comprehensive assessment of a child’s medical and behavioral health needs within the first 30 days of entering foster care.

Participation Requirements

The following Medicaid-eligible populations participate in STAR Health:

- Children under age 18 in state conservatorship, including those in foster care and kinship care.

- Youth aged 21 years and younger with voluntary extended foster care placement agreements.
- Children in the Adoption Assistance or Permanency Care Assistance program who are transitioning from STAR Health to STAR or STAR Kids.
- Some children in the Adoption Assistance or Permanency Care Assistance program who have a disability and who choose to remain in STAR Health.
- Youth aged 20 and younger who are former foster care children.

Recent Accomplishments

Required by Texas Family Code Section 1076, the DFPS caseworker must ensure that a child taken into state conservatorship receives their required medical exam within three business days of the child's removal from the family. The exam is a screening to provide a baseline of the child's health, check for injuries and illnesses, and ensure treatments and medications are available for the child. DFPS must provide known medical and trauma history, including circumstances of removal, to the three-day medical exam provider. HHSC works closely with DFPS and Superior HealthPlan to ensure that children are promptly enrolled into STAR Health upon removal from the family to ensure access to this critical examination. In addition, HHSC works with DFPS and Superior HealthPlan to ensure a child is receiving THSteps medical and dental checkups while in DFPS conservatorship.

HHSC is working closely with DFPS and Superior HealthPlan to encourage members to obtain their three-day medical exam, THSteps preventative medical checkup, and the Texas Child and Adolescent Needs and Strengths assessment known as the CANS, in a timely manner. The CANS 2.0 assessment is a multi-purpose tool developed with the primary objectives of permanency planning, safety, and improved quality of life for youth in foster care. In addition, ensuring providers are aware of expectations for these services strengthens transparency and accountability for the STAR Health program.

Superior HealthPlan expanded the Foster Care Centers of Excellence program to include three new clinics in El Paso (there were previously no sites in El Paso). Superior HealthPlan is also actively working to add a site in the Lower Rio Grande Valley. In addition, there is ongoing training with Foster Care Centers of Excellence on relevant topics (including higher rates of anxiety in children and youth during the COVID-19 pandemic and how to respond in clinic).

For additional accomplishments, see Recent Accomplishments for Children's Medicaid.

STAR Kids

- Administered by HHSC

Program Description

STAR Kids is a managed care program that provides acute care, behavioral health, pharmacy, THSteps, Comprehensive Care Program, and LTSS to children and youth with disabilities. STAR Kids provides comprehensive medical, vision, and case management services for children with Medicaid. There are nine MCOs delivering the STAR Kids program across 13 STAR Kids service areas.

All STAR Kids members have access to service coordination through their MCO. Their service coordinator assesses for and coordinates the array of services a child needs, including LTSS. If an individual is enrolled in multiple programs, their STAR Kids service coordinator works with all their other service coordinators or case managers to determine which programs will provide each of their services.

Participation Requirements

The following Medicaid-eligible populations of children and young adults aged 20 and younger participate in STAR Kids:

- Receive SSI and SSI-related Medicaid.
- Receive SSI and Medicare.
- Eligible for Medicaid for the Elderly and People with Disabilities or a Medicaid Buy-In.
- Receive Medically Dependent Children Program (MDCP) waiver services.
- Receive Youth Empowerment Services (YES) waiver services for acute care services only.
- Receive intellectual and developmental disabilities (IDD) waiver services such as Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Home and Community-based Services (HCS), and Texas Home Living (TxHmL) for acute care services only.

- Reside in a community-based intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID), or in a nursing facility for acute services only.

Recent Accomplishments

Screening and Assessment Instrument Optimization

HHSC implemented S.B. 1207, 86th Legislature, Regular Session, 2019, related to optimizing the STAR Kids screening and assessment instrument. The STAR Kids Screening, and Assessment Instrument Optimization project was implemented on September 1, 2022. The intent of the project is to reduce the amount of time needed to complete the assessment, improve training and consistency in completion of the assessment, and streamline the annual reassessment process for a child who has not had a significant change in function that may affect medical necessity.

Continuity of Specialty Care for Certain Recipients

S.B. 1648, 87th Legislature, Regular Session, 2021, is a continuation of the coordination of benefits requirements included in S.B. 1207, 86th Legislature, Regular Session, 2019. S.B. 1207 directs HHSC to develop a clear and easy process to allow a recipient with complex medical needs who has established a relationship with a specialty provider to continue receiving care from that provider through their primary health benefit plan coverage. S.B. 1648 directs HHSC to allow a recipient with complex medical needs who has established a relationship with a specialty provider to continue receiving care from that provider regardless of whether the recipient has primary health benefit plan coverage in addition to Medicaid coverage. In addition, the Medicaid managed care organization must enter into a single-case agreement with the specialty provider, and the specialty provider must be reimbursed in accordance with the applicable reimbursement methodology specified in HHSC's rule. The contract change was effective on March 1, 2022, and allowed the change to be implemented. Program rules were effective in November 2022.

STAR Kids Feasibility Report

H.B. 4533, 86th Legislature, Regular Session, 2019, requires HHSC to explore the feasibility of providing Medicaid benefits to STAR Kids members under an accountable care organization or alternative payment model. A major component of exploring the feasibility was to obtain stakeholder feedback. In 2021, HHSC published a request for information. HHSC received nine responses from MCOs, an HHSC-contracted vendor, and the STAR Kids Managed Care Advisory Committee's

Health Homes Subcommittee. The feedback received was incorporated into a report along with HHSC's conclusion regarding the feasibility of an accountable care organization. The report is due to the Legislature December 1, 2022.

Comprehensive Health Homes for Integrated Care (CHIC) Kids Pilot Program

S.B. 1648, 87th Legislature, Regular Session, 2021, requires HHSC, in collaboration with the STAR Kids Managed Care Advisory Committee and other stakeholders, to develop a pilot program substantially similar to the program described in the federal Advancing Care for Exceptional Kids Act. The pilot must provide coordinated care through health homes for children with medically complex conditions. There were no funds appropriated for the implementation of the pilot program. Pilot participation is completely voluntary for members, providers, and MCOs. Throughout 2022, HHSC worked closely with stakeholders on the development of the pilot. The pilot will run from December 1, 2022, to September 1, 2025. A report on the implementation of the pilot including a recommendation to continue, expand, or terminate the pilot is due to the Legislature by December 31, 2024.

For additional accomplishments, see Recent Accomplishments for Children's Medicaid.

Children's Health Insurance Program

- Administered by HHSC

Program Description

CHIP covers children in families who are not financially eligible for Medicaid but cannot afford to purchase private insurance. Texans who apply for benefits and do not qualify for Medicaid are automatically tested for CHIP eligibility. States with separate CHIP programs, like Texas, have flexibility in determining benefits. The Texas CHIP benefit package provides acute care, behavioral health care, dental benefits (see CHIP Dental), and pharmacy services. Yearly enrollment fees are \$50 or less per family. Co-pays for both doctor visits and medicine range from \$3 to \$5 for lower-income families and \$20 to \$35 for higher-income families. Currently, 15 MCOs deliver CHIP services in 10 service delivery areas across the state.

A family can apply for CHIP through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices, the 2-1-1 Option 2 phone service and through one of the community-based organizations

participating in the Community Partner Program (www.texascommunitypartnerprogram.com).

Eligibility Requirements

Table 5. Summary of CHIP Eligibility Requirements.

Eligibility Criteria	Requirements
Age/Family Status	Under age 19
Residency/Citizenship	Texas resident who is a U.S. citizen or lawfully residing non-citizen
Income	Income is at or below 201 percent of the FPL. A standard income disregard is deducted from financial eligibility equivalent to 5 percentage points of FPL.
Diagnosis	Not applicable
Other	A child must be ineligible for Medicaid, be uninsured for at least 90 days or have a "good cause" exemption, and either have a Social Security number or have applied for one.

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure individuals can continue to receive necessary services in CHIP, while protecting the health and safety of recipients and providers. Medical office visit co-payments were waived for all CHIP members for services provided from March 13, 2020, through end of the COVID-19 public health emergency. Co-payments are not required for covered services delivered via telemedicine or telehealth to CHIP members.

In 2022, HHSC issued direction, in alignment with H.B. 4, to ensure that CHIP members receive synchronous audiovisual telehealth and telemedicine services, and audio-only behavioral health services, when it is clinically effective. CHIP MCOs have the responsibility to determine which services could be delivered through telemedicine, telehealth, and audio-only methods. MCOs cannot deny reimbursement to health care providers for a Medicaid service or procedure just because it was delivered via synchronous audiovisual telemedicine or telehealth. CHIP MCOs also cannot deny or reduce reimbursement for a covered health care service or procedure based upon the network provider's choice of platform and must ensure that telemedicine and telehealth services promote and support patient-centered medical homes. In addition, HHSC established criteria for remote delivery of service coordination and member assessments where allowable under federal law and clinically effective.

Children’s Medicaid Dental Services

- Administered by HHSC

Program Description

Dental maintenance organizations (DMOs) provide Children’s Medicaid Dental Services to children and young adults under age 21 with limited exceptions. Dental benefits and services include: diagnostic, preventive, restorative, therapeutic, endodontic, periodontic, prosthodontic, oral, maxillofacial, orthodontic, and adjunctive.

Children’s Medicaid Dental Service members may select a DMO and a main dentist or be defaulted to a dental plan and main dentist. The main dentist serves as the member’s dental home and is responsible for providing routine care, maintaining continuity of patient care, and initiating referrals for specialty care. Members choose between three DMOs throughout the state.

Eligibility Requirements

Children under 21 enrolled in Medicaid are eligible for comprehensive dental services. The following clients do not qualify to receive services through the children’s Medicaid managed care dental plans:

1. Clients who are 21 years of age or older.
2. Clients who reside in a facility such as a nursing facility, state supported living center, or ICF/IID.
3. Clients in STAR Health. STAR Health members receive dental services through the STAR Health MCO.

Recent Accomplishments

HHSC updated the THSteps dental therapeutic policy to clarify language surrounding direct and indirect pulp caps and clarify service limitations for prosthodontic (removable) services.

Children’s Health Insurance Program Dental Services

- Administered by HHSC

Program Description

DMOs provide CHIP Dental Services to children under the age of 19 who are eligible for CHIP. CHIP dental benefits and services include diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral, and maxillofacial services.

These benefits are subject to a \$564 annual “calendar year” limit unless an exception applies. In addition, some of the dental benefits described above are subject to annual limits over a 12-month coverage period. CHIP members who exhaust the \$564 annual limit continue to receive diagnostic and preventive services, and other medically necessary services to allow a CHIP member to return to normal, pain-free functionality. This includes treatment of traumatic clinical conditions or treatments to prevent dental problems from becoming more serious.

CHIP Dental Services members may select a DMO and a main dentist or be defaulted to a dental plan and a main dentist. The main dentist serves as the member’s dental home and is responsible for providing routine care, maintaining continuity of patient care, and initiating referrals for specialty care. Members have the choice of three DMOs throughout the state.

Eligibility Requirements

Children who meet the eligibility requirements for CHIP also qualify to receive CHIP Dental Services.

Recent Accomplishments

See Recent Accomplishments for CHIP.

Children’s Health Insurance Program Perinatal

- Administered by HHSC

Program Description

CHIP-P services are for the unborn children of pregnant women who are uninsured and do not qualify for Medicaid due to income or immigration status. CHIP-P benefits include up to 20 prenatal visits, prescriptions and prenatal vitamins, some diabetic supplies, some tests, assessments, education, labor and delivery, two postpartum doctor visits within 60 days after delivery, and, depending on eligibility for either Medicaid or CHIP, regular checkups, immunizations, and prescriptions for the baby after the baby leaves the hospital. When a child is born to a CHIP-P

mother whose income is above the income limit for Medicaid for Pregnant Women, the child receives CHIP-P coverage through the remainder of the 12-month certification period. At the end of the certification period, the child is assessed for Medicaid eligibility, and if not eligible for Children’s Medicaid, the child will be assessed for CHIP eligibility.

Through CHIP-P, pregnant women receive CHIP coverage related to the unborn child and birth only. The mother does not receive comprehensive health care coverage.

All Texas CHIP MCOs must provide CHIP-P program services. Members receiving perinatal benefits are exempt from the 90-day waiting period and all cost sharing, including enrollment fees and co-pays, for the duration of their coverage period.

A family can apply for CHIP-P through multiple channels, including: a self-service website (www.YourTexasBenefits.com), a network of local eligibility offices and community-based organizations, and the 2-1-1 Texas phone service. A family can also apply for benefits through one of the community-based organizations participating in the Community Partner Program (www.texascommunitypartnerprogram.com).

Eligibility Requirements

Table 6. Summary of CHIP-P Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Unborn child and pregnant woman
Residency/Citizenship	Texas resident
Income	Household income exceeds 198 percent of the FPL, but is at or below 202 percent of the FPL and does not qualify for Medicaid for Pregnant Women because of income; or Household income at or below 202 percent of FPL but does not qualify for Medicaid because of immigration status.
Diagnosis	Not applicable
Other	Are without insurance or ineligible for Medicaid or CHIP. Women who are U.S. citizens or qualified immigrants with household income at or below 198 percent FPL may be eligible for coverage under the Medicaid for Pregnant Women program. For CHIP-P individuals at or below 198 percent FPL, the mother must apply for Emergency Medicaid to cover her labor with delivery.

Recent Accomplishments

See Recent Accomplishments for CHIP.

Medically Dependent Children's Program

- Administered by HHSC

Program Description

MDCP is a Medicaid waiver program that provides home and community-based services to children and youth aged 20 and younger, as a cost-effective alternative to residing in a nursing facility. Individuals enrolled in MDCP receive all services through their STAR Kids or STAR Health MCO. MDCP includes an array of LTSS: respite, flexible family support services, minor home modifications, adaptive aids, transition assistance services, supported employment, and employment assistance. MDCP services are in addition to other Medicaid benefits provided through the managed care plan.

MDCP maintains an interest list that people can join at any time. When a program slot opens, the individual at the top of the list is released. After an individual is released, they go through the eligibility determination process.

Eligibility Requirements

Table 7. Summary of MDCP Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Under age 21
Residency/Citizenship	Texas resident
Income	Financially eligible for Medicaid based on child or young adult's income and resources.
Diagnosis	Level of care meets medical necessity for nursing facility admittance
Other	Not applicable

Recent Accomplishments

In accordance with S.B. 1207, 86th Legislature, Regular Session, 2019, HHSC implemented an Escalation Help Line for recipients in MDCP. The help line began operations on October 15, 2020. As of February 2021, the helpline is available 24 hours a day, seven days a week.

In January 2022, HHSC adopted rules that allow individuals who are enrolled in but then become ineligible for MDCP to have their names returned to the MDCP interest list or placed on the interest list of the HCS Program, the TxHmL Program, the DBMD Program, or the CLASS Program, under certain circumstances.

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary services in MDCP, while protecting the health and safety of recipients and providers.

Title V Child Health and Dental Fee-for-Service Program

- Administered by HHSC

Program Description

The Title V Child Health and Dental FFS Program provides preventative and primary health and dental services to children who are not eligible for another payor source that covers the same services. These services include child developmental screening, well child exams, basic laboratory testing, immunizations, and routine dental exams.

Eligibility Requirements

Table 8. Summary of Title V Child Health and Dental FFS Program Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Age 0 to 22nd birthday
Residency/Citizenship	Texas resident
Income	At or below 185 percent of FPL
Diagnosis	Not applicable
Other	Cannot be eligible for other programs/benefits providing the same services

Recent Accomplishments

In response to the continuing COVID-19 pandemic, the Title V Child Health and Dental FFS Program has made several policy updates that allow providers additional flexibility to provide needed services via telemedicine as well as improvements to the program’s policy manual to support providers delivering needed services.

Children with Special Health Care Needs Services Program

- Administered by HHSC

Program Description

The CSHCN Services Program provides benefits to low-income children, aged 20 years or younger, with special health care needs, and people of any age with cystic fibrosis. The program assists clients with the following: medical, dental, and mental health care; vision; special medical equipment and supplies; prescription drugs; special therapies; case management; family support services; travel to health care visits; and insurance premiums.

Eligibility Requirements

Table 9. Summary of CSHCN Eligibility Requirements.

Eligibility Criteria	Requirements
Age/Family Status	Under 21 years old (or any age with cystic fibrosis)
Residency/Citizenship	Texas resident
Income	Family income equal or less than 200 percent of FPL
Diagnosis	Have a chronic physical or developmental condition with physical manifestations that is expected to last for at least 12 months and may result in limits to one or more major life activities or could result in death if not treated.
Other	Not applicable

Recent Accomplishments

The CSHCN Services Program has moved 1,246 individuals from the program’s waiting list to active coverage since January 2021 and began providing them with medically needed services. In response to the continuing COVID-19 pandemic, the CSHCN Services Program made several permanent policy updates to allow case managers and clinicians additional flexibility for the provision of services remotely or via telemedicine.

Primary Health Care Program

- Administered by HHSC

Program Description

The Primary Health Care (PHC) program ensures that needy Texas residents who do not qualify for other state or federal health care assistance programs have access to comprehensive primary health care services to prevent, detect, and treat health problems. PHC provides health care services including the following: diagnosis and treatment of acute and chronic illnesses; family planning; preventive health, including screenings and immunizations; labs, X-rays, and other diagnostic services; health education; and in-clinic services to stabilize emergency conditions.

Potential clients or their parent may apply to receive services at a contracted provider clinic, and, if determined eligible, can receive primary health care services immediately. While children may be eligible for PHC benefits, they are often also eligible for other health care programs such as Children’s Medicaid or CHIP. As a result, children represent a very small portion of the population served by PHC.

Eligibility Requirements

Table 10. Summary of PHC Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Any age
Residency/Citizenship	Texas resident
Income	Income at or below 200 percent of FPL Financially eligible for SNAP, WIC, CHIP Perinatal, Medicaid for Pregnant Women, or Healthy Texas Women
Diagnosis	Not applicable
Other	Do not otherwise receive primary health care, including preventative health care services and education

Recent Accomplishments

In response to the continuing COVID-19 pandemic, the PHC program has made several permanent policy updates to allow providers additional flexibility for the provision of services via telemedicine, as well as improvements to the program’s policy manual to support providers delivering needed services. Client numbers served continue to exceed targeted performance metrics, which demonstrates the value and reach of the program to Texans who would not get services elsewhere.

Developmental and Disability Services

Deaf Blind with Multiple Disabilities

- Administered by HHSC

Program Description

DBMD is a Medicaid 1915(c) waiver program that provides home and community-based services to people of all ages who are deaf, blind, or have a condition that will result in deaf-blindness and have one or more additional disabilities. The delivery of home and community-based services is an alternative to placement in an ICF/IID. DBMD is one of the six Medicaid waiver programs for individuals with IDD and delivers its services through the fee-for-service model. While the unique needs of the individual determine specific services, DBMD services may include case management, day habilitation, residential habilitation transportation, assisted living, prescriptions, audiology services, dietary services, behavioral support, and intervener services.

DBMD maintains an interest list that people can join at any time. When a program slot opens, the individual at the top of the list is released. After an individual is released, they go through the eligibility determination process.

Eligibility Requirements

Table 11. Summary of DBMD Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Any age
Residency/Citizenship	Texas resident
Income	Income up to 300 percent of Supplemental Security Income limit (financially eligible for Medicaid)
Diagnosis	HHSC-determined Level of Care VIII eligibility (diagnosed condition prior to age 22 and exhibits substantial functional limitations in at least three major life activities)
Other	Deafblind or functioning as a person with deaf/blindness

Recent Accomplishments

HHSC strengthened partnerships with DBMD providers by being a part of the Deaf Blind Interagency Task Force which is comprised of state agencies and advocacy

groups that work together on issues and challenges facing individuals with deafblindness. This has helped to improve transparency and accountability efforts. In accordance with S.B. 1207, 86th Legislature, Regular Session, 2019, HHSC implemented an Escalation Help Line for recipients in DBMD. The help line began operations on October 15, 2020. As of February 2021, the helpline is available 24 hours a day, seven days a week.

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary services in DBMD, while protecting the health and safety of recipients and providers.

Home and Community-Based Services

- Administered by HHSC

Program Description

HCS is a Medicaid 1915(c) waiver program that provides individualized services and supports to persons with intellectual disabilities who are living with their family, in their own home, or in other community settings, such as small group homes. The delivery of home and community-based services is an alternative to placement in an ICF/IID. HCS is one of the six Medicaid waiver programs for individuals with IDD and delivers its services through the fee-for-service model. HCS has a large service array which includes but is not limited to adaptive aids, audiology, behavioral support, cognitive rehabilitation therapy, day habilitation, dental, dietary, employment assistance, minor home modifications, occupational therapy, physical therapy, transition assistance, nursing, residential assistance, respite, speech and language pathology, social work, and supported employment.

HCS maintains an interest list that people can join at any time. When a program slot opens, the individual at the top of the list is released. After an individual is released, they go through the eligibility determination process.

Eligibility Requirements

Table 12. Summary of HCS Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Any age
Residency/Citizenship	Texas resident

Eligibility Criteria	Requirements
Income	Income up to 300 percent of Supplemental Security Income limit
Diagnosis	ICF/IID Level of Care (LOC) I: (1) full scale IQ of 69 or below, or full-scale IQ of 75 or below and a primary diagnosis of a related condition; and (2) mild to extreme deficits in adaptive behavior –OR ICF/IID LOC VIII: (1) primary diagnosis of a related condition; and (2) moderate to extreme deficits in adaptive behavior.
Other	Not applicable

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary services in HCS, while protecting the health and safety of recipients and providers.

Texas Home Living

- Administered by HHSC

Program Description

TxHmL is a Medicaid 1915(c) waiver program that provides selected essential services and supports to people with intellectual and developmental disabilities who live in their family homes or their own homes. The delivery of home and community-based services is an alternative to placement in ICF/IID. TxHmL is one of the six Medicaid waiver programs for individuals with IDD and delivers its services through the fee-for-service model. TxHmL’s service array includes but is not limited to adaptive aids, audiology, behavioral support, community support (transportation), day habilitation, dental, dietary, employment assistance, minor home modifications, occupational therapy, physical therapy, nursing, respite, speech and language pathology, and supported employment.

TxHmL maintains an interest list that people can join at any time. When a program slot opens, the individual at the top of the list is released. After an individual is released, they go through the eligibility determination process.

Eligibility Requirements

Table 13. Summary of TxHmL Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Any age
Residency/Citizenship	Texas resident
Income	100 percent of Supplemental Security Income
Diagnosis	ICF/IID LOC I: (1) full scale IQ of 69 or below, or full-scale IQ of 75 or below and a primary diagnosis of a related condition; and (2) mild to extreme deficits in adaptive behavior –OR ICF/IID LOC VIII: (1) primary diagnosis of a related condition; and (2) moderate to extreme deficits in adaptive behavior.
Other	Not applicable

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary services in TxHmL, while protecting the health and safety of recipients and providers.

Community Living Assistance and Support Services

- Administered by HHSC

Program Description

CLASS is a Medicaid 1915(c) waiver program that provides home and community-based services to people with related conditions as a cost-effective alternative to placement in an ICF/IID. A related condition is a disability, other than an intellectual disability, that originated before age 22 and that affects a person's ability to function in daily life. CLASS is one of the six Medicaid waiver programs for individuals with IDD and delivers its services through the fee-for-service model. The CLASS service array includes but is not limited to adaptive aids, auditory integration and auditory enhancement training, behavioral support, case management, cognitive rehabilitation therapy, continued family services, dental treatment, dietary services, employment assistance, minor home modifications, nursing, occupational therapy, physical therapy, prevocational services, respite, specialized therapies, speech and language pathology, supported employment, and transition assistance services.

CLASS maintains an interest list that people can join at any time. When a program slot opens, the individual at the top of the list is released. After an individual is released, they go through the eligibility determination process.

Eligibility Requirements

Table 14. Summary of CLASS Eligibility Requirements

Eligibility Criteria	Requirements
Age	No age limit
Residency/Citizenship	Texas resident
Income	Income up to 300 percent of Supplemental Security Income limit
Diagnosis	ICF/IID LOC VIII: (1) primary diagnosis of a related condition; and (2) moderate to extreme deficits in adaptive behavior.
Other	Not applicable

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary services in CLASS, while protecting the health and safety of recipients and providers.

Community First Choice

- Administered by HHSC

Program Description

CFC offers a set of services and supports to Medicaid recipients living in home and community-based settings. CFC services are Medicaid state plan services and are delivered under the authority of Section 1915(k) of the Social Security Act. The services available through CFC are personal assistance services (PAS), habilitation, emergency response services, and support management.

Many children and youth receive CFC PAS and CFC HAB services. CFC PAS provides assistance with activities of daily living, instrumental activities of daily living, household chores, and health-related tasks. CFC habilitation helps an individual acquire, maintain, and enhance skills to accomplish activities of daily living, instrumental activities of daily living, and health-related tasks. Individuals may use the Consumer Directed Services option for CFC PAS and CFC habilitation.

CFC may be available to people enrolled in Medicaid, including Medicaid recipients in managed care and FFS programs. To receive CFC, an individual must require an institutional level of care and must have a functional need for CFC services. CFC is delivered through a managed care model to children and youth in the STAR Kids and STAR Health programs. CFC is delivered through an FFS model for children and youth in the STAR program or in one of the following 1915(c) waiver programs for individuals with intellectual and developmental disabilities: CLASS, DBMD, HCS, and TxHmL.

Eligibility Requirements

Table 15. Summary of CFC Eligibility Requirements

Eligibility Criteria	Requirements
Age	No age limit
Residency/Citizenship	Texas resident
Income	Enrolled in Medicaid
Other	Must need help with activities of daily living, such as dressing, bathing, and eating; and must need an institutional level of care.

Recent Accomplishments

Using funds available through the federal American Rescue Plan Act, HHSC has offered time-limited provider retention payments to strengthen and stabilize the direct service workforce. These retention payments are available to providers of CFC. Providers can use these funds to provide one-time financial compensation for direct care staff, including lump-sum bonuses, retention bonuses, and paid time off to receive a COVID-19 vaccination or to isolate after receiving a positive COVID-19 test.

Blind Children’s Vocational Discovery and Development Program

- Administered by HHSC

Program Description

Blind Children’s Vocational Discovery and Development Program (BCVDDP) serves children living in Texas who are blind or visually impaired, from birth to age 22, with opportunities to learn the skills required for personal independence, potential employment, and other life pursuits. BCVDDP enhances a child’s ability to develop age-appropriate skills and achieve independence as adults by providing case

management, parent education, and direct skills training services. BCVDDP also provides specific services tailored for children who have a combined hearing and vision loss. BCVDDP specialists serve as both case managers and direct service providers.

BCVDDP specialists work with each child and their family to create a flexible service plan tailored to their needs and circumstances. In addition, BCVDDP specialists provide wraparound case management services to help children develop confidence and skills that increase independence and participation in vocational activities. BCVDDP specialists support families in the vocational discovery and development process, including offering training and identifying additional support services.

The program will receive referrals from any source. This includes a parent or caretaker, HHS Office of the Ombudsman, visual impairment teacher, or special education teacher. The parent or guardian can apply for BCVDDP services by phone, through the school district, or directly with a BCVDDP specialist upon referral. After completing and signing an application, an eligible resident of Texas may receive BCVDDP services.

Eligibility Requirements

Table 16. Summary of BCVDDP Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Under age 23
Residency/Citizenship	Texas resident
Income	Not applicable
Diagnosis	Have a visual impairment: an injury, disease or other disorder that reduces or may reduce visual functioning, or requires cosmetic treatment, psychological assistance, counseling, or other assistance that BCVDDP can provide.
Other	New referrals age 14 and older who are expected to be permanently, severely visually impaired are also referred to the Vocational Rehabilitation-Blind Transition Services program at the Texas Workforce Commission. BCVDDP will continue to serve those children concurrently, as needed, to ensure all goals are met.

Recent Accomplishments

BCVDDP has made improvements by providing additional tools and supports to staff who manage significant caseloads of children with complex needs. BCVDDP developed clearer guidelines on service provision and increased the required annual contacts with each family. To support these changes in policy and procedure, the program conducted multiple training opportunities, in large group and one-on-one

settings. BCVDDP also redesigned its model of supervision to increase accountability. Supervisors utilized improved reports from the case management system to track staff performance and improve the quality of communication with children and their families. These improvements have increased the number of contacts with families from 7,048 in fiscal year 2019 to 13,816 in fiscal year 2020 (as of August 1, 2020). In addition, enhancements to the case management system have improved efficiencies and oversight of service provision.

Additionally, improvements to the case management system streamlined the assessment process to remove duplicative actions and improve documentation of service provision. This has decreased the amount of time a BCVDDP specialist spends entering case notes while still maintaining quality documentation.

Children’s Autism Program

- Administered by HHSC

Program Description

Children’s Autism Program helps improve the quality of life for children on the autism spectrum and their families through focused ABA treatment services. Focused ABA treatment targets a few specific outcomes rather than the general developmental needs of the child. ABA treatment is particularly useful when children have challenging behaviors and the goal is to improve social and adaptive skills.

Eligibility Requirements

Table 17. Summary of Children’s Autism Program Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Ages 3 through 15
Residency/Citizenship	Texas resident
Income	Not applicable
Diagnosis	Documented diagnosis on the autism spectrum
Other	Not applicable

Recent Accomplishments

In response to the continuing COVID-19 pandemic, the Children’s Autism Program has made several policy updates that allow providers additional flexibility to provide needed services via telemedicine, as well as improvements to the program’s policy manual to add clarity that will support providers delivering needed services.

Program utilization remains high, demonstrating the value of the program and ensuring clients receive needed services that they would not get elsewhere.

Early Childhood Intervention

- Administered by HHSC

Program Description

Early Childhood Intervention (ECI) is a statewide program for families with children, birth to 36 months old, with developmental delays, disabilities, or certain medical diagnoses that may impact development. ECI provides early intervention services designed to enhance the child’s development and improve the capacity of families to meet their child's needs.

Eligibility Requirements

Table 18. Summary of ECI Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Age 0 to 36 months
Residency/Citizenship	Texas resident
Income	Not applicable
Diagnosis	Have one of the following conditions: <ul style="list-style-type: none"> • Medical diagnosis that is likely to cause a developmental delay and demonstrates a need for services; • Developmental delay of 25 percent in one or more areas of development (social-emotional, self-help, communication, motor functions, or cognitive skills) • Developmental delay of 33 percent if the delay occurs only in the area of expressive communication; and/or • Deaf or hard of hearing or visual impairment as defined by the Texas Education Agency
Other	When a child is referred for developmental delay, the ECI program administers the Battelle Developmental Inventory, Third Edition or the Developmental Assessment of Young Children, Second Edition — standardized, norm-referenced tools that evaluate all developmental domain areas including cognitive, social interactions, gross and fine motor skills, adaptive skills, and communication — to establish a child’s percent of delay for eligibility.

Recent Accomplishments

Personnel Recruitment and Retention

In October 2020, ECI was awarded a multi-year grant from the U.S. Department of Education's Office of Special Education Programs focused on improving the retention of early intervention personnel to promote positive outcomes for children and families. Through a partnership with the University of Texas at El Paso, and with input from ECI contractor agencies, a number of accomplishments have been made toward staff retention, including:

- Coordination of a personnel retention advisory workgroup.
- Development of training on evidence-based retention strategies.
- Targeted support for programs with high turnover
- Development of a community of practice for early intervention specialists (EIS) and service coordinators.
- Amendments to the Texas Administrative Code to reduce barriers in recruiting and hiring EIS.

In fiscal year 2022, ECI has seen a 135 percent increase in the hiring of EIS over the number hired in fiscal year 2021, based on new EIS entering HHSC's EIS registry. This indicates an improvement in local ECI programs' ability to recruit and hire EIS.

Community-Based Behavioral Health Programs and Services

Children's Mental Health

- Administered by HHSC

Program Description

Children's Mental Health (CMH) provides community-based mental health services, such as counseling, skills training and development, routine and intensive case management, crisis intervention, and medication management. CMH may also include family partner services and other adjunct services, such as support groups and respite services to eligible children and adolescents through local mental health

authorities (LMHAs) and local behavioral health authorities (LBHAs). Any child or adolescent can receive crisis intervention services at an LMHA or LBHA when experiencing a mental health crisis.

The LMHAs and LBHAs serve as local CMH providers of the Texas Recovery and Resilience community service delivery system under HHSC. LMHAs and LBHAs collaborate with community stakeholders to develop external provider networks. CMH providers develop service plans to address goals identified by the child or adolescent and caregiver.

Children and their families can access community mental health services through the LMHA or LBHA serving the county in which they reside. The LMHA or LBHA schedules an intake to determine if a child qualifies for mental health services. The LMHA or LBHA conducts a diagnostic interview along with the Texas Child and Adolescent Needs and Strengths assessment to determine the child’s diagnosis and need for mental health services.

Eligibility Requirements

Table 19. Summary of CMH Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Between 3 and 17 years of age
Residency/Citizenship	Texas resident
Income	Not applicable
Diagnosis	Children with serious emotional disturbances (excluding a single diagnosis of substance use, intellectual or developmental disability, or autism spectrum disorder).
Other	Children who have a serious functional impairment; who are at risk of disruption of a preferred living or childcare environment due to psychiatric symptoms; or are enrolled in special education because of serious emotional disturbance.

Recent Accomplishments

HHSC supported providers to ensure continued provision of children’s mental health services without interruption during the COVID-19 pandemic. CMH facilitates recurring COVID-19 pandemic webinars to provide ongoing information and technical assistance as the pandemic continues, while providers developed creative strategies including use of virtual platforms to continue serving children and families.

Children's Mental Health Residential Treatment Center Project

- Administered by HHSC

Program Description

The Children's Mental Health-Residential Treatment Center (CMH-RTC) Project is a collaborative effort between DFPS and HHSC. The Residential Treatment Center (RTC) Project implements the relinquishment avoidance program in accordance with Texas Family Code Chapter 262, Subchapter E, which provides intensive mental health support for families at risk of conservatorship relinquishment to DFPS because they cannot access the necessary mental health services for their child to remain in the community. The goal of the RTC Project is to provide treatment support for families with a child at risk of entering into DFPS custody because of their mental health care needs. The RTC Project supports families by:

- Connecting families to mental health services available in their community through their LMHA or LBHA.
- Paying for the cost of an RTC to meet their child's mental health needs when families do not have the resources to pay for residential placement.

Following S.B. 642, 87th Legislature, Regular Session, 2021, another referral option was codified for the CMH-RTC Project. The child's LMHA or LBHA can refer directly to the HHSC RTC Project team, or the DFPS caseworker can send their referral to the DFPS State Office of Mental Health. The DFPS State Office of Mental Health team screens the referral and supporting information and determines the next steps, including sending the referral to HHSC.

HHSC's RTC Project team helps identify an RTC that best matches the family. Treatment services in an RTC may not be immediate, and there is no guarantee of admission. While the child is waiting for admission to an RTC, the LMHA or LBHA provides support and local resources to the family in the community. The family receives community mental health services offered at the LMHA or LBHA throughout the process of enrollment in the RTC Project. Often, children are diverted from admission to an RTC as they receive community mental health services that meet their needs and no longer require placement in an RTC.

Eligibility Requirements

Table 20. Summary of RTC Project Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Between 5 and 17 years of age
Income	Not applicable
Residency/Citizenship	Texas resident
Diagnosis	Serious emotional disturbance and is eligible to receive services through an RTC.
Other	The child must not be in the custody of DFPS through joint, temporary, or permanent managing conservatorship. There is no current abuse or neglect in the household. The family may be placing their child into DFPS custody because of the seriousness of their child’s mental health needs. The family will support the mental health needs of their child through the RTC treatment process. The family is willing to actively participate in the treatment with a family reunification goal.

Recent Accomplishments

The RTC Project focuses on connecting children and families to appropriate mental health services that will address the child and family's mental health needs. One recent success of the RTC Project is that children are diverted to community-based resources, no longer require admission to a residential treatment center, and can receive services in the least restrictive setting. The RTC Project team has also assisted in connecting families to more appropriate resources (e.g., for an intellectual or developmental disorder or substance use) that meet the child’s primary needs. These efforts resulted in 20 successful diversions from RTC to community-based services during fiscal year 2022. Connecting families to resources has also increased opportunities to collaborate with other programs in the community, such as the Waco Center for Youth Residential Treatment Center, which reviews referrals for potential admission.

HHSC’s RTC Project team hosts quarterly technical assistance calls with LMHAs and LBHAs to provide guidance and support on program implementation. With LMHAs and LBHAs serving as a referral source to the RTC Project, HHSC experienced an increase in the number of referrals sent and, subsequently, an increase in admissions to an RTC for treatment services. During fiscal year 2020, the CMH-RTC Project team received 127 referrals. In fiscal year 2021, the CMH-RTC Project team received 141 referrals — an 11 percent increase. Most recently, LMHAs and LBHAs also requested individual technical assistance calls to understand the program requirements and ensure that children and families receive services at the right place and time.

HHSC created the RTC Project family guide in English and Spanish to outline the program requirements and eligibility. This guide supports the LMHA or LBHA as they explore appropriate treatment options with the child and their family. HHSC shared this guide with LMHAs and LBHAs, state agencies, and community partners.

HHSC also began drafting rules for the CMH-RTC Project in the Texas Administrative Code. The proposed rules will provide role clarification for all entities involved in the project — DFPS, HHSC, RTCs, LMHAs, and LBHAs — by outlining program requirements, which is critical to help guide the project's decisions. The community will benefit from rules that ensure families have access to the RTC Project services instead of relinquishment.

Youth Empowerment Services Waiver

- Administered by HHSC

Program Description

The Youth Empowerment Services (YES) Waiver is a 1915(c) Medicaid program that helps children and youth with serious mental, emotional and behavioral difficulties. The YES Waiver provides intensive, specialized services delivered within a strengths-based team planning process called Wraparound. Wraparound builds on family and community support and uses YES services to help build a family's natural support network and connection with their community. YES services are family-centered, coordinated, and effective at preventing out-of-home placement and promoting lifelong independence and self-defined success.

The objective of the YES Waiver program is to provide community-based services in lieu of institutionalization in accordance with the approved waiver and program capacity. In providing these services, the YES Waiver seeks to accomplish the following goals:

- Reduce the amount of time youth are out of their home and community because of a mental health need.
- Prevent entry into the foster care system and relinquishment of parental custody.
- Expand available mental health services and supports.
- Ensure families have access to nontraditional support services, as determined in a family-centered planning process.

- Improve the lives of youth and families.

HHSC allocates YES Waiver enrollment vacancies by service delivery area (per county) to LMHAs and LBHAs. HHSC determines the vacancy allocations based on population size, community need, and local infrastructure. HHSC re-evaluates allocations annually, or more often as needed. Areas with greater service demands receive unused vacancies from other areas.

Eligibility Requirements

Table 21. Summary of YES Waiver Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Between 3 and 19 years of age, up until the day before the 19th birthday.
Residency/Citizenship	Texas citizen or qualified, eligible immigrant
Income	Eligible for Medicaid (parent’s income does not apply). Special income level equal to 300 percent of SSI Federal Benefit Rate.
Diagnosis	Serious mental, emotional, and behavioral difficulties with a qualifying mental health diagnosis. Outpatient therapy/partial hospitalization must have been attempted and failed to improve condition. At risk of being placed outside of their home due to mental health needs. Meet the criteria for admission to a psychiatric hospital.
Other	Currently live in a home setting with a legally authorized representative, or on their own if legally emancipated, or in an institution with a planned discharge date of 30 calendar days or less.

Recent Accomplishments

The YES Waiver program accomplished the following since 2019:

- YES service providers continued to provide services despite the COVID-19 pandemic.
- YES program managers at LMHAs and LBHAs created regional groups to provide peer support and share resources to enhance their YES Waiver programs.
- Incidents involving LMHA and LBHA staff providing restraint and seclusion have declined in waiver years three and four.
- Zero instances of abuse, neglect, exploitation, and unexplained death investigations.

- Despite COVID-19 challenges, LMHAs and LBHAs have increased the amount of YES Waiver providers by 3.5 percent compared to fiscal year 2019.
- The YES Implementation Kit was developed for all YES providers to provide an overview of what is needed to begin or continue building a strong foundation to support YES Waiver youth and families.
- YES Waiver Centralized Training Infrastructure was updated to include the following links and resources to support YES Waiver providers:
 - ▶ YES Waiver Overview
 - ▶ Links to YES 101 Training and Wraparound
 - ▶ YES Waiver Required Trainings
 - ▶ Program Resources
 - ▶ Testimonials

Health Checks and Prevention

Texas Health Steps

- Administered by DSHS and HHSC

Program Description

THSteps provides medical, dental, and case management services focusing on preventive care. THSteps-CCP expands these services to include acute medical care and other services deemed medically necessary.

Eligibility Requirements

Table 22. Summary of THSteps Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Under age 21
Residency/Citizenship	U.S. citizen
Income	Eligible for Medicaid
Diagnosis	Not applicable
Other	Medicaid client

Recent Accomplishments

HHSC' THSteps teams worked with DSHS and HHSC's outreach and informing contractor to develop a proprietary application to plan more efficiently, conduct and track outreach activities as well as document-required data.

THSteps Preventive Care Medical Checkups

Based on input from stakeholders, HHSC updated THSteps policy to include additional screening tools for mental health screening in adolescents 12 to 18 years of age and developmental screening in children. The Survey of Well-Being of Young Children was added as the third screening tool available for developmental screening. The Rapid Assessment for Adolescent Preventive Services screening tool was added for mental health screening in adolescents.

THSteps Dental Preventive Checkups and Services

HHSC updated various THSteps dental benefits including therapeutic services, diagnostic services, orthodontic services, and preventive services. Updates to therapeutic services include updates to dental pins, crowns, and inlays and onlays, removable prosthodontics, indirect and direct pulp caps, and dental general anesthesia. Diagnostic services included updating services and limitations related to diagnostic casts. New orthodontic procedure codes were adopted as new benefits. A comprehensive review of the THSteps Dental Preventive Services policy was recently completed. Dental stakeholders provided input on all dental preventive services prior to the completion of the comprehensive review.

For additional accomplishments, see Recent Accomplishments for Children's Medicaid.

Newborn Screening

- Administered by DSHS

Program Description

Newborn Screening (NBS) screens newborns twice for 55 genetic and congenital disorders using dried blood spots obtained at 24 to 48 hours and seven to 14 days of life. The program also monitors point-of-service newborn screenings conducted at the hospital or birthing facility for hearing and critical congenital heart disease.²⁶ Treating these disorders early can prevent serious complications such as growth

problems, developmental delays, deafness, blindness, intellectual disabilities, seizures, and sudden or early death.

NBS Clinical Care Coordination supports timely follow-up to diagnosis and management of conditions. The NBS Benefits Program provides medically appropriate foods, vitamins, medicine, and lab services for persons diagnosed with a screened disorder. NBS also provides newborn health education to health care professionals and parents about the importance and benefits of newborn screenings and follow-ups.

Eligibility Requirements

Table 23. Summary of NBS Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Newborn
Residency/Citizenship	Texas resident
Income	Family income at or below 350 percent of FPL
Diagnosis	An abnormal screening result or a confirmed diagnosis of a screened disorder.
Other	Ineligible for another benefit or insurance that would pay for all or part of the benefits in question.

Recent Accomplishments

Newborn screening for spinal muscular atrophy was added to the Texas newborn screening panel in June 2021. Spinal muscular atrophy is an inherited condition that affects nerve cells (motor neurons) of the spinal cord and brain stem. These motor neurons control certain muscles of the body. Over time, as a child loses more motor neurons, the muscles get weaker. Activities such as crawling, walking, and breathing become more difficult. DSHS is preparing for the implementation of two additional conditions — Pompe disease and mucopolysaccharidosis I — to the Texas screening panel in 2024.

Between December 2020 and September 2021, NBS collected data for a pilot study to identify an optimal testing process for congenital hypothyroidism.

Implementation of the new test method is planned for March 2023 and is expected to identify previously undiagnosed congenital hypothyroidism cases. Congenital hypothyroidism is a condition in which the thyroid gland does not produce enough of the thyroid-stimulating hormone or thyroxine hormones. If not managed, babies can experience developmental problems such as inhibited growth and quickly lose intellectual capability. Thyroid hormone replacement therapy is needed for this condition.

NBS continues to highlight the importance of timeliness in newborn screening and other best practices related to specimen collection and transit. DSHS has also promoted four NBS provider education modules used by almost 5,500 NBS providers through the THSteps Online Provider Education system.

Texas Early Hearing Detection and Intervention

- Administered by DSHS

Program Description

The Texas Early Hearing Detection and Intervention (TEHDI) program tracks and manages newborn hearing screening data using the TEHDI Management Information System. The program coordinates follow-up care for babies who fail screens to support timely diagnosis and early enrollment in intervention services to help prevent delays in communication and cognitive skill development. Finally, TEHDI establishes certification criteria and monitors newborn hearing screening programs at birthing facilities.

Eligibility Requirements

There are no eligibility requirements.

Recent Accomplishments

TEHDI provides Newborn Hearing Screening Program report cards to licensed birthing facilities, which show the facilities' performance compared to national benchmarks and quality indicators. The report card provides a snapshot of the facility's use of the TEHDI Management Information System over the previous two months and is used to evaluate facility performance. During fiscal year 2021, 357,035 infants were screened in Texas birthing facilities. Of these infants, 99 percent received the screening prior to discharge with 96 percent passing the screen.

The program continues to collaborate with the Texas School for the Deaf to assist with coordination of Early Childhood Intervention, TEHDI, and Texas School for the Deaf resources. Current statute requires (with parental consent) non-passing newborn hearing screening results be provided to DSHS and the Texas School for the Deaf. Statute also requires DSHS to provide educational materials on these services to families and the public.

Texas Vaccines for Children

- Administered by DSHS

Program Description

The Texas Vaccines for Children (TVFC) Program reduces the burden of vaccine-preventable diseases for infants, children, and adolescents. The program provides more than 4.3 million Texas children with vaccinations annually through a network of more than 3,000 TVFC providers. Operating since 1994, the TVFC Program fulfills the requirements of federal law, guaranteeing vaccine availability to providers at no cost to vaccinate children from birth through 18 years of age.

DSHS contracts with local health departments who oversee providers within their jurisdictions, and DSHS directly oversees providers in areas without a local health department. The following licensed practitioners are eligible to enroll as a TVFC program provider:

- Medical doctor
- Doctor of osteopathy
- Nurse practitioner
- Certified nurse midwife
- Physician assistant
- Registered pharmacist

Eligibility Requirements

Table 24. Summary of TVFC Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	Any child who is 18 years of age or younger.
Residency/Citizenship	Immigration or residency status does not affect a child's eligibility for the TVFC Program.
Income	See Other
Diagnosis	Not applicable
Other	Meet one of the following conditions: <ul style="list-style-type: none"> ● Enrolled in Medicaid, or Medicaid-eligible ● Enrolled in Texas CHIP ● Uninsured ● Underinsured (private health insurance that does not cover vaccines, only covers selected vaccines, or has a fixed dollar limit or cap on the amount that it will cover for vaccines. TVFC-eligible once fixed dollar amount or cap is reached) ● American Indian or Alaska Native (in accordance with 25 United States Code §1603)

Recent Accomplishments

The TVFC Immunizations Quality Improvement Program team works with regions and local health departments to ensure vaccines are available to all Texans. The TVFC Immunizations Quality Improvement Program team provides training, technical support, and compliance monitoring aids to ensure regions and local health departments are informed of their program's progress and identified training needs. In working with regions and local health departments, the TVFC Immunizations Quality Improvement Program team reduces the number of overdue follow-up visits, increases communications with providers in the field, and improves overall program compliance.

Oral Health Improvement Program

- Administered by DSHS

Program Description

Oral Health Improvement Program (OHIP) implements public health strategies to improve the oral health of Texas children. This includes a school-based sealant program, referrals based on oral evaluations, oral health surveillance, and communication of oral health information. In addition, OHIP manages Smiles for Moms and Babies, an initiative to increase the number of at-risk pregnant women and infants visiting a dentist. Regional dental teams conduct oral health surveillance and provide preventive interventions such as fluoride varnish and dental sealants.

Eligibility Requirements

For dental sealants, OHIP identifies schools attended by a higher number of low-income children and/or those with limited access to dental care. Parents or guardians must provide consent.

Recent Accomplishments

Smiles for Moms and Babies launched a series of online training modules aimed at frontline workers such as parent educators, home visitors, and community health workers and promotoras. DSHS-certified continuing education credits are provided to community health workers and promotoras who complete the course.

OHIP is one of nine state oral health programs selected to participate in a national learning collaborative about integrating prenatal care and oral health. Activities include expansion planning for Smiles for Moms and Babies and working with a clinical partner to integrate prenatal care and oral health through screenings and referrals.

During fiscal year 2022, OHIP RDTs resumed screenings and preventive services in schools and Head Start programs. These activities were not conducted the previous year because of the COVID-19 pandemic. OHIP Regional Dental Teams are on track to screen over 6,000 children this year.

Office of Disability Prevention for Children

- Administered by HHSC

Program Description

ODPC highlights the importance of prevention and early intervention initiatives in the lives of Texas children (zero through 12 years of age) and families through

education, public awareness, and promotion of sound public policy. ODPC partners with state and local agencies, community groups, and various other stakeholders to develop long-term plans to monitor and reduce the incidence and severity of developmental disabilities and evaluate state efforts to prevent developmental disabilities. Areas of focus include the following:

- Prevention of disabilities caused by pregnancy-related issues.
- Prevention of disabilities caused by childhood injuries.
- Early identification and diagnosis of disabilities to ensure early intervention and services.
- Promotion of mental health wellness in children with intellectual or developmental disabilities.

Eligibility Requirements

Not applicable. ODPC does not provide any direct services.

Recent Accomplishments

During the reporting period, the program has accomplished several planned programmatic goals and objectives, including the following:

- Presented and exhibited at conferences and webinars throughout the state, attracting audiences of 500 to 1,000 attendees per presentation.
- Collaborated with the Texas Center for Disability Studies at The University of Texas at Austin and the Hogg Foundation for Mental Health to conduct multiple two-day "Road to Recovery" classroom trainings to organizations and stakeholders supporting children with intellectual and developmental disabilities who experience trauma.
- Created a community volunteer and internship program which quickly expanded to 15 volunteers and interns who, working virtually from their homes, have prepared 51,000 pieces of educational material to be distributed to all 6,000 elementary school special education departments across the state. Another 150,000 pieces of material will be prepared and distributed to medical facilities, community organizations, families, and other stakeholders during the coming year.
- ODPC education materials include prevention and resource information regarding the following topics: tips for a healthy pregnancy; preventing

childhood injuries caused by head injuries, poisonings, and other accidents; preventing fetal alcohol syndrome by not consuming alcohol while pregnant; early identification and diagnosis of developmental disabilities to ensure early interventions; and promoting mental health wellness in children with developmental disabilities.

Prevention and Early Intervention

- Administered by DFPS

Program Description

The Prevention and Early Intervention (PEI) division of DFPS funds community-based, evidence-informed programs and systems of support designed to promote opportunities for partnerships that capitalize on the strengths of parents and children to build healthy families and resilient communities upstream from crisis and the need for intensive interventions. Through its programs, PEI strives to mitigate risk factors that lead to childhood adversities, promote positive outcomes for families, and strengthen communities.

PEI works with communities to address prevention and early intervention needs in Texas through the following actions:

- Funding community-level programs designed to promote positive outcomes for children, youth, and families and create thriving communities.
- Working with communities to implement programs that address community-level needs.
- Helping normalize the challenges of parenting and seeking help through parenting tips, articles, information, and resources.
- Recommending best practices and policies for building on the strengths of both caregivers and children to promote strong families and resilient children.

Eligibility Requirements

Each PEI program may serve children 0 to 18 years of age depending on the specific program or service. Some PEI services are available statewide, while others are only available in targeted areas. PEI-funded prevention services are voluntary and free of charge to families in Texas communities. Eligibility criteria varies based on program.

Recent Accomplishments

Programs in the PEI division accomplished the following:

- Increased [Community Youth Development](#) services into two new counties.
- Expanded [Healthy Outcomes through Prevention and Early Support](#) services by 15 new counties, 20 home visiting and parent support specialists, and 1,400 families.
- Added a new [Texas Nurse Family Partnership](#) affiliate that will ultimately serve 100 new families in rural counties.
- Granted funds to seven Texas organizations with long-standing ties to their local communities to support the creation of Family Resource Centers in Texas.
- Began collaborating across DFPS divisions and with national, state, and local partners to enhance DFPS' use of family-centered, preventative, data-driven, and evidence-based services and supports in furtherance of DFPS' work related to the Family First Prevention Services Act.
- Began laying the foundation for an increased focus on equity and incorporating parent and youth voices to inform our continued commitment to improving our programs.

Support Services

Case Management for Children and Pregnant Women

- Administered by HHSC

Program Description

Case Management for Children and Pregnant Women (CPW) is a Medicaid case management program that assists children and pregnant women in accessing necessary medical, social, educational, and other services related to their health condition or health risk, or high-risk condition.

Eligibility Requirements

Table 25. Summary of Case Management for CPW Eligibility Requirements

Eligibility Criteria	Requirements
Age/Family Status	0 through 20 or pregnant woman of any age
Residency/Citizenship	Texas resident
Income	Medicaid-eligible
Diagnosis	Have a health condition/health risk or high-risk pregnancy and need help accessing medical, social, educational, and other services.
Other	Client must want to receive CPW services

Recent Accomplishments

In response to the COVID-19 pandemic, HHSC has provided flexibility to ensure people can continue to receive necessary CPW services, while protecting the health and safety of recipients and providers. As a result of H.B. 4, 87th Legislature, Regular Session, 2021, certain telemedicine and telehealth flexibilities were made permanent including CPW comprehensive visits and follow-up visits completed through the use of synchronous audiovisual technology.

H.B. 133, 87th Legislature, Regular Session, 2021, requires HHSC to transition CPW services from a fee-for-service delivery model into managed care. Starting September 1, 2022, Medicaid managed care members began receiving CPW services through their MCO service coordinators or CPW providers contracted with their MCO. Before the transition, these services were only available through Medicaid fee-for-service or DSHS regional case managers.

Children’s Advocacy Programs

- Administered by HHSC

Program Description

The Children’s Advocacy Programs provide critical children’s advocacy services by contracting with the Texas Court-Appointed Special Advocates (CASA) and Children’s Advocacy Centers of Texas (CACTX) to support the protection of abused and neglected children.

Texas CASA is a statewide nonprofit organization that provides training, technical assistance, evaluation services, and funds administration to local CASA volunteer advocacy programs. Local CASA programs recruit, train, and supervise volunteers to represent the best interests of children in the child protection system.

CACTX is a statewide nonprofit organization that provides training, technical assistance, evaluation services, and funds administration to local children’s advocacy centers (CACs). CACs use a multidisciplinary team approach in the investigation and prosecution of child abuse cases. This approach involves specialized forensic interviews, therapeutic recovery services, medical evaluations, and case management.

Eligibility Requirements

- Texas CASA services: Any child under 18 years of age in the Child Protective Services system.
- CACTX services:
 - ▶ Any child when there is a report of child abuse or neglect reported to law enforcement or to DFPS.
 - ▶ Any adult with mental disabilities when there is a report of abuse or neglect reported to law enforcement or DFPS.

Recent Accomplishments

The 87th Texas Legislature appropriated over \$101 million for Children’s Advocacy Programs for the 2022-23 biennium to increase capacity and address the growing need for critical advocacy and mental health services for children. Local CACs have increased program capacity through additional therapists, family advocates, and case managers. Texas CASA has been continuing efforts to increase awareness of local CASA volunteer advocate programs and has increased volunteer recruiting efforts statewide.

Additionally, Texas CASA and CACTX continue to provide training, technical assistance, and virtual services to ensure continuity of services across the state.

Family Violence Program

- Administered by HHSC

Program Description

Family Violence Program (FVP) promotes safety, self-sufficiency, and long-term independence of adult and child survivors of family violence and survivors of dating violence. Through a network of trauma-informed service providers, the program provides emergency shelter and supportive services to survivors and their children,

educates the public, provides training, and offers prevention support to various organizations across Texas.

Eligibility Requirements

The only qualification for service eligibility is that the person be a victim/survivor of family violence or dating violence.

Recent Accomplishments

To provide access to services and supports statewide, FVP manages 71 residential shelter contracts, eight nonresidential contracts, and 13 special project contracts. Additionally, the 87th Legislature appropriated over \$13 million in additional funding for the program for the 2022-23 biennium. As a result, FVP secured 38 additional contracts to enhance mental health, housing, economic stability, and legal services for family violence survivors.

FVP also received over \$47 million from the Family Violence Prevention and Services Act American Recue Plan supplemental funding streams for fiscal years 2022-2025 and is distributing and distributed the funding to residential and nonresidential centers to help them prevent, prepare for, and respond to the COVID-19 pandemic. As a result, FVP providers can maintain critical services and prevention efforts that keep families safe and help survivors regain self-sufficiency, independence, and live a life free of abuse. FVP has also contracted with the statewide sexual assault coalition to administer American Rescue Plan Act grant funding to rape crisis centers throughout Texas to promote access to services including virtual and telehealth service delivery.

Foster Grandparent Program

- Administered by HHSC

Program Description

Foster Grandparent Program (FGP) serves children through partnerships with local entities which are volunteer stations for the program. A volunteer station must be a public agency, private nonprofit organization, or a proprietary health care organization that accepts the responsibility for the assignment of a child to a foster grandparent volunteer.

There are currently 136 FGP volunteer stations administered by HHSC throughout the state that focus on children under six years of age. FGP volunteers (income-

eligible adults aged 55 and older) provide one-on-one emotional support, mentoring, and tutoring.

Eligibility Requirements

Volunteer station staff, located in 10 service areas in Texas, select children with exceptional needs including having difficulty with literacy, other academic attainment issues, and fine motor skill development; children who are homeless or in the foster care system; and children with other unmet needs. These children are partnered with foster grandparent volunteers.

Recent Accomplishments

FGP volunteers served 325,842 hours engaging 8,807 children and youth during the 2021-2022 grant year (July 1, 2021 to June 30, 2022). This was accomplished with only half of the normal volunteer base, as the program continues to rebuild after impacts of the pandemic.

5. Partnerships and Collaborations

Child Health Partnerships

HHS participates in formalized partnerships that exemplify a cooperative approach to improving the health of mothers and young Texans. Through state and local collaborations, HHS and our partners can make vital contributions to enhancing the quality of life for children and families. The information below provides examples of these types of collaborations.

Affinity Groups: Improving Asthma Control and Infant Well-Child Visits

HHSC has joined two national learning collaboratives and quality improvement (QI) initiatives hosted by the Centers for Medicare and Medicaid Services (CMS) and Mathematica. In June 2020, HHSC joined the Improving Asthma Control Affinity Group (AG) and in October 2021, HHSC joined the Infant Well-Child Visit AG. With technical assistance from CMS and Mathematica, states conduct QI projects in partnership with MCOs and local health organizations. For each QI initiative, HHSC partnered with several Medicaid MCOs where each MCO tested various small-scale QI projects.

Improving Asthma Control Affinity Group

The Improving Asthma Control AG aims to drive measurable improvement on asthma control for Medicaid beneficiaries, as demonstrated through improved performance on the Asthma Medication Ratio measure, reduced asthma-related hospitalizations, or reduced asthma-related emergency department visits. Six MCOs tested QI projects of their choice for STAR members younger than 18 years old in the Harris and Nueces service areas. QI projects included texting campaigns, a referral system to asthma-related sources, and developing enhanced asthma case management programs. Several MCOs also created or updated an asthma registry or asthma risk stratification system or both. The Improving Asthma Control AG quality improvement initiative concluded in June 2022.

Infant Well-Child Visit Affinity Group

The Infant Well-Child Visit AG aims to improve the use and quality of well-child visits for Medicaid for beneficiaries ages 0 to 15 months, as demonstrated through

improved performance on the well-child visits in the first 30 months of life, Rate 1 measure. Nine MCOs have partnered with HHSC and are testing QI projects. The Infant Well-Child Visit AG is still ongoing.

Children with Special Health Care Needs (CSHCN) Systems Development Group

The CSHCN Systems Development Group provides funding for Family Supports & Community Resource contractors to improve systems supporting Texas children with special health care needs and their families. In addition to Family Supports & Community Resource contractors, the CSHCN Systems Development Group funds case management contractors to assist families in navigating health care, education, human services, and other systems. Staff collaborate with state and national partners, agencies, and community organizations to improve families' access to a medical home, transition from pediatric to adult-based care, and sense of belonging in their communities.

Community Health Worker Training on Tobacco and Maternal Health

The DSHS Tobacco Prevention and Control program contracts with Texas A&M University Health Science Center's National Community Health Worker Training Center to produce trainings on tobacco prevention and cessation. Developed for community health workers and community health worker instructors, the training goals are to improve workers' understanding of the harmful effects of tobacco on mothers and children, and to share this information more effectively with community members — especially pregnant women, mothers, and children.

Community Resource Coordination Groups

Covering 247 counties, the 147 Community Resource Coordination Groups (CRCGs) are comprised of public and private agencies that work with children, families, and adults with complex multi-agency needs to identify and coordinate resources and services in their communities. CRCGs address gaps in services for Texans with complex needs that cannot be met by a single agency and require interagency collaboration. CRCGs embrace system-of-care values, seek to find the least restrictive community-based solutions, and are a conduit to inform local and state systems of gaps and barriers to find innovative solutions.

The state CRCG office, located in the HHSC Office of Mental Health Coordination, collaborates with the state CRCG workgroup. The workgroup brings together staff from all legislatively mandated agencies to support local CRCG efforts. Support includes delivering information, training, and technical assistance to local CRCGs. These supports cover CRCG community programs and resources, best practices, interagency collaboration, addressing health disparities, data collection, evaluation, and resource development.

Help Me Grow Texas

Help Me Grow Texas is a statewide network of communities maximizing the efficiency of early childhood systems to promote optimal development of Texas children. The network enhances capacity for the early detection of developmental concerns and the linkage of families with young children to needed community resources, services, and supports. The DSHS Maternal and Child Health Unit is the organizing entity for the implementation of the Help Me Grow System Model in Texas. Key functions include convening state and local early childhood stakeholders, coordinating a cohort learning experience for regional communities, and identifying sustainable best practices for a high impact early childhood system. Help Me Grow Texas convened a fiscal year 2021 cohort consisting of six communities across the state.

Human Trafficking Resource Center (HTRC)

The Human Trafficking Resource Center (HTRC) promotes awareness of human trafficking by responding to inquiries from agency staff, health care practitioners, community members, and other stakeholders, and providing information about available human trafficking-related resources across the state. The program provides educational opportunities by developing and approving training courses for health care and social service professionals. HTRC collaborated with WIC in 2021 to develop and post a human trafficking prevention training for all statewide WIC employees. The HEART training equips WIC staff with knowledge and procedures to identify and help mothers with young children who could be potential victims of trafficking.

Newborn Screening Advisory Committee

The Newborn Screening Advisory Committee advises DSHS on strategic planning, policy, rules, and services related to newborn screening and additional newborn screening tests. The committee reviews the necessity of requiring additional

screening tests, including an assessment of the implementation costs to the department, birthing facilities, and other health care providers.

Sickle Cell Task Force

H.B. 3405, 86th Legislature, Regular Session, 2019, created the Sickle Cell Task Force to study and advise DSHS on implementing the 2018 Sickle Cell Advisory Committee Report recommendations. The task force focuses on raising public awareness of sickle cell disease and the sickle cell trait.

State Child Fatality Review Team Committee and Local Teams

The mission of the State Child Fatality Review Team Committee is to reduce the number of preventable child deaths. To achieve its mission, the committee builds a knowledge base of the causes and incidence of child deaths in Texas, makes policy recommendations, and identifies procedures within agencies represented on the committee that would prevent child deaths.

Child Fatality Review Teams apply a public health perspective in reviewing child deaths at the local level. By reviewing circumstances surrounding child deaths, teams identify prevention strategies that will decrease the incidence of preventable child deaths. In turn, team members communicate and assist agencies with implementation of these strategies. They also provide recommendations to the state committee.

Texas Collaborative for Healthy Mothers and Babies

The Texas Collaborative for Healthy Mothers and Babies (TCHMB) is Texas' perinatal quality collaborative with a mission to advance health care quality, equity, and patient safety for all Texas mothers and babies. To accomplish this mission, TCHMB develops joint quality improvement initiatives, advances data-driven best practices, and promotes education and training. DSHS contracts with the University of Texas Health Science Center at Tyler to facilitate meetings, strategic planning, and activities of TCHMB; organize an annual TCHMB Summit; and create the TCHMB website and communication plan. In addition, TCHMB coordinates the activities and evaluation of pilot projects and disseminates information and resources related to perinatal outcomes.

Texas Early Hearing Detection and Intervention

The HHSC ECI program collaborates with the DSHS TEHDI program to ensure that infants and toddlers who fail either a newborn hearing screen or an outpatient hearing screen are referred to ECI through an automated system. TEHDI coordinates automatic referrals to ECI contractors, who in turn coordinate with the Texas School for the Deaf parent advisors when families cannot be contacted, have questions, or need additional supports to understand the benefit of receiving early intervention for children who are deaf or hard of hearing.

Texas Maternal Mortality and Morbidity Review Committee

The multi-disciplinary Texas Maternal Mortality and Morbidity Review Committee reviews cases of pregnancy-related deaths; studies trends, rates, and disparities in pregnancy-related deaths and severe maternal morbidity; examines health conditions and factors that disproportionately affect the most at-risk populations; reviews best practices; and makes recommendations to reduce the incidence of pregnancy-related death and severe maternal morbidity. Informed by data trends, findings, case reviews, and multi-disciplinary expertise, the Texas Maternal Mortality and Morbidity Review Committee issues recommendations through a legislatively mandated joint biennial report with DSHS. (Please see the [DSHS 2020 report](#).)

Texas System of Care (TxSOC)

HHSC leads the TxSOC as the framework for the children's mental health system in Texas with the goal to improve mental health outcomes for children, youth, and young adults with serious emotional disturbance, as well as their families. The TxSOC is launching a new, school-based initiative with grant funding awarded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration for fiscal years 2022 through 2025. This initiative will serve El Paso County, Travis County, and a six-county region in North Texas by embedding teams of school-based providers employed by LMHAs in local school districts. Additionally, the TxSOC provides training to stakeholders on best practices implementing the system-of-care values of being family-driven, youth-guided and driven, culturally and linguistically responsive, and community-based.

The TxSOC governance board is the Children and Youth Behavioral Health Subcommittee of the Behavioral Health Advisory Committee. The Children and

Youth Behavioral Health Subcommittee brings together representatives from each child- and youth-serving agency, family members, youth, and community representatives to serve as an advisory body to aid HHSC in the statewide expansion of the system of care services and adolescent substance use prevention, treatment, and recovery services in Texas. Additionally, the Children and Youth Behavioral Health Subcommittee monitors and makes recommendations regarding the program and funding structure of child and youth behavioral health services and supports in Texas.

Child Health Collaborations

In addition to formal partnerships, programs are taking steps to collaborate on joint initiatives that can help improve client referrals, access to services, and training across programs.

Referrals and Service Access

Programs collaborate to provide children and families more integrated and complementary services, as shown in the examples below.

- HHSC's Access and Eligibility Services collaborates with WIC to refer SNAP, TANF, Medicaid, and CHIP participants to the WIC program.
- WIC collaborates with the Texas Department of Agriculture on summer nutrition programs to provide healthy meals for students.
- CSHCN Systems Development Group and its community-based contractors collaborate with DSHS regional case management staff to help children and youth with special health care needs, as well as their families, access needed services.
- DSHS' Newborn Screening works with regional social workers to contact families requiring follow-up based on screening results.
- HHSC's Access and Eligibility Services coordinates with community-based organizations for referrals and application assistance, as well as with the state's Office of the Attorney General for child support referrals.
- HHSC's Access and Eligibility Services coordinates with the Texas Workforce Commission for employment services and childcare subsidy support.
- Upon referral to the RTC project, the RTC Project team will refer families to intensive services through their LMHA or LBHA. This ensures the family is

receiving support locally, regardless of whether they pursue placement through the RTC Project.

- HHSC's RTC Project team works with other areas in HHSC, including Intellectual and Developmental Disability Services, Substance Use Programs, Planning and Policy, and the Health and Specialty Care System, to ensure children and families connect to services at the right place and time, and providers receive necessary information on referral and eligibility criteria for mental health services in Texas.

Cross Communication and Training

Programs share information and provide joint trainings as shown in the examples below.

- ECI partnered with the ODPC to provide a training session during their 2nd Annual conference, The Power of Prevention, to provide attendees information on early brain development and the importance of early intervention services.
- ECI provided training to the BCVDDP on ECI eligibility and services, early child development, how blindness or low vision can impact other areas of development, and how BCVDDP specialists and ECI service providers can work together to support families of children with visual impairments.
- ECI collaborated with HHSC's Child Care Regulation Division to develop and provide training to childcare providers across the state on ECI services and eligibility, early brain development, activities to enhance child development, and how childcare staff and ECI providers can work together to support children and families.
- ECI partnered with 2-1-1 Texas to ensure all local ECI programs are listed in 2-1-1. ECI provided training to 2-1-1 staff on ECI services and eligibility, as well as other resources for families with young children. 2-1-1 provided training to ECI contractors on how 2-1-1 provides referrals to Texans in need of assistance and how ECI agencies can register to be included in the 2-1-1 system.
- CACs now receive DFPS statewide intake reports, enabling CACs and DFPS to conduct joint investigations and connect children to CAC services.
- The YES Waiver continues to collaborate with the CMH team to improve processes and align policies across programs. These joint efforts have helped

ensure children on the RTC waitlist are referred to YES to avoid placement if the child or youth qualify for services. Both teams continue to share and develop resources to further support providers with common questions and challenges providers report having with children in these programs.

- The YES Waiver invites CMH providers to join YES Best Practices meetings and YES monthly conference calls when the agenda includes topics that providers will find helpful. This has helped streamline communication and technical assistance across providers.
- The CMH team collaborates with several divisions to ensure children and families connect to appropriate mental health services at the right place and time. The following are examples of trainings and resource-sharing led by the CMH Team:
 - ▶ Collaborates with the Texas Juvenile Justice Department (TJJD) on identifying mental health resources and supports for children who are justice-involved.
 - ▶ Collaborates with the Texas Correctional Office on Offenders with Medical or Mental Impairments to create resource guides and educational materials to educate justice-involved children, guardians, and providers on how to access their services.
 - ▶ Participates in the Sequential Intercept Model Mapping and Strategic Planning workshops as well as county mapping with multiple departments across HHSC, including the Office of the Forensic Director. The Sequential Intercept Model mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.
 - ▶ Collaborates with HHS Information Technology on the Behavioral Health Services Online application. Behavioral Health Services Online is a tool that allows juvenile probation staff and TJJD staff access to specific client information in the Clinical Management for Behavioral Health Services during the formalization of a probation referral. Clinical Management for Behavioral Health Services is a web-based software program designed to document community substance use and mental health services in an electronic health record format. Behavioral Health Services Online currently provides nine fields of information and will be expanded to 31 fields of information.

- ▶ Participates in a monthly CRCG that includes participants from DFPS, HHSC, the Texas Education Agency, TJJD, and local county probation departments. The purpose of the workgroup is to identify and review resources that address service barriers.
- ▶ Facilitates the Children’s Collaborative Stakeholder meeting that includes participants from DFPS, HHSC, Texas Education Agency, TJJD, and state hospitals. The purpose of the workgroup is to identify and review resources that address barriers with mental illness prevention, early intervention, and recovery.
- ▶ The State CRCG Office and TxSOC have partnered on numerous trainings, outreach, and education. In 2021, the second joint CRCG and TxSOC biennial conference was held, bringing together youth, families, agency partners, and organizations to learn about best practices in serving children, youth, young adults, and their families. A third conference will be held in 2023.

6. Conclusion

Texas operates a varied set of programs that positively address the key determinants affecting the health of the state's youngest people. As detailed in this report, these programs help children, including the most vulnerable, access critical services that improve and protect their health and wellbeing. During the COVID-19 pandemic, Texas agencies adapted policies and procedures to ensure that children continue to receive all services to which they are eligible. Many of the flexibilities offered during the COVID-19 pandemic have transitioned to permanent policy changes to support greater access to care, including expanded use of telehealth and telemedicine medical services.

List of Acronyms

Acronym	Full Name
AG	Affinity Group
BCVDDP	Blind Children’s Vocational Discovery and Development Program
CAC	Child Advocacy Centers
CACTX	Children's Advocacy Centers of Texas
CASA	Court Appointed Special Advocates
CCP	Comprehensive Care Program
CFC	Community First Choice
CHIP	Children's Health Insurance Program
CLASS	Community Living Assistance and Support Services
CPW	Case Management for Children and Pregnant Women
CMH	Children's Mental Health
CRCG	Community Resource Coordination Groups
CSHCN	Children with Special Health Care Needs
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DMO	Dental Maintenance Organizations
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EIS	Early Intervention Specialists
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FFS	Fee-for-service
FGP	Foster Grandparent Program
FPL	Federal Poverty Level
FVP	Family Violence Program
H.B.	House Bill
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
ICF/IID	Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions
IDD	Intellectual and Developmental Disabilities
LBHA	Local Behavioral Health Authority
LOC	Level of Care
LMHA	Local Mental Health Authority
LTSS	Long-Term Services and Supports
MCO	Managed Care Organization
MDCP	Medically Dependent Children Program
NBS	Newborn Screening
ODPC	Office of Disability Prevention for Children
OHIP	Oral Health Improvement Program
PEI	Prevention and Early Intervention
PHC	Primary Health Care
PAS	Personal Assistance Services

Acronym	Full Name
QI	Quality Improvement
RTC	Residential Treatment Centers
S.B.	Senate Bill
SNAP	Supplemental Nutrition Assistance Program
SNAP-ed	Supplemental Nutrition Assistance Program Education
SSI	Supplemental Security Income
STAR	State of Texas Access Reform Medicaid Managed Care Program
TANF	Temporary Assistance for Needy Families
TCHMB	Texas Collaborative for Healthy Mothers and Babies
TEHDI	Texas Early Hearing Detection and Intervention
THSteps	Texas Health Steps
TJJD	Texas Juvenile Justice Department
TVFC	Texas Vaccines for Children
TxHmL	Texas Home Living
TxSOC	Texas System of Care
WIC	Supplemental Nutrition Program for Women, Infants, and Children
YES	Youth Empowerment Services Waiver

Appendix A. Summary of Eligibility and Services for Young Texans

Table A.1: Eligibility Requirements and Services Offered²⁷

Program	Page	Age/ Family	Income	Medical Condition	Behavioral Health	Other Eligibility	Financial Services	Medical Services	Behavioral Health	Case Management	Nutrition Services	Other Services
Blind Children's Vocational Discovery and Development Program	42	Yes		Yes		Yes				Yes		Yes
Case Management for Children and Pregnant Women	61	Yes	Yes	Yes						Yes		
Children with Special Health Care Needs Services Program	35	Yes	Yes	Yes			Yes	Yes	Yes	Yes		Yes
Children's Advocacy Programs	62	Yes				Yes						Yes
Children's Autism Program	44	Yes			Yes				Yes			
Children's Health Insurance Program	28	Yes	Yes			Yes		Yes	Yes	Yes		
Children's Health Insurance Program Dental Services	31	Yes	Yes									Yes

Program	Page	Age/ Family	Income	Medical Condition	Behavioral Health	Other Eligibility	Financial Services	Medical Services	Behavioral Health	Case Management	Nutrition Services	Other Services
Children's Health Insurance Program Perinatal	32	Yes	Yes			Yes		Yes				Yes
Children's Medicaid	17							Yes	Yes	Yes		Yes
Children's Medicaid Dental Services	30	Yes	Yes									Yes
Children's Mental Health	46	Yes			Yes	Yes			Yes	Yes		Yes
Children's Mental Health Residential Treatment Center Project	48	Yes			Yes	Yes			Yes	Yes		Yes
Community First Choice	41					Yes						Yes
Community Living Assistance and Support Services	40		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deaf Blind with Multiple Disabilities	37		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Early Childhood Intervention	45	Yes		Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes
Family Violence Program	63					Yes						Yes
Foster Grandparent Program	64	Yes				Yes						Yes

Program	Page	Age/ Family	Income	Medical Condition	Behavioral Health	Other Eligibility	Financial Services	Medical Services	Behavioral Health	Case Management	Nutrition Services	Other Services
Home and Community-Based Services	38		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medically Dependent Children's Program	33	Yes	Yes	Yes				Yes				Yes
Newborn Screening	53	Yes	Yes	Yes		Yes		Yes			Yes	Yes
Office of Disability Prevention for Children	58											Yes
Oral Health Improvement Program	57	Yes				Yes						Yes
Prevention and Early Intervention²⁸	60											
Primary Health Care	36		Yes			Yes		Yes				Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	13	Yes	Yes	Yes		Yes	Yes				Yes	Yes
STAR	23	Yes	Yes					Yes	Yes	Yes		
STAR Health	24	Yes	Yes			Yes		Yes	Yes	Yes		Yes
STAR Kids	26	Yes	Yes	Yes				Yes	Yes	Yes		Yes

Program	Page	Age/ Family	Income	Medical Condition	Behavioral Health	Other Eligibility	Financial Services	Medical Services	Behavioral Health	Case Management	Nutrition Services	Other Services
Supplemental Nutrition Assistance Program	12	Yes	Yes			Yes	Yes				Yes	Yes
Temporary Assistance for Needy Families	15	Yes	Yes			Yes	Yes					Yes
Texas Early Hearing Detection and Intervention	55					Yes						Yes
Texas Health Steps	52	Yes	Yes			Yes		Yes		Yes		Yes
Texas Home Living	39		Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Texas Vaccines for Children	56	Yes				Yes						Yes
Title V Child Health and Dental Fee-for-Service Program	34	Yes	Yes			Yes	Yes	Yes				
Youth Empowerment Services Waiver	50	Yes	Yes		Yes	Yes			Yes	Yes		Yes

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²⁷ Each Prevention and Early Intervention program has its own unique eligibility criteria and benefits.

²⁸ Each Prevention and Early Intervention program has its own unique eligibility criteria and benefits.