

# Chapter 6: Services for Women and Children

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## **Coverage for Children**

Generally children with Medicaid coverage are eligible to receive a wider range of health care services than adults with Medicaid.

Examples of Medicaid services possibly available to a greater extent for children than for adults include:

- Physical, occupational, and speech therapy;

- Private duty nursing services;
- Hearing services;
- Vision services; and
- Comprehensive dental services.

Medicaid-covered services are the same whether provided through traditional fee-for-service (FFS) Medicaid or Medicaid managed care. Medicaid managed care organizations (MCOs) must provide covered services in the same amount,

duration, and scope as outlined in the Medicaid state plan.

## ***Texas Health Steps***

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, known in Texas as Texas Health Steps (THSteps), provides preventive health and comprehensive care services for children birth through 20 years of age who are enrolled in Medicaid. THSteps' mission is to provide preventive medical and dental checkups for Medicaid children to allow early identification and treatment of identified problems.

Families of children and young adults eligible for THSteps receive information about THSteps services. Health and Human Services Commission (HHSC) THSteps staff provide coordinated outreach and informing to expand a family's awareness of available health services, increase use of preventive services, and help families obtain comprehensive medically necessary services available through a network of private and public providers.

The foundation of THSteps is the preventive checkups. The medical checkup is preferably conducted by a primary care provider, or "medical home," and the dental checkup is preferably conducted by a primary dental care provider or "dental home." Medical and dental home

providers accept the responsibility for providing accessible, continuous, comprehensive, and coordinated care, including referrals to other health care providers as necessary. Medicaid providers, such as physicians, dentists, physician assistants, advanced practice nurses, school clinics, migrant health clinics, and other community clinics, such as federally qualified health centers, may enroll as providers for THSteps medical and dental checkups and treatment.

### ***Medical Checkups***

A THSteps medical checkup includes these federally mandated components:

- Comprehensive health and developmental history;
- Comprehensive unclothed physical examination;
- Vaccinations;
- Laboratory screening; and
- Health education/anticipatory guidance.

Medical checkups are recommended periodically. The time between recommended medical checkups depends on the child's age. From birth through age two, THSteps recommends more than one medical checkup per year. From ages 3 through 20, THSteps recommends yearly checkups.

Families receiving TANF benefits may lose cash assistance for failing to take their children to regularly scheduled THSteps medical checkups and/or failing to keep their children's

vaccinations current. This sanction applies until the family is up to date with THSteps medical checkups and vaccination requirements.

**Table 6.1: THSteps Program Highlights and Outreach Activities**

<p><i>Services provided in FFY 2015:</i></p> <ul style="list-style-type: none"> <li>• 3,932,612 persons in Texas eligible for THSteps services.</li> <li>• 2,215,518 eligible persons had a THSteps medical checkup.*</li> <li>• 2,228,080 eligible persons had preventive dental services.</li> <li>• 1,055,932 eligible persons had dental treatment services.</li> </ul> <p>In FFY 2015, 466 general dentists; 58 pediatric dentists; 16 dental public health providers; and 13 orthodontists, periodontists, and prosthodontists had training to provide THSteps dental services in a dental home.</p> <p>Source: Form CMS-416: Annual EPSDT Participation Report, FFY 2015. *Number of individuals enrolled for 90 continuous days who received a checkup.</p>
<p><i>Outreach and Education:</i></p> <p>THSteps provides outreach and informing services that involve contacting the parents and caretakers of children receiving Medicaid to tell them about the services and benefits they may receive. The intent of outreach is to help parents and caretakers understand:</p> <ul style="list-style-type: none"> <li>• The value of having medical and dental checkups.</li> <li>• How to access and use medical, dental, and case management services.</li> <li>• How to use Medicaid medical transportation and other services available to them.</li> </ul>
<p><i>To promote the use of THSteps, THSteps program staff work with related children's health programs and agencies, such as:</i></p> <ul style="list-style-type: none"> <li>• Head Start.</li> <li>• Independent school districts.</li> <li>• Colleges.</li> <li>• Other state programs, such as Texas Vaccines for Children, Childhood Lead Poisoning Prevention Program (CLPPP), Children with Special Health Care Needs (CSHCN) Program, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Maternal Child Health, and Early Childhood Intervention (ECI).</li> <li>• Governmental and community-based organizations.</li> <li>• Medical, dental, and case management providers and their professional organizations.</li> </ul>

### *Comprehensive Care Program*

Federal changes made in the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) expanded Medicaid services and EPSDT/THSteps services, in particular. Under OBRA 89, children and youth younger than 21 years of age are eligible for any medically necessary and appropriate health care service that is covered by Medicaid, regardless of the limitations of the state's Medicaid program. The state is responsible for defining the phrase "medically necessary and appropriate." In Texas, this expanded benefits portion of THSteps is known as the Comprehensive Care Program (CCP) and includes medically necessary health care services for treatment of all physical and mental illnesses or conditions found during a screening. These benefits, which were not available to children before OBRA 89, include but are not limited to:

- Treatment of all medically necessary services needed to correct and improve health conditions;
- Personal care services;
- Durable medical equipment to improve or maintain medical or functional status;
- Treatment in freestanding psychiatric hospitals;
- All dental and oral health care;
- Developmental speech therapy;

- Developmental physical therapy;
- Developmental occupational therapy; and
- Private duty nursing.

Costs for THSteps medical checkups and other medically necessary services are included in capitated MCO rates for children enrolled in managed care. Children not in capitated managed care or children receiving retroactive coverage have their THSteps medical checkups and other medically necessary services costs paid through Medicaid FFS.

### *Dental Services*

In addition to medical checkups, and comprehensive medical services, THSteps offers periodic dental checkups, diagnostics, and treatment for children 6 months through 20 years of age. The objective is to identify children at high risk of developing dental disease, to start preventive services, to treat decay early, and to educate families about the importance of good oral health.

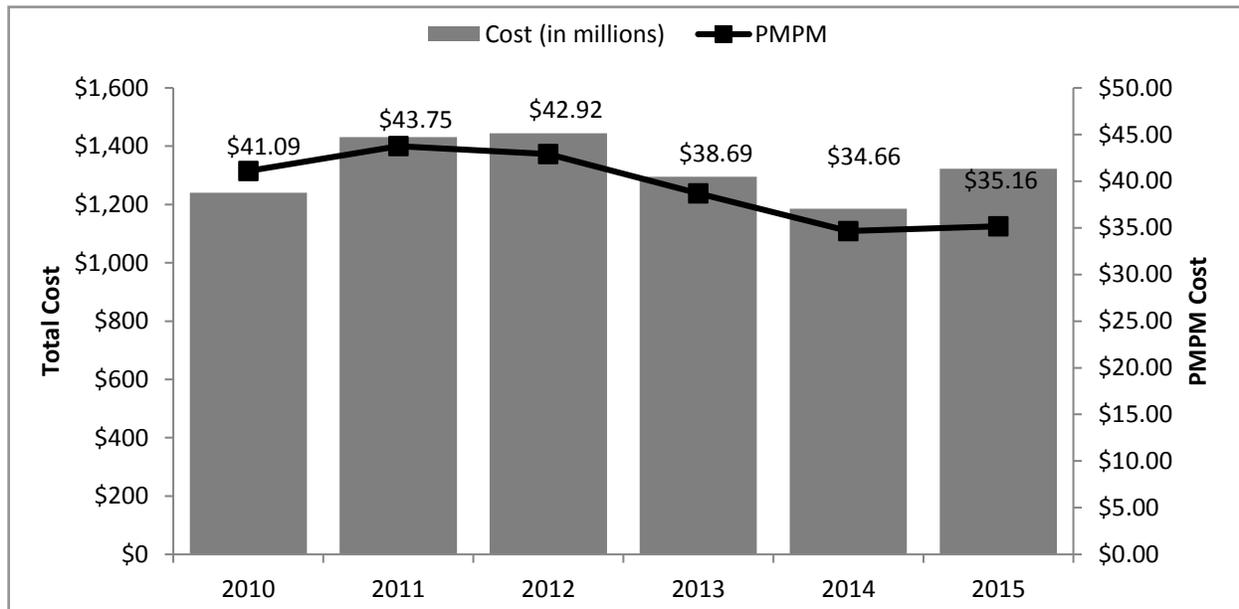
The time between dental checkups depends on the child's age and risk for dental disease. Dental checkups are available for children, adolescents, and young adults age 3 through 20 twice a year. More frequent dental checkups are available for children age 6 months through 35 months. Recipients or their caretakers may self-refer for dental care at any time from birth through 20 years of age.

All THSteps dental costs for children were paid through FFS until the inclusion of dental services in managed care through DMOs on March 1, 2012.

the cost per client for state fiscal years 2010–2015. After reaching a peak of \$44 per member per month (PMPM) in 2011, the cost for dental services declined to about \$35 PMPM in 2014 and 2015.

**Figure 6.1** shows the total dental (and orthodontic) THSteps costs and

**Figure 6.1: THSteps Total Cost and Cost per Recipient Month, Medicaid Dental Services, SFYs 2010-2015**



Source: HHSC, Financial Services, HHS System Forecasting.

### ***Frew, et al. v. Smith, et al.***

Filed in 1993, *Frew, et al. v. Smith, et al.* (commonly referred to as *Frew*) was brought on behalf of children birth through age 20 enrolled in Medicaid and eligible for EPSDT benefits. The class action lawsuit<sup>1</sup> alleged the Texas

Medicaid program did not meet the requirements of the federal Medicaid Act<sup>2</sup> for EPSDT benefits.

The parties resolved the *Frew* litigation by entering into an agreed consent decree, which the court approved in 1996. The decree sets out numerous state obligations relating to THSteps. It also provides

<sup>1</sup> *Frew* class members are Medicaid clients, birth through age 20, who have not received all of the Texas Health Steps services to which they are entitled,

unless the services were knowingly and voluntarily declined.

<sup>2</sup> Title XIX of the Social Security Act

that the federal district court will monitor compliance with the orders by HHSC and Department of State Health Services (DSHS) and that the federal district court will enforce the orders if necessary. In 2000, the federal district court found the state defendants in violation of several of the decree's provisions.

In 2007, the parties agreed to 11 corrective action orders to bring the state into compliance with the consent decree and increase access to THSteps services. The corrective action orders touch upon many program areas, and generally require the state to take actions intended to assure and measure access to Medicaid services for children. The Texas Medicaid program must consider these obligations in all policy and program decisions for Medicaid services available for persons from birth through 20 years of age.

Since 2007, HHSC and DSHS have actively worked to meet the requirements of each of the corrective action orders. H.B. 15, 80th Legislature, Regular Session, 2007, appropriated an estimated \$1.8 billion all funds, including \$706.7 million in general revenue funds, for state fiscal years 2008-2009 to allow the agencies to implement required activities.

As an example, in September 2007, HHSC increased rates for services provided to individuals with Medicaid

under age 21 by Medicaid-enrolled physicians, physician specialists, dentists, dental specialists, and certain other professionals. The *Frew* orders do not require a specific level for Medicaid rates. However, the orders do include requirements regarding access to care and provider rates being sufficient to enlist enough providers to meet the needs of Medicaid recipients under age 21.

The 2007 corrective action orders also required the agencies to implement strategic initiatives intended to expand access to care for children with Medicaid. The 80th Legislature also appropriated \$150 million to be applied to strategic initiatives in state fiscal years 2008-2009. The 81st Legislature, Regular Session, 2009, authorized use of unexpended funds for the 2010-2011 biennium. The state implemented 22 strategic initiatives to comply with the corrective action orders. A number of these initiatives continue as part of Medicaid client services or agency administrative services (e.g., First Dental Home).

The federal district court has dismissed 4 of the 11 corrective action orders and 75 related paragraphs of the 308 paragraph consent decree after finding that the state defendants had complied with the required actions for checkup reports and plans for lagging

counties; prescription and non-prescription medications, medical equipment, and supplies; provider training; and medical transportation. The Fifth Circuit Court of Appeals has affirmed dismissal of parts of a fifth corrective action order, *Adequate Supply of Health Care Providers*, but has remanded to the district court for further proceedings for an obligation in that corrective action order to identify shortages using a specific assessment of providers and take action to address any shortages identified. HHSC and DSHS continue to be bound by the remaining obligations of the consent decree and the corrective action orders. The court continues to monitor the agencies' compliance with the orders. The consent decree does not have a specific end date, although the corrective action orders are intended to create potential endpoints for the agencies' obligations.

## **Programs for Women and Children**

### ***Case Management for Children and Pregnant Women***

Case Management for Children and Pregnant Women provides health-related case management services to eligible children and high-risk pregnant women. Providers are licensed social workers or registered nurses working as individuals

or employed by schools, health departments, counseling agencies, health clinics, and other types of agencies. Providers are approved through HHSC and enrolled with the Texas Medicaid claims administrator as Medicaid providers. Case Management for Children and Pregnant Women services include assessing the needs of eligible clients, formulating a service plan, making referrals, problem-solving, advocacy, and follow-up regarding client and family needs.

### ***Early Childhood Intervention***

Early Childhood Intervention (ECI) is a statewide program that provides services to families with children from birth to three years of age with developmental delays or disabilities. HHSC contracts with local agencies to provide services in all Texas counties. Contractors include community centers, school districts, education service centers, and private nonprofit organizations. ECI contractors must enroll with Texas Medicaid to receive reimbursement for ECI targeted case management, specialized skills training, therapy, and other Medicaid benefits for children who are Medicaid beneficiaries.

## ***Blind Children’s Vocational Discovery and Development Program***

The HHSC Blind Children’s Vocational Discovery and Development Program supports children and young adults from birth to 22 years of age with vision impairments and their families to develop a pathway for a successful future through targeted case management, independent living skills, and support services. Medicaid and CHIP reimbursement of the program is limited to targeted case management services for Medicaid- and CHIP-eligible children and youth up to age 21.

## **Women’s Health Services**

### ***Better Birth Outcomes***

Better Birth Outcomes (BBO) is a collaborative effort between HHSC and DSHS. BBO aims to improve access to women’s preventive, interconception, prenatal, and perinatal health care. The collaboration focuses on meeting a client’s health care needs that impact her ability to have a healthy pregnancy. There are currently 20 BBO initiatives. A few of these initiatives are listed below.

### ***Immediate Postpartum LARC Payments***

In 2016, HHSC established an add-on reimbursement to incentivize

utilization of immediate postpartum long-acting reversible contraception (LARC), the most effective method of reversible contraception, for women enrolled in Pregnant Women’s Medicaid. The American College of Obstetricians and Gynecologists recommends LARC insertions in the postpartum setting, ideally before leaving the hospital after labor and delivery, to reduce unintended pregnancies and to achieve optimal birth spacing. The add-on reimbursement allows providers to bill for the LARC device and insertion in addition to the labor and delivery service.

### ***17P Interagency Data-Sharing***

In an effort to reduce preterm births, HHSC and DSHS entered into a data-sharing agreement in 2014 aimed at early identification of women who had a previous preterm delivery and are candidates for 17 Alpha-hydroxyprogesterone caproate (17P) treatment. 17P is a synthetic hormone that has been shown to reduce the recurrence of preterm births. Through the data-sharing project, a monthly matched file is provided to contracted MCOs in order to provide targeted care to mothers at risk for repeat preterm birth.

### ***Pregnancy Medical Home Pilot***

Created by H.B. 1605, 83rd Legislature, Regular Session, 2013, the Pregnancy Medical Home pilot is studying the efficacy of

a pregnancy medical home that provides coordinated, evidence-based maternity care management to women in Harris County through a Medicaid MCO model. The pilot's evaluation report will be submitted to the Legislature in September 2017.

### *Neonatal Abstinence Syndrome Prevention Pilot*

The Neonatal Abstinence Syndrome Prevention pilot focuses on increasing the availability of intervention and treatment for high-risk populations. The pilot provides enhanced screening and outreach to women of childbearing age, including those certified for Medicaid for Pregnant Women, and has implemented specialized programs to reduce the severity of Neonatal Abstinence Syndrome.

### *Perinatal Advisory Council*

The Perinatal Advisory Council, created by H.B. 15, 83rd Legislature, Regular Session, 2013, develops and recommends criteria for designating levels of neonatal and maternal care, including specifying the minimum requirements to qualify for each level designation, and recommends ways to improve neonatal and maternal outcomes, including for Medicaid, CHIP, and CHIP Perinatal enrollees.

### *MCO Transition and Auto-Enrollment Education*

The goal of the MCO Transition and Auto-Enrollment Education

initiative is to have MCOs provide education services for women exiting Medicaid for Pregnant Women and CHIP Perinatal about Healthy Texas Women (HTW) and the Family Planning Program (FPP). Effective July 1, 2016, eligible women exiting Medicaid for Pregnant Women are automatically enrolled into HTW.

### **Healthy Texas Women**

HTW is a state-funded program that provides women's health and family planning services at no cost to eligible, low-income Texas women.

During its review of the state's health agencies in 2014, the Texas Sunset Advisory Commission recommended consolidating the state's women's health programs to improve efficiency and effectiveness for clients and providers. In response, the 84th Legislature directed HHSC to consolidate state women's health services.

The newly created HTW program launched on July 1, 2016. It is a consolidation of the HHSC Texas Women's Health Program (TWHP) and the DSHS Expanded Primary Health Care program (EPHC).

HTW is for women who meet the following qualifications:

- Are ages 18 through 44 (women are considered 18 years of age on the day of their 18th birthday and 44 years of age through the last

- day of the month during which they turn 45);
- Are ages 15 through 17 years old and have a parent or legal guardian apply, renew, and report changes to her case on her behalf (women are considered 15 years of age the first day of the month of their 15th birthday and 17 years of age through the day before their 18th birthday);
  - Are U.S. citizens or qualified immigrants;
  - Reside in Texas;
  - Are not eligible to receive full Medicaid benefits, CHIP, or Medicare Part A or B;
  - Are not pregnant;
  - Do not have private health insurance that covers preventive health services (unless filing a claim on the health insurance would cause physical, emotional, or other harm from a spouse, parent or another person); and
  - Have a net family income at or below 200 percent of the federal poverty level (FPL).

Benefits for eligible participants include:

- Pregnancy testing;
- Pelvic examinations;
- Sexually transmitted infection services;
- Breast and cervical cancer screenings;

- Clinical breast examination;
- Screening and treatment for cholesterol, diabetes and high blood pressure;
- HIV screening;
- LARCs;
- Oral contraceptive pills;
- Permanent sterilization;
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections (excluding emergency contraception); and
- Screening and treatment for postpartum depression.

In state fiscal year 2015, approximately 105,205 women were enrolled in TWHP, along with 4,603 providers. An unduplicated total of 71,610 women had a paid claim for TWHP services, and the program's expenditures totaled \$30.2 million in general revenue, including expenditures for services, administration, and outreach.

There were a total of 158,209 women served in EPHC in state fiscal year 2015, during which time 58 entities contracted with the program and a total of 280 clinic sites across the state participated in and administered the program. EPHC expenditures totaled \$42.2 million in general revenue.

## **Family Planning Program**

FPP helps fund clinic sites across the state to provide quality, comprehensive, low-cost, and accessible family planning and reproductive health care services to women and men. These services help individuals determine the number and spacing of their children, reduce unintended pregnancies, positively affect future pregnancy and birth outcomes, and improve general health.

FPP is for women and men who meet the following qualifications:

- Reside in Texas;
- Are under the age of 64; and
- Have a net family income at or below 250 percent of the FPL.

Benefits for eligible participants include:

- Pregnancy testing;
- Pelvic examinations;
- Sexually transmitted infection services;
- Breast and cervical cancer screenings;
- Clinical breast examination;
- Screening for cholesterol, diabetes and high blood pressure;
- HIV screening;
- LARCs;
- Oral contraceptive pills;
- Permanent sterilization;

- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections (excluding emergency contraception); and
- Limited prenatal benefits.

There were a total of 66,118 women and men served in FPP in state fiscal year 2015. In the same year, FPP had 18 entities contracted with the program and a total of 105 clinic sites across the state participating in and administering the program. FPP expenditures totaled \$19.0 million all funds, with \$17.3 million in general revenue expended.

## **Breast and Cervical Cancer Services**

The Breast and Cervical Cancer Services (BCCS) program helps fund clinic sites across the state to provide quality, low-cost, and accessible breast and cervical cancer screening and diagnostic services to women. BCCS contractors are the point of access for the Medicaid for Breast and Cervical Cancer (MBCC) program regardless of how the client was diagnosed with cancer (see **Chapter 3, Eligibility**).

BCCS is for women who meet the following qualifications:

- Reside in Texas;
- Are over the age of 18;
- Don't have health insurance; and

- Have a net family income at or below 200 percent of the FPL.

Benefits for eligible participants include:

- Clinical breast examination;
- Mammogram;
- Pelvic examination and Pap test;
- Diagnostic services;
- Cervical dysplasia management and treatment; and
- Assistance applying for MBCC.

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There were 34,376 women served in BCCS in state fiscal year 2015. In the same year, BCCS had 41 entities contracted with the program and a total of 203 clinic sites across the state participating in and administering the program.

In state fiscal year 2015, BCCS expenditures totaled \$10.6 million all funds, with \$2.8 million in general revenue expended.