
HEALTH CARE FOR TEXAS CHILDREN IN FOSTER CARE: STAR HEALTH

Please see Checklist Section for the Medical and Mental Health Care for Foster Youth 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 through 21);
- Youth who were previously under DFPS conservatorship and who have returned to foster care through voluntary foster care agreements (ages 18 through 20); and
- Youth who aged out of foster care at age 18 and who are eligible for Medicaid services (ages 18 through 20).

Not all children are eligible for the STAR Health program. STAR Health does not cover children who are:

- In state conservatorship who are placed outside of Texas;
- From other states but placed in Texas;
- From other states who are placed in Texas Medicaid-paid facilities such as children in nursing homes, ICF-IIDs, or State-Supported Living Centers; or
- In DFPS conservatorship but adjudicated and placed in a Texas Juvenile Justice Department facility. (This population receives health care services through TJJD.)

Unless otherwise indicated, children who are ineligible for STAR Health benefits receive Medicaid through the Traditional Fee-for-Service program.

Adoption Assistance/Permanency Care Assistance (AA/PCA)

- Children in [Adoption Assistance or Permanency Care Assistance](#) will be enrolled in STAR or STAR Kids after a transition period. During the transition period they remain enrolled in STAR Health.

A. Unique Features of STAR Health

For those children who are covered by 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);

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- Immediate enrollment for immediate health care benefits;
 - Licensed and degreed Managed Care Organization (MCO) staff and service coordination and service management teams who coordinate physical and behavioral healthcare and access to other non-Medicaid benefits and resources, including for complex cases;
 - 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, which is a web-based, secure health information tool which utilizes claims data to provide information on healthcare services including Texas Health Steps medical checkups, immunizations, lab results, prescriptions, the Family Strengths and Needs Assessments (FSNA), the Texas Child and Adolescent Needs and Strengths (CANS) 2.0 assessments, Psychotropic Medication Utilization Reviews (PMUR), and service plans to medical consenters, caseworkers, and healthcare providers;
 - PMURs to determine if the prescribed medication treatment meets the guidelines of the [Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health \(6th Version\)](#) (Parameters);⁹⁵
 - STAR Health liaisons who work directly with DFPS Well-Being Specialists and DFPS Clinical Coordinators to assist with resolving any barriers to services that children in foster care might encounter;
 - Transition coordinators to assist youth with activities to ensure a smooth transition to independence and adulthood, including education about their medical care and referrals to support services, as needed;
 - Nursing and Behavioral Health 24/7 helplines for caregivers and caseworkers; and
 - Medical advisory committees to monitor healthcare provider performance.

B. Physical Healthcare Benefits Provided by STAR Health

Medicaid-covered physical health care benefits include but are not limited to:

- Ambulance services;
- Applied Behavior Analysis services for the treatment of autism for children through 20 years of age;
- 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 Choice⁹⁶ services, which is a federal program that includes 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 drugs;
 - Preventive care through Texas Health Steps;
 - Specialty physician services;
 - Telemedicine/telehealth services (applies to certain procedure codes);
 - Organs and tissue transplant services; and
 - Vision services.

C. Behavioral Health Benefits Provided by STAR Health

Medicaid-covered behavioral health benefits include but are not limited to:

- Outpatient Mental Health Services to include psychotherapy (individual, group, and family), psychiatric diagnostic evaluation with and without medical services, psychological, neurobehavioral and neuropsychological testing, and pharmacological management;
- Mental Health Targeted Case Management to include intensive and routine case management services;

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- Mental Health Rehabilitation Services to include crisis intervention services, medication training and support, and skills training and development (can be provided to the child/youth, Legally Authorized Representative [LAR] or primary caregiver);
 - Inpatient psychiatric services that include admissions to acute care hospitals and institutions for mental disease (public or private psychiatric facility);
 - Substance use disorder services to include assessment, counseling (individual and group), residential treatment, and withdrawal managements services;
 - also includes Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for persons 10 years of age and older;
 - Health and Behavior Assessment and Intervention (HBAI) services;
 - Collaborative Care Model services that integrate the services of behavioral health care managers (BHCMS) and psychiatric consultants with primary care provider oversight to proactively manage behavioral health conditions as chronic diseases, rather than treating acute symptoms.
 - Telemedicine/telehealth services (applies to certain procedure codes); and
 - Court-ordered services (outpatient and inpatient) if the person is not considered to be incarcerated.

D. Transitioning Foster Care 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 aged out of foster care at age 18, were receiving Medicaid coverage at the time they aged out, who are a U.S. citizen, and meet all other Medicaid eligibility criteria. This coverage is available through age 25 under two separate programs, based on age:

- Young adults ages 18 through 20 are automatically enrolled in the [STAR Health](#) program, but can switch to the STAR program, if they prefer; and
- Young adults ages 21 through 25 must choose a [STAR](#) or [STAR+PLUS](#) 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 they aged out of care, coverage is provided by the Medicaid for Transitioning Youth (MTFCY) program in STAR Health for youth who:

- Were in DFPS conservatorship on their 18th birthday or older;
- Do not have other health coverage and meet program rules for income;

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- 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. For more information, see the [Extending Foster Care for Transitioning Youth](#) chapter of this Bench Book.

Special Issue: *All Medicaid recipients, including youth formerly in foster care, must renew their Medicaid eligibility once every 12 months. To ensure continuous coverage, youth must provide their current mailing address to HHSC. If a youth changes their address without notifying HHSC, and HHSC receives returned mail and cannot locate the youth, the youth's Medicaid benefits will be denied. A youth can report an address change online through www.YourTexasBenefits.com, the Your Texas Benefits mobile app, calling 211, in person at a local Medicaid eligibility office, or by reporting in writing by mail or by fax. Youth must also respond to requests for information from HHSC and may need to verify that they are a Texas resident or their immigration status.*

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. The checkup helps identify the child’s unique healthcare needs and helps DFPS make decisions that are in the child’s best interest. This checkup is repeated annually or according to the Texas Health Steps periodicity schedule.

Medical Exam Within Three Business Days: All children entering DFPS conservatorship receive 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](#). This is known as the “Three-Day Exam.” Exceptions include the youth being in an inpatient hospital setting or requiring urgent medical treatment at the time of removal.

Vaccinations Prohibited During Exam: A physician or health care provider cannot administer a vaccination at this “Three-Day Exam” without parental consent except for an emergency 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 [Tex. Fam. Code § 264.1076](#). Thus, the prohibition is limited only to the population receiving the exam, and only restricts what can be done during the exam. This restriction is lifted once DFPS is granted conservatorship. Outside of 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 [Tex. Health & Safety Code § 161.004](#). However, see [Tex. Fam. Code § 266.002](#) and [Tex. Fam. Code § 266.004](#) regarding a court’s authorization to issue orders related to medical care for children in foster care. See *In re Womack*, 549 S.W.3d 760 (Tex. App.—Waco 2017) holding that to the extent [Tex. Fam. Code § 266.004](#) and [Tex. Fam. Code § 32.101\(c\)](#) conflict, [Tex. Fam. Code § 32.101\(c\)](#) is more specific and is the controlling statute.

Texas Child and Adolescent Needs and Strengths (CANS) 2.0 Assessment: Children and youth ages 3 to 17 must receive a CANS 2.0 Assessment completed by an in-network STAR Health clinician within 30 days of removal. Prior to conducting the CANS, the CPS caseworker will conduct the FSNA with the family, identify targeted interventions, and work with the family to prioritize goals and tasks.

DFPS uses the results of the CANS 2.0 to evaluate each child's needs and strengths. This assessment assists in service planning, informs placement decisions, and reduces the number of assessments administered to children in DFPS conservatorship.

Family Strength and Needs Assessment (FSNA): DFPS administers the FSNA to assess how the family is functioning and to aid in developing a plan of service for the family. 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.

***Special Issue:** Many courts prefer to schedule a Status Hearing within a few days of the Adversary Hearing to jump-start services to families. However, this must be balanced with the need for both the STAR Health clinician and the CPS caseworker to have the time to utilize the CANS and FSNA tools with fidelity. 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. 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: DFPS is also required to 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

Generally, health care providers require someone with the legal authority to consent to medical care for a child to provide informed consent for the child before the health care provider will initiate care. Texas law requires the court to specifically authorize an individual or DFPS to consent to medical care for each child in DFPS conservatorship. [Tex. Fam. Code §§ 153.371-153.377](#) and [Tex. Fam. Code § 266.004\(c\)](#) provide the legal bases for DFPS' authority to make medical decisions for children and youth in DFPS conservatorship. When the court authorizes DFPS to consent to the child's medical care, the caseworker must designate a medical consenter, a backup medical consenter, and coordinate medical information. It is the responsibility of the medical consenter and backup medical consenter to become knowledgeable of the child's medical condition, known medical history, and medical needs before consenting to medical care or treatment.

1. Informed Consent

Medical consent means making a decision on whether to agree to or not agree to a medical test, treatment, procedure, or a prescription medication. Informed consent means the medical consenter gets complete information about the proposed medical care to provide an understanding of the

benefits and risks of the treatment before making a decision. The goal is to make sure that the “medical consentor” makes an informed decision about the child's health care.

Before consenting to any health care, the medical consentor must make sure he or she understands:

- The child's symptoms and medical diagnosis;
- How the treatment will help the condition;
- What happens if the treatment is not applied; and
- The side effects and risks associated with the treatment. [Tex. Fam. Code § 266.004\(h\)](#); [CPS Policy Handbook § 11130](#).

Special Issue: *A person otherwise authorized to consent to the immunization of a child may not consent for the child if the person has actual knowledge that a parent, managing conservator, guardian, or other person who under the law of another state or a court order may consent for the child and has expressly refused to give consent to the immunization, has been told not to consent for the child, or has withdrawn a prior written authorization for the person to consent.* [Tex. Fam. Code § 32.101\(c\)](#).

2. Choosing a Medical Consentor

When a judge gives DFPS the authority to consent to medical care for a child in conservatorship, the agency designates up to four primary and backup medical consentors to make health care decisions for the child. The two primary medical consentors are usually the child's caregivers or a caseworker and another CPS staff. The goal of designating multiple consentors is to ensure that a consentor can be present in person when the child receives treatment. This is particularly important when the child is being prescribed psychotropic medications.

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

- Professional employees of emergency shelters;
- Foster parents;
- Relatives;
- CPS caseworkers, supervisors, or other CPS staff;
- Parents whose rights have not been terminated, if in child's best interest.

Medical consentors and backup medical consentors must be individuals, not a facility or a facility's shift staff. DFPS may not choose medical consentors and backup medical consentors who are employees of staffed facilities such as Residential Treatment Centers (RTCs) or intermediate care facilities for individuals with developmental disabilities. CPS caseworkers are usually designated in these cases.

Once the caseworker designates a medical consentor, and the medical consentor meets training requirements, the caseworker must issue Form 2085-B Designation of Medical Consentor (which provides authorization to consent to medical care) to the medical consentor and backup medical consentor, all of whom must sign the form. The CPS caseworker must consent to medical care until a medical consentor and backup medical consentor have been designated and have signed the form.

When the court names an individual as medical consentor, that person is ultimately responsible for the medical decisions for that child and reports directly to the court.

In some cases, the court allows a youth 16 or 17 years old to be their own medical consentor, 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\(b\)\(3\)](#) and [Tex. Fam. Code § 264.121](#).

DFPS requires both designated primary medical consentors (including youth designated by the court as their own medical consentor) and backup medical consentors to complete the following two department-approved trainings before being allowed to make medical or health care decisions:

- [DFPS Medical Consent Training for Caregivers](#); and
- [DFPS Psychotropic Medication Training](#).

3. Informed Consent for Psychotropic Medications

Texas law requires the medical consentor to attend all appointments with the health care provider when a child may be prescribed psychotropic medication. The medical consentor must always have a complete discussion with the child's healthcare provider in order to consider options for the child or youth that do not involve medication before or at the same time as using psychotropic medication. According to Texas law, consent to giving a psychotropic medication is valid only if:

- It is given voluntarily and without undue influence, and
- The consentor 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;
 - 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](#).

Texas law requires medical consenters to assure that the child prescribed a psychotropic drug has an office visit with the prescribing healthcare provider at least once every 90 days to allow the practitioner to:

- Appropriately monitor for side effects of the medicine;
- Decide whether the medicine is helping the child; and
- Decide whether continuing the medicine is recommended for the child. [Tex. Fam. Code § 266.011](#).

The medical conserter must attend these medical appointments with the child and provide documentation of the medical appointment to the caseworker by the next business day.

4. Guidance for Youth Who are Their Own Medical Conserter

If a court determines that a youth is capable of consenting to their own medical care, the caseworker must:

- Educate the youth about their medical care and the process for making informed decisions on an ongoing basis;
- Ensure the youth completes the DFPS Medical Consent Training for Caregivers;
- Ensure a youth who has been prescribed psychotropic medication, or is considering taking psychotropic medication, completes the DFPS Psychotropic Medication Training; and
- Offer ongoing support and guidance to the youth.

Before a youth reaches age 16, DFPS must advise the youth of the right to request a hearing to determine whether he or she may be authorized to consent to their own medical care. DFPS provides the youth with training on informed consent and the provision of medical care as part of the Preparation for Adult Living (PAL) program. [Tex. Fam. Code § 266.010\(l\)](#).

Youth in DFPS conservatorship who are not authorized by the court to be their own medical consenters at age 16 or 17 will become their own medical consenters when they turn 18. Conservatorship caseworkers must ensure that 17-year-old youth complete the *DFPS Medical Consent Training for Caregivers* and *DFPS Psychotropic Medication Training* if the youth has prescription psychotropic medications, no later than 90 days before becoming 18 years of age.

[Tex. Fam. Code § 264.121\(g\)](#) requires DFPS to ensure that the youth's transition plan includes provisions to assist the youth in managing the use of any 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;
- Informed consent; and

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- The youth's right to request to be their own medical consentor. [Tex. Fam. Code § 264.121\(g\)\(1\)](#).

For youth 17 or older taking medication, DFPS must ensure the youth's transition plan includes a program supervised by a health care professional to assist the youth with independently managing their medication. [Tex. Fam. Code § 264.121\(g\)\(2\)](#).

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

If a youth's healthcare decision puts the youth at risk of harm, the court can overrule a youth's decision to refuse medical care even after authorizing the youth to make medical decisions. To do so, the court must find by clear and convincing evidence that the medical care is in the best interest of the youth and also find 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; or
- 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 to 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 not 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 & Safety Code 572.001](#).

The admission is considered a significant event for purposes 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, DFPS must 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 [Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health](#) (6th Version) (Parameters)⁹⁷ 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 served by the public behavioral health system in Texas, including those 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 PMURs on the children whose medication treatment fall outside of the expectations of the Parameters.

[PMUR Process for STAR Health Members FAQ and Stakeholder Manual](#) explains this process and how to request a review.⁹⁸ Please also see the [Psychotropic Medication](#) chapter of this Bench Book.

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. [CPS Policy Handbook § 11720](#).

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 is the temporary managing conservator (TMC) or permanent managing conservator (PMC) of the child. DFPS staff or other medical consenters do not have the legal authority to consent in these circumstances. [CPS Policy Handbook § 11721](#).

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 of the child. If one of these individuals 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 court of continuing jurisdiction. [CPS Policy Handbook § 11722](#).

J. Health Passport

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The Health Passport is a web-based, secure health information tool which utilizes claims data to provide information on healthcare services 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 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, CANS 2.0 results, and the FSNA;
- Allergies, vital signs, height, weight, and record of future scheduled appointments if entered by network providers; and
- A two-year history from prior to entering foster care if the child received Medicaid or Children’s Health Insurance Program (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. STAR Health 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 HealthPlan at 1-866-702-4837 or the court order can be escalated through the DFPS Well-being Specialist who works directly with the STAR Health Liaison.*

STAR Health is required to pay for Medicaid covered services ordered by a court pursuant to the statutory citations listed below. STAR Health cannot deny, reduce, or controvert the court’s orders for Medicaid inpatient mental health covered services for members from birth through age 20, when such inpatient mental health services are provided pursuant to:

- A court order; or
- As a condition of probation.

STAR Health cannot deny, reduce, or controvert the court orders for Medicaid inpatient mental health covered services for members of any age if the court-ordered services are delivered in an acute care hospital.

STAR Health may not limit substance use disorder treatment or outpatient mental health services for members of any age provided pursuant to:

- A court order; or
- A condition of probation.

STAR Health cannot apply its own utilization management criteria through prior authorizations, concurrent reviews, or retrospective reviews for such services. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. A member who has been ordered to receive treatment pursuant to a court order can only appeal the court order through the court system. STAR Health is required to have a mechanism to receive court order documents from providers at the time of an authorization request.

STAR Health must provide all Medicaid inpatient psychiatric covered services to members and outpatient covered services to members of any age who have been ordered to receive the services by:

- A court of competent jurisdiction including services ordered pursuant to the [Tex. Health & Safety Code Chapters 573, Subchapters B and C, Tex. Health and Safety Code Chapter 574, Subchapters A-G, Tex. Fam. Code 55, Subchapter D](#); or
- As a condition of probation.

These requirements are not applicable when the member is to be considered incarcerated.

For STAR Health members ages 21 or older, STAR Health may provide inpatient services for acute psychiatric conditions in a free-standing psychiatric hospital in lieu of an acute care inpatient hospital setting as allowed by [42 C.F.R. §438.6\(e\)](#).

STAR Health must provide Medicaid-covered substance use disorder treatment services, including substance use disorder residential treatment, required as a court order consistent with [Tex. Health and Safety Code Chapter 462, Subchapter D](#), or as a condition of probation.

These requirements are not applicable when the member is considered to be incarcerated.

L. References

Key STAR Health Phone Numbers

<u>Organization</u>	<u>Phone Number</u>
Superior HealthPlan Network Member Services Hotline	1-866-912-6283
HHSC Managed Care Ombudsman	1-866-566-8989

Nonemergency Medical Transportation Services

Nonemergency Medical Transportation⁹⁹ (NEMT) services provide medical transportation services for youth who do not have a way to get to covered health care services. NEMT services allow the youth to arrange a ride to a doctor's office, dentist's office, hospital, drug store, or any place that provides covered health care services. Types of rides and related covered expenses include:

- Public transportation (for example, the city bus);
- A taxi or van service;
- Commercial transit, like a bus or plane, to go to another city for an appointment;
- Money for gas;
- Meals and lodging for children and youth 20 and younger staying overnight to get covered health care services; and
- Payment for some out-of-state travel.

If STAR Health youth need medical transportation services, it is recommended to contact the SafeRide Appointments/Call Center at 1-855-932-2318; TTY: 7-1-1. If there is a complaint about services, it is recommended to contact the phone number on the back of the member ID card.

M. Who to Contact with Health Care Questions

DFPS developed a STAR Health mailbox which is staffed by the DFPS medical services team and is checked each business day. The email address is: DFPSStarHealth3In30@dfps.texas.gov.

Superior STAR Health staff are also available to serve as a liaison to help court teams navigate through the STAR Health program and avoid gaps in care and services to children and youth. Superior STAR Health can help court teams:

- Facilitate interactions between Superior STAR Health, caseworkers and Child Placing Agencies to provide a single point of contact.
- Access to Superior STAR Health Liaisons who conduct education and provide Court Teams and caregivers with customized information packets.
- Enhance communication with Court Teams and Superior STAR Health pertaining to referrals and follow-up for improved accountability, collaborative efforts and streamlined resolutions.
- Collaborate with Court Teams to achieve better outcomes for members and foster parents.
- Offer Superior STAR Health benefits education including, but not limited to, the 24/7 Nurse Advice Line and transportation options through the Superior STAR Health training team.
- Assistance from Superior Member Advocates with Medicaid-related needs and barriers Court Teams identify by calling 1-866-912-6283.

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- Address pending needs and resources during the staffing that occurs outside of court proceedings.
 - Follow identified cases until referrals are completed and members are linked with appropriate services.
 - Enroll Superior STAR Health members into Service Management/Service Coordination (as needed).

To set up a court meeting and training, provide the following information by email to Superior STAR Health at SH_JudicialMailbox@superiorhealthplan.com:

- Your name
- Your contact number
- Your email address; and
- What Superior STAR Health can assist you with.

Additional Links / Resources:

[Texas DFPS Star Health webpage](#)¹⁰⁰

[Superior HealthPlan STAR Health website](#)¹⁰¹

