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Services

Case Management for Children and Pregnant Women

What is Case Management for Children and Pregnant Women?



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- Is a Medicaid benefit and a component of the Texas Health Steps services
- Assist eligible clients in gaining access to medically necessary medical, social, educational and other services.
- Provide health related case management services to Medicaid eligible children and pregnant women.

Eligibility

Comprehensive Services are available for Medicaid-eligible:

- Children birth through age 20 with health condition or health risk
- Pregnant women of any age who have a high-risk condition



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Eligibility

- Need assistance in gaining access to medically necessary medical, social, educational, and other services related to the health condition, health risk or high-risk condition.
 - Want case management.
- * Because STAR Kids Health Plans are required to provide service coordination, those clients may not qualify for Case Management for Children and Pregnant Women. (Covered later in presentation.)



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Who are Case Management Providers?



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- Registered Nurses
- Licensed Social Workers

Nurses or Social Workers may work at:

- Non-profit agencies/organizations
- Individual Owners
- Health-care clinics
- Schools & school districts
- Rehabilitation centers

How Does Case Management Help Families?



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



How this service may be different from other types of case management?

- Home Visits are conducted.
- Visits are Face-to-Face.
- Case Manager may attend school meetings with parent to advocate for client.
- The whole family is assessed, not just the client.
- Services are provided only if client currently has needs related to their health condition or health risk.



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ECI and Case Management: Working Together



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Referrals from ECI

- Before or at Transition
- For other family members—pregnant mom, siblings



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Medicaid Type

Case Management Services are dependent upon the type of Medicaid:

STAR and Traditional:

Assistance with accessing necessary medical, social, educational and other services related to health condition or high-risk condition

STAR Kids:

Assistance with accessing, advocating for and coordinating education/school services.

Case Management Scenario: High-Risk Pregnancy



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Enrolled in STAR Medicaid

Referred by Shelter:

- No Prenatal Care/in 2nd Trimester
- Homeless
- Depressed

Mary



Case Management Scenario: High-Risk Pregnancy



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Case Management for Children and Pregnant Women Case Manager:

- Referrals to counseling, WIC, and housing

STAR Service Coordinator:

- Follow up to ensure OB care has begun; placed in high risk group

Mary



Case Management Scenario: Mental Health Condition



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Enrolled in STAR Kids

Concerns:

- Bipolar Disorder
- Now living with Grandma
- Stopped taking medication
- Suspended from school



Jon

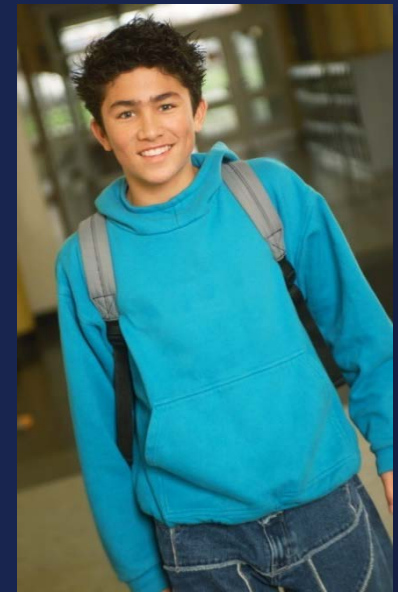
Case Management Scenario: Mental Health Condition



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**STAR Kids Service Coordinator
performs assessment and determines
needs:**

- Mental health services--links family to services
- School meeting support--makes referral to Case Management for Children and Pregnant Women or to other educational support services



Jon

Case Management Scenario: Mental Health Condition



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Case Management for Children and Pregnant Women Case Manager:

- Meets with grandparent to understand school issues
- Attends school meeting with grandparent to advocate for additional services.



Jon

Who can refer to Case Management for Children and Pregnant Women?

STAR and Traditional

- Texas Health Steps
- ECI
- Health Plans
- Community Agencies
- Schools
- Mental Health Professionals
- Anyone

STAR Kids

- STAR Kids Health Plan Service Coordinator
- Anyone for needs related to school assistance



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How to Make a Referral?



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[Link to referral page](#)

– Make a Referral to Case Management

Providers may choose to [complete a referral form \(MS Word\)](#) and fax it to Texas Health Steps. The fax number is 512-533-3867.

For clients enrolled in STAR or Traditional Medicaid, you can make a referral by:

- [Calling 877-THSteps \(877-847-8377\)](#).
- [Contacting a case manager \(PDF\)](#).
- Submitting the [Case Management Referral form \(MS Word\)](#).

For clients enrolled in STAR Kids:

- Health Plan service coordinators and others can refer by submitting the [Request for Case Management for STAR Kids Clients \(MS Word\)](#).

STAR Kids Referral Form – on website

REQUEST FOR CASE MANAGEMENT For Clients Enrolled in STAR Kids



REFERRAL

Referral Date: [REDACTED]	Name of Person Making Referral: [REDACTED]	Name of Health Plan/Agency: [REDACTED]	
Phone Number for Person Making Referral: [REDACTED]		Fax Number for Person Making Referral: [REDACTED]	
Do you Desire Information Regarding the Status of the Referral? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CLIENT INFORMATION

Client Name: [REDACTED]	DOB: [REDACTED]	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Medicaid #: [REDACTED]	Describe Medical/Health Condition/Risk or High-Risk Pregnancy Condition: [REDACTED]			
Parent/Guardian Name (if client is under 18): [REDACTED]		Language Preference: [REDACTED]		
Residential Address: [REDACTED]	City: [REDACTED]	ZIP: [REDACTED]	County: [REDACTED]	
Phone Numbers-	Home: [REDACTED]	Work: [REDACTED]	Cell: [REDACTED]	Other: [REDACTED]

ADDITIONAL INFORMATION

Reason for Referral/Need for School Advocacy: [REDACTED]



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STAR/Traditional Referral Form – on website

REFERRAL

FOR CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

REFERRAL		
Referral Date: []	Name of Referral Source (List agency/company name): []	Name of Person Making Referral: []
Referral Source (Please check one):		
<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Community Agency	<input type="checkbox"/> School
<input type="checkbox"/> Health Plan	<input type="checkbox"/> Individual	<input type="checkbox"/> ECI
	<input type="checkbox"/> State Agency: []	<input type="checkbox"/> City or County Health Department
		<input type="checkbox"/> Other
Phone Number for Person Making Referral: []	Fax Number for Person Making Referral: []	
Do you Desire Information Regarding the Status of the Referral?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

CLIENT INFORMATION			
Client Name: []	DOB: []	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Medicaid #: []	Describe Medical/Health Condition/Risk or High-Risk Pregnancy Condition: []		
Parent/Guardian Name (if client is under 18): []		Language Preference: []	
Residential Address: []		City: []	County: []
Phone Numbers-	Home: []	Work: []	Cell: []
			Other: []

ADDITIONAL INFORMATION
Reason for Referral/Need for case management: []



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Actions following the referral (except STAR Kids):



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- Texas Health Steps attempts to contact client or parent.
- Texas Health Steps will:
 - Educate
 - Encourage
 - Assist

Actions following the referral continued (except STAR Kids):



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- If contacted and desire services, Texas Health Steps assists with scheduling appointment.
- Or sends them list of case management providers.
- If no contact, Texas Health Steps mails letter to client.

For More Information

You may learn more about Case Management at:

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

Please call us at 512-776-2168 or find our email addresses under “Contact Program Staff” with link above.

Questions may be sent to: askcm@hhsc.state.tx.us



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Thank you

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