
HEALTH CARE FOR TEXAS CHILDREN IN FOSTER CARE: STAR HEALTH

Please see Checklist Section for Medical and Mental Health Care Checklist.

STAR Health is a comprehensive, managed care program designed to better coordinate and improve access to health care for:

- Children in DFPS conservatorship (under age 18)
- Youth in CPS extended foster care (ages 18 to 22)
- Youth who were previously under DFPS conservatorship and have returned to foster care through voluntary foster care agreements (ages 18 to 22)
- Youth who aged out of foster care at age 18 and are eligible for Medicaid services (ages 18-21)
- Former foster care youth (ages 21 to 23) enrolled in an institution of higher education located in Texas enrolled in the Former Foster Care in Higher Education (FFCHE) program.

There are a few populations of children who are not eligible for the STAR Health program. Unless otherwise indicated, these children receive Medicaid through the Traditional Fee-for-Service program. STAR Health does not cover children who are:

- Placed outside of Texas;
- From other states but placed in Texas;
- Residents in nursing homes, state schools, state supported living centers, and ICF-IID facilities;
- Dually eligible for Medicaid and Medicare;
- Adopted and the adoption is finalized;
- In hospice; or
- In DFPS conservatorship, but adjudicated in a Texas Juvenile Justice Department (TJJD) facility and do not receive Medicaid but receive health care services through TJJD.

A. Unique Features of STAR Health

STAR Health provides a full-range of Medicaid covered medical, dental, vision, prescription and behavioral health services, including:

- A Medical Home for each child, meaning a doctor, or other Primary Care Provider (PCP), or PCP Team to oversee care
- Immediate enrollment for immediate health care benefits
- Licensed and degreed managed care organization (MCO) staff who coordinate physical and behavioral healthcare and access to other non-Medicaid benefits and resources
- Access to healthcare through a network of providers (doctors, nurses, hospitals, clinics, psychiatrists, therapists, etc.) specifically recruited for their history and expertise in treating children who have been abused or neglected and who are offered ongoing trainings on such issues
- The Health Passport electronic health record, which makes available a history of healthcare visits, immunizations, lab results, prescriptions, and service plans to medical consenters, caseworkers, and healthcare providers
- Psychotropic Medication Utilization Reviews to determine if the prescribed medication regimen meets the required guidelines and is within the standard of care
- Service management and service coordination teams led by licensed and degreed MCO staff who coordinate physical and behavioral health care and access to other non-Medicaid benefits and resources for complex cases
- Nursing and Behavioral Health 24/7 help-lines for caregivers and caseworkers
- Medical advisory committees to monitor healthcare provider performance

B. Physical Healthcare Benefits Provided by STAR Health

The following is not an exhaustive list of Medicaid-covered physical health care benefits:

- Ambulance services
- Birthing services provided by a physician and certified nurse midwife (CNM) in a licensed birthing center
- Cancer screening, diagnostic, and treatment services
- Chiropractic services

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- Community First Choice services, including personal assistance services, habilitation, emergency response services, and support consultation
 - Dental services
 - Durable medical equipment and medical supplies
 - Early Childhood Intervention (ECI) services
 - Family planning
 - Hearing exams/hearing aids
 - Home health care services, such as private duty nursing, skilled nursing, and personal care services
 - Hospital care, including emergency and inpatient services
 - Lab tests/x-rays
 - Physical, occupational, and speech therapies
 - Podiatry
 - Prenatal care
 - Prescription drugs and biological
 - Preventive care through Texas Health Steps
 - Specialty physician services
 - Transplantation of organs and tissues
 - Vision services

C. Behavioral Health Benefits Provided by STAR Health

The following is not an exhaustive list of Medicaid-covered behavioral health benefits:

- Substance abuse services
- Inpatient and outpatient mental health services
- Partial hospitalization
- Intensive outpatient
- Day treatment

- Observation
- Rehabilitative services
- Outpatient therapy
- Telemedicine
- Disease management (Intellectual Developmental Disabilities)
- Complex case management

STAR HEALTH ENHANCEMENTS		
	CARE GRANTS	\$100 per member, per year for non-Medicaid covered items that benefit the child's well-being (school supplies, art therapy kit)
	EXPANDED VISION	\$100 above the existing Medicaid benefit for features or frames not covered by Medicaid
	OTC MEDICATIONS	\$30 per member, per quarter toward over the counter medication delivery through a mail order program
	CENTACCOUNT	Walmart gift card account for young adults age 18-21 who complete wellness visits, dental checkups, flu shots, & other health screenings
	BOYS & GIRLS CLUB	Annual membership fee for members ages 6-18
	SPORTS / CAMP PHYSICALS	Pays for physicals for members ages 4-18
	7-DAY FOLLOW UP INCENTIVES	Gift card or teddy bear incentive (as age appropriate) once per year for attending the recommended 7-day follow up visit after an inpatient stay
	ONLINE MENTAL HEALTH RESOURCES	Access to mystrength.com, an interactive web and mobile application platform that helps improve mental health and overall wellbeing

D. Transitioning Youth

The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), requires states to provide Medicaid coverage to youth and young adults under age 26 who were in foster care and were receiving Medicaid when they aged out of foster care.

The **Former Foster Care Children (FFCC) program** provides healthcare coverage to youth who age out of foster care at age 18, were receiving Medicaid coverage at the time they aged out, are a U.S. citizen or have qualified alien status such as a green card. This coverage is available through age 25 under two separate programs, based on age:

- Young adults aged 18 through 20 are automatically enrolled in the [STAR Health](#) program, but can switch to the STAR program, if they prefer; and
- Young adults aged 21 through 25 must choose a [STAR](#) program health plan.

For foster youth who are under the age of 21, but who are not eligible for the FFCC program because the youth did not receive Medicaid at the time he/she aged out of care, coverage is provided by STAR Health for youth who:

- Were in Texas foster care on his/her 18th birthday or older;
- Do not have other health coverage;
- Meet program rules for income; and
- Are a US citizen or have a qualified alien status, such as a green card.

It is not necessary for a court to extend jurisdiction beyond age 18 for this coverage to apply. See the Bench Book Chapter entitled [Extending Foster Care for Transitioning Youth](#) for more information.

E. Child and Family Assessments

Texas Health Steps: All children entering DFPS conservatorship must receive a comprehensive, preventive health care checkup within 30 days of entering DFPS conservatorship known as the Texas Health Steps medical checkup, which includes preventive care components. The checkup helps identify the child's unique healthcare needs and helps DFPS make placement decisions that are in the child's best interest.

Medical Exam within Three Business Days: As of December 31, 2018, for children removed because of sexual abuse, physical abuse or another obvious physical injury to the child, or if the child has a chronic medical condition, is medically fragile or has a diagnosed mental illness, DFPS must ensure that the child receives an initial medical examination from a physician or other health care provider authorized by state law to conduct a medical examination by the end of the third business day after the child is removed from the child's home. [Tex. Fam. Code § 264.1076](#).

- **Vaccinations Prohibited During Exam:** A physician or health care provider cannot administer a vaccination without parental consent except for a tetanus vaccination, and only if the physician or other health care provider determines that an emergency requires a vaccination. The prohibition of vaccinations does not apply once DFPS is

named the child's managing conservator. The restriction on vaccinations applies only to vaccinations (except for tetanus) administered under the medical exam required by new subsection 264.1076. Thus the prohibition is limited only to the population receiving the exam, and only restricts what can be done during the exam. Likewise, the lifting of the restriction on vaccinations once DFPS receives managing conservatorship. Outside these circumstances, the law neither expands nor restricts a parent's right to withhold consent for immunization either under [Tex. Fam. Code § 32.101](#) or [Health and Safety Code § 161.004](#). However, see [Tex. Fam. Code §§ 266.002](#) and [266.004](#) regarding a court's authorization to issue orders related to medical care for children in foster care.

Child and Adolescent Needs and Strengths (CANS): DFPS also uses the CANS to evaluate each child's needs and strengths to assist in service planning, inform placement decisions, and reduce the number of assessments administered to children in DFPS conservatorship.

Family Strength and Needs Assessment (FSNA) is also in use by DFPS to assess and utilize family strengths to hone in on necessary services customized to address the Department's specific concerns. Although the FSNA and CANS will not be attached to court reports, judges may hear DFPS staff providing testimony or information regarding findings or recommendations that come from these assessments.

Children and youth, ages 3 to 17, will receive a CANS Assessment, completed by a STAR Health clinician, within 30 days of removal. During the same time period, the CPS caseworker will conduct the FSNA of the family, identify targeted interventions, and work with the family to prioritize goals and tasks. In the state's Foster Care Redesign area, near Fort Worth, the Single Source Continuum Contractor (SSCC), Our Community Our Kids, is utilizing a combination of STAR Health providers and CANS certified staff, employed by residential providers within the SSCC network, to administer the CANS.

Special Issue: Many courts like to schedule a Status Hearing within a few days of the Adversary Hearing to jump start services to families. To maximize the effectiveness of the new assessment tools, it is recommended that courts conduct Status Hearings at around 60 days into the case. The law requires that the CANS be administered within 45 days of removal, and DFPS policy sets the completion date at 30 days. The FSNA is conducted with the family within the first three weeks of removal and is used to inform the CANS. Both the STAR Health clinician and the CPS caseworker need time to utilize the CANS and FSNA tools with fidelity. Allowing time for a thorough assessment and coordination of efforts should produce child and family service plans that set a path toward achieving permanency as quickly as possible for the child and family.

Developmental Disability Assessment: During the 85th Legislative Session, the Legislature also added a requirement that DFPS assess whether a child has a developmental

disability as soon as possible after the child is placed in DFPS conservatorship, and if the assessment indicates an intellectual disability, to ensure that a referral for a determination of such is made as soon as possible. [Tex. Fam. Code § 264.1075](#).

F. Medical Consent

Before a child may receive medical treatment, consent is required. In 2005, Texas passed a law that requires each child in DFPS conservatorship to have a medical consenter. The responsibility of this medical consenter is to provide medical consent. Medical consent means making a decision on whether to agree or not agree to a medical test, treatment, procedure, or a prescription medication.

1. Informed Consent

Informed consent means the medical consenter gets complete information about the proposed medical care before making a decision. The goal is to make sure that the medical consenter makes an informed decision about the child's health care.

When permission is given for health-care, the Medical Consenter must make sure he or she understands:

- The child's symptoms and medical diagnosis.
- How the treatment will help the condition.
- What happens without the treatment?
- The side effects and risks associated with the treatment.

2. Choosing a Medical Consenter

The court will name (authorize) either an individual or DFPS as the medical consenter.

The individual may be a relative or someone involved in the child's life. When the court names an individual as medical consenter, that person is ultimately responsible for the medical decisions for that child and reports directly to the court. When a judge gives DFPS the power to consent to medical care for a child, the agency chooses up to four primary and backup medical consenters. The two primary medical consenters are usually the child's caregivers or a caseworker and another CPS staff.

DFPS may choose medical consenters and backup medical consenters who are:

- Professional employees of emergency shelters
- Foster parents
- Relatives

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- CPS caseworkers, supervisors or other CPS staff
 - Parent whose rights have not been terminated, if in child's best interest

DFPS may not choose medical consenters and backup medical consenters who are employees of staffed facilities such as residential treatment centers or intermediate care facilities for individuals with developmental disabilities. CPS caseworkers are usually designated in these cases.

In some cases, the court allows a youth 16 or 17 years old to be his or her own medical conserter, if other requirements are met. [Tex. Fam. Code § 266.010](#).

Attorneys ad litem and DFPS staff are required to inform 16 and 17 year olds in foster care of their right to ask the court whether they can consent to their own medical care. [Tex. Fam. Code § 107.003\(b\)\(3\)](#).

There are two types of medical consent training for youth:

- DFPS Medical Consent Training for Caregiver - All youth must complete this training before they become 18 years old.
- DFPS Psychotropic Medication Training – Youth who are taking psychotropic medications must complete this training before they are 18 years old.

Documentation that a youth has completed the required training should be filed in the youth's file by the caseworker.

3. Informed Consent for Psychotropic Medications

The medical conserter must always have a complete discussion with the child's health-care provider. According to Texas law, consent to giving a psychotropic medication is valid only if:

- It is given voluntarily and without undue influence, and
- The conserter receives information (given verbally or in writing) describing:
 - the specific condition to be treated;
 - the beneficial effects on that condition expected from the medication;
 - the probable health and mental health consequences of not consenting to the medication;
 - the probable clinically significant side effects and risks associated with the medication;

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- the generally accepted alternative medications and non-pharmacological interventions to the medication, if any; and
 - the reasons for the proposed course of treatment. [Tex. Fam. Code § 266.0042](#).

4. Guidance for Youth Who are Their Own Medical Consenter

[Tex. Fam. Code § 264.121](#) requires, for a youth taking prescription medication, DFPS to ensure that the youth's transition plan includes provisions to assist the youth in managing the use of the medication and in managing the child's long-term physical and mental health needs after leaving foster care, including provisions that inform the youth about:

- The use of the medication;
- The resources that are available to assist the youth in managing the use of the medication; and
- Informed consent and the provision of medical care in accordance with [Tex. Fam. Code § 266.010\(1\)](#). [Tex. Fam. Code § 264.121\(g\)](#).

The youth's caseworker and caregivers should help the youth get information about any medical condition(s), tests, treatment, and medications, and to support them in making informed decisions.

If a youth's healthcare decision puts the youth at risk for harm, the court can overrule a youth's decision to refuse medical care even after authorizing the youth to make medical decisions. To do that the court must find by clear and convincing evidence that the medical care is in the best interest of the youth and one of the following:

- The youth lacks the capacity to make the decision.
- Not getting the care will result in observable and material impairment of growth, development, or functioning of the youth.
- The youth is at risk of causing substantial bodily harm to self or others. [Tex. Fam. Code § 266.010\(g\)\(1\)-\(3\)](#).

In these situations, DFPS may file a motion asking the court to order a specific medical treatment or allow DFPS to consent to medical care for the youth. The motion must include the youth's reasons for refusing medical care and a statement signed by the physician explaining why medical care is necessary. [Tex. Fam. Code § 266.010\(d\)-\(e\)](#).

G. Admission of a Child in DFPS Custody to an Inpatient Mental Health Facility

DFPS may no longer admit a child in DFPS conservatorship to an inpatient mental health facility based on the child's consent to be admitted. The Department may request admission only if a physician states that the child has a mental illness or demonstrates symptoms of a serious emotional disorder and presents a serious risk of harm to themselves or others. [Tex. Health and Safety Code 572.001](#).

The admission is considered a significant event for the purpose of [Tex. Fam. Code § 264.018](#), and requires notice to all parties entitled to notice and to the court of continuing jurisdiction within three days of admission. DFPS must continue to review the need for continued placement and if DFPS determines there is no longer a need for inpatient treatment, notify the facility administrator that the child may no longer be detained without an application for court ordered mental health services.

H. Monitoring Psychotropic Medications

In February 2005, DFPS, the Department of State Health Services (DSHS), and the Health and Human Services Commission (HHSC) released a "best practices" guide to ensure the proper use of psychotropic medications for the children in foster care.

The March 2016 Psychotropic Medication Utilization Parameters for Children and Youth in Foster care⁵⁴ is the most recent version of these guidelines. It serves as a resource for physicians and clinicians who care for children diagnosed with mental health disorders. The guide provides recommendations for the appropriate use of psychotropic medications for children in foster care and includes nine criteria indicating the need for review of the child's clinical status.

Since April 2008, STAR Health has conducted Psychotropic Medication Utilization Reviews (PMURs) on the children whose medication regimens fall outside of the expectations of the Parameters.

[The STAR Health PMUR Process for STAR Health Members FAQ and Stakeholder Manual](#) explains this process and how to request a review.⁵⁵

I. End of Life Medical Decisions

If a child in DFPS conservatorship has been diagnosed with an "irreversible condition" or a "terminal condition" and medical professionals suggest withholding or withdrawing life-sustaining treatment, the regular process for medical consent does not apply and the caseworker and supervisor must follow the procedures outlined below. However, any party may seek court intervention at any time if all parties do not agree on a course of action or if any party is concerned about the child's rights.

If parental rights have not been terminated and the child's attending physician recommends end-of-life care, the parents have the authority to make the end-of-life decisions even if DFPS

has Temporary Managing Conservatorship or Permanent Managing Conservatorship. DFPS staff or other Medical Consenters do not have the legal authority to consent in these circumstances.

If parental rights have been terminated as to both parents, or the parents are deceased and the attending physician recommends end-of-life care, the caseworker and supervisor must:

- Obtain a written statement from the attending physician certifying that the child has a terminal or irreversible condition and that the physician recommends withholding or withdrawing life-sustaining treatment;
- Request a second opinion or a review by a hospital medical or ethics review board if there are any concerns regarding the recommendation of the attending physician;
- Confirm that there is no relative, fictive kin, or other individual with possessory or custodial rights. If one is available, that person must be consulted for end-of-life decisions if possible;
- Notify and discuss the recommendation with the program director, regional director, regional attorney, attorney representing DFPS, the child's attorney ad litem, guardian ad litem, CASA (if applicable), and any other legal party to the case; and
- Notify and consult with the local court.

J. Health Passport

The Health Passport is a web-based system that contains a record of healthcare history for every child, youth, or young adult enrolled in the STAR Health program. The Health Passport is not a full medical record. It contains the following information:

- A complete record of healthcare visits and services with any network provider
- Immunizations, lab results, and prescriptions received
- Healthcare forms such as psychotropic reviews, service plans, Texas Health Steps forms, and CANS
- Allergies, vital signs, height, weight, and record of future scheduled appointments if entered by network providers
- A two year history from prior to entering foster care, if the child received Medicaid or CHIP coverage in the past

Medical consenters, caseworkers, network providers, some CASA staff, and some residential provider staff are able to view Health Passport records. Network providers are able to enter data into Health Passport.

Only a DFPS staff member may give a printed copy of the Health Passport or sections of the Health Passport to other persons or entities, including judges.

K. Court Orders for Medical Services

If a health care professional has been consulted regarding a health care service, procedure, or treatment for a child in DFPS conservatorship, a court must make findings in the record supporting its decision if the court declines to follow the recommendation of the health care professional. [Tex. Fam. Code § 266.005](#).

Special Issue: If the child needs a service not covered by Medicaid, the judge may order that a physician assess the need for the service, if that has not already been done. Also, the judge may order the service and DFPS will seek that service through a private pay contract. When entering orders for services that are not covered by Medicaid, a judge might consider drafting an order that provides DFPS the maximum flexibility in contracting because a particular provider may not be in the position to fulfill the contract as dictated by the court order. Also, a copy of the signed order should be sent via fax to Superior at 1-866-702-4837.

L. References

Key STAR Health Phone Numbers

<u>Organization</u>	<u>Phone Number</u>
Superior HealthPlan Network Member Services Hotline	1-866-912-6283
Cenpatico (Behavioral Health)	1-866-218-8263
DentaQuest (Dental Services)	1-888-308-4766
Total Vision Health Plan (Vision Services)	1-866-642-8959
NurseWise	1-866-912-6283

HHSC Medical Transportation Program

If you live in the counties of Dallas, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Tarrant:

- **Call LogistiCare:**
 - Phone Reservations: 1-855-687-3255
 - Where's My Ride: 1-877-564-9834

If you live in the counties of Austin, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Matagorda, Montgomery, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller and Wharton:

- **Call MTM:**
 - Phone Reservations: 1-855-687-4786
 - Where's My Ride: 1-888-513-0706

If you live in any other county:

- **Call MTP:**
 - Phone Reservations: 1-877-633-8742 and press Option 1 to schedule a ride or Option 2 to file a complaint.

M. Who to Contact with Health Care Questions

DFPS developed a STAR Health mailbox which is staffed by the DFPS medical services team and checked on each business day: dfpsstarhealth@dfps.state.tx.us

N. Additional Links / Resources

Texas DFPS website at

http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp

See the STAR Health website at www.fostercaretx.com

[Center for Public Policy Priorities Policy Paper on STAR Health](#), November 2008