

STAR Kids Member Handbook



**Texas Children's[®]
Health Plan**

The best decision a family can make.

Quick Guide—Who To Call

If you need:

Please call:

Texas Children's Health Plan

Member Services, toll-free at 1-800-659-5764 or TDD 1-800-735-2989 (Texas Relay) or 7-1-1 to find out how to get covered services for you or your child. Member Services is ready 8 a.m. to 5 p.m. Monday through Friday. After hours, on weekends and holidays, our answering service is ready to help you and/or take your messages.

A Member Service Advocate will return your call the next business day. In case of an emergency, go to your nearest in-network emergency room or call 9-1-1. You can speak to a Member Advocate in English or Spanish. Interpreters who speak 140 different languages are also ready by phone.

A doctor's care

Your primary care provider. His or her phone number is on your ID card. Your primary care provider is ready 24 hours a day, 7 days a week.

Service Coordination Team

To request to speak to your Service Coordinator, to request health information, ask about your service plan or request a home visit. The Service Coordination Team is staffed with individuals who speak English and Spanish. Interpreters who speak 140 different languages are also ready by phone.

Behavioral (mental) health or substance abuse treatment

Behavioral Health/Substance Abuse Hotline, toll-free at 1-800-731-8529 to find out how to get services. Ready 24 hours a day, 7 days a week. No primary care provider referral is needed. The hotline is staffed with individuals who speak English and Spanish. Interpreters who speak 140 different languages are also ready by phone.

If you have an emergency and need treatment immediately, call 9-1-1 or go to the nearest emergency room.

Nurse Help Line

Toll-free at 1-800-686-3831 or TDD 1-800-735-2989 (Texas Relay). Registered nurses are ready 24 hours a day, 7 days a week. (Note: This is not an emergency care line.) The helpline is staffed with individuals who speak English and Spanish, are knowledgeable about the STAR Kids Program, Covered Services, the STAR Kids Population, and Provider resources. Interpreters who speak 140 different languages are also ready by phone.

Emergency care

Go to an in-network hospital emergency room. If the situation is life-threatening, go to the nearest emergency facility. No primary care provider referral is needed.

Urgent care

Your primary care provider or the Texas Children's Health Plan Nurse Help Line at 1-800-686-3831, TDD 1-800-735-2989 or 7-1-1.

Hospital care

Your primary care provider or specialist, who will arrange the care you need.

Family planning

Your primary care provider, a network OB/GYN, or a Medicaid family planning provider like Planned Parenthood. No primary care provider referral is needed. A list of family planning providers is included in this handbook.

Vision care

Involve Vision, toll-free at 1-844-212-7269. No primary care provider referral is needed.

Prescriptions

Member Services toll-free at 1-800-659-5764 Option 7 for the names of participating pharmacies or for help with getting a prescription filled.

Dental care* (for children under age 21)

Your child's Medicaid dental plan. Your child will have one of the following dental plans.

- DentaQuest 1-800-516-0165
- MCNA Dental 1-800-494-6262

It is also listed on your child's Your Texas Benefits Medicaid Card. If you don't know who your child's Medicaid dental plan is, call the STAR Kids Help Line toll-free at 1-877-782-6440.

Adult dental care

FCL Dental, dental care for adults age 21 and older, toll-free at 1-866-548-8123.

Transportation to the doctor*

Medical Transportation Program, toll-free at 1-877-633-8747.

Medicaid enrollment information

STAR Kids Help Line, toll-free at 1-877-782-6440.

Managed care information

STARLINE 713-767-3919 or toll-free at 1-800-411-9929.

Medicaid eligibility and renewal

Your HHSC Caseworker, dial 2-1-1.

Ombudsman Managed Care Assistance Team

Toll-free at 1-866-566-8989, TDD 1-866-222-4306.

Women, Infants, and Children (WIC)* Toll-free at 1-800-942-3678.

* Texas Children's Health Plan does not cover these services. You can get them directly from a Medicaid provider by using Your Texas Benefits Medicaid Card.



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Welcome to Texas Children's Health Plan

We are happy that you picked Texas Children's Health Plan for your family. Texas Children's Health Plan was founded in 1996 by Texas Children's Hospital. Texas Children's Health Plan is the nation's first managed care organization (MCO) created just for children. Texas Children's Health Plan has more than 450,000 members. The staff and group of over 700 primary care physicians, 1,400 specialists and 40 hospitals provide excellent service and patient care to our members. As a member, you will have use of additional benefits such as a 24-hour nurse line and extra respite care services. We also offer special events such as sensory-friendly movie screenings for our members.

This handbook will help you know how your health plan works. It tells you what to expect and how to get the most out of your coverage. It includes information on:

- How to get care when you are sick.
- How to change your doctor.
- What to do if you get sick while out of town or when your doctor's office is closed.
- Your rights and responsibilities as a plan member.
- How to call the health plan when you have questions or need help.
- What benefits and services are covered.
- Extra services offered by Texas Children's Health Plan.

Please take a few minutes and read this handbook carefully. If you have trouble understanding, reading, or seeing the information in this handbook, our Member Advocates can give you special services to meet your needs. Call Member Services toll-free at 1-800-659-5764. For example, if needed, this handbook can be given to you in audio, larger print, Braille, and other languages.

It is important to us to keep you healthy. That is why we want you to get regular well checkups and immunizations. It is also important to start and keep a relationship with a primary care provider. A primary care provider can be a doctor or clinic that gives you most of your health care. You and your doctor should work together to help keep you healthy and take care of you when you are not well. Here are 3 important things you need to do to get the most from your health coverage:

1. Always carry your Texas Children's Health Plan Member ID Card and Your Texas Benefits Medicaid Card with you. Your Texas Children's Health Plan Member ID Card and your Your Texas Benefits Medicaid Card are the keys to getting care. Show them every time you visit a doctor, hospital, or get a prescription filled. Do not let anyone else use your card.
2. Call your primary care provider first for non-emergency care. Except in the case of an emergency, always call your doctor first. That way, he or she can help you get the care you need.
3. Keep this handbook and the other information enclosed in your packet for future use.

We are glad you picked Texas Children's Health Plan. It is our pleasure to serve you. If you have any questions, please call Member Services toll-free at 1-800-659-5764, TDD 1-800-735-2989 (Texas Relay), or 7-1-1. We are available from 8 a.m. to 5 p.m. Monday through Friday. After hours, on weekends and holidays, our answering service is ready to help you and/or take your messages. A Member Service Advocate will return your call the next business day.

Texas Children's Health Plan STAR Kids health coverage is designed to give you use of a network of doctors, hospitals, and other health services providers who are committed to giving good medical care. Our Health Plan was founded on the belief that you and your primary care provider are the 2 best qualified to care for your health. Think of your primary care provider as your medical home. If you are sick, need a checkup, or if you have a medical question, call your primary care provider.

Remember—always take your Texas Children's Health Plan ID card and Your Texas Benefits Medicaid Card with you each time you get health care.

Your primary care provider

What is a primary care provider?

Your primary care provider is considered your medical home. He or she helps take care of all your health-care needs. He or she keeps your medical records for you and knows your medical history. A good relationship with your primary care provider helps you stay healthy.

You can pick any primary care provider in the Texas Children's Health Plan network to be your main doctor. If you have a primary care provider through another insurance, you may continue to see your primary care provider. Each person living in your home who is a member can pick the same or a different primary care provider. You should pick a doctor with an office location and office hours that are convenient for you. The names, addresses, and phone numbers of primary care providers can be found in the Texas Children's Health Plan Provider Directory. For a current directory, please call Member Services toll-free at 1-800-659-5764. If you like the doctor that you see now, you can continue to see them if they are listed in the directory. If you have trouble picking a primary care provider, call us. We will be glad to help.

Can a clinic be a primary care provider?

Yes. Primary care providers can be:

- Family doctors.
- Pediatricians (for children and adolescents).
- General practice doctors.
- Internal medicine doctors.
- Advanced nurse practitioners (ANPs).
- Federally Qualified Health Clinics (FQHCs).
- Rural health clinics (RHCs).
- Community-based clinics.
- Specialists.

It is important that you get to know your primary care provider. It also is important to tell the doctor as much as you can about your health. Your primary care provider will get to know you, give you regular checkups, and treat you when you are sick. It is important that you follow your primary care provider's advice and take part in decisions about your health care.

It is not good to wait until you are sick to meet your primary care provider. Schedule your first Texas Health Steps checkup or visit right away. Member Services can help you schedule your visit. We can also help you get transportation to your doctor's office. Call us toll-free at 1-800-659-5764.

What do I need to bring with me to my doctor's visit?

Whenever you need medical care, simply call your primary care provider's office to make an appointment. The phone number is listed on your member ID card. If you need medical care the same day, call your primary care provider as early in the day as possible.

When you call:

- Have your member ID card with you.
- Be ready to tell the doctor your health problem or the reason for the visit.
- Write down the day and time for your visit.

When you go for your visit carry:

- Your member ID card and Your Texas Benefits Medicaid Card.
- Prescription drugs you are taking.
- Paper to take notes on the information you get from the doctor.

If it is your first visit to this doctor, also carry the name and address of your previous doctor. Children should carry their vaccination records.

Be on time for your doctor visits. Call your doctor's office as soon as possible if you are not able to keep your visit or will get there late. They will help you change the visit to a different day or time. Also, remember to change or cancel your ride if one is scheduled. Calling to cancel a visit is sometimes hard to remember. It is important to cancel your visit so that others who need visits can get them.

Can a Specialist ever be considered a Primary Care Provider?

There are times when Texas Children's Health Plan will allow a specialist to be your primary care provider. Call Member Services toll-free at 1-800-659-5764 for more information. Your primary care provider or another doctor working with him or her is available 24 hours a day, 7 days a week.

Changing your primary care provider

Your relationship with your doctor is very important. If you decide the primary care provider you picked does not meet your needs, or if you are told that he or she is no longer a part of Texas Children's Health Plan, it is your right to change to another doctor.

You may also want to change your primary care provider if:

- You are not happy with the care he or she gives.
- You need a different kind of doctor.
- Your primary care provider's office is too far away from you because you have moved.

How can I change my primary care provider?

The names, addresses, and phone numbers of the primary care providers in the Texas Children's Health Plan network can be found in the provider directory. To get a provider directory or help picking a new primary care provider, call Member Services toll-free at 1-800-659-5764. We will be glad to help.

Our Member Advocates can tell you the:

- Doctor's office hours.
- Languages spoken by the doctor and office staff.
- Doctor's specialty.
- Patient age limits.
- Restrictions on accepting new patients.

Are there any reasons why a request to change a primary care provider may be denied?

Sometimes you might not be able to have the primary care provider you picked. This happens when the primary care provider you picked:

- Cannot see more patients.
- Does not treat patients your age.
- Is no longer a part of Texas Children's Health Plan.

How many times can I change my/my child's primary care provider?

There is no limit on how many times you can change your or your child's primary care provider. You can change primary care providers by calling us toll-free at 1-800-659-5764 or writing to:

Texas Children's Health Plan
Member Services Department
PO Box 301011
Houston, TX 77230

What if I choose to go to another doctor who is not my primary care provider?

Unless you have another primary insurance, always call Member Services to change your primary care provider before setting up a visit with another doctor.

When will my primary care provider change become effective?

When you change your primary care provider, the change will take effect the next day. A new member ID card will be mailed to you. The ID card will have your new primary care provider's name and phone number. Be sure to have your medical records sent to your new doctor.

You do not have to change health plans to change your primary care provider.

What if I want to know more about my doctor?

You can learn more about your doctor such as where he went to school, his specialty, or board certification status on our website at www.TexasChildrensHealthPlan.org and click the "Find a doctor" link.

Your primary care provider also can ask for changes

Can my primary care provider move me to another primary care provider for non-compliance?

Your primary care provider can ask that you pick another primary care provider if:

- You miss visits without calling to say you will not be there.
- You often are late for your visits.
- You do not follow your primary care provider's advice.
- You do not get along with the primary care provider's office staff.

If your primary care provider asks you to change to a new primary care provider, we will send you a letter. The letter will tell you that you need to pick a new primary care provider. If you do not pick a new primary care provider, one will be picked for you.

If your primary care provider leaves Texas Children's Health Plan

What if my primary care provider leaves?

If your primary care provider decides to end his or her participation with Texas Children's Health Plan, we will tell you within 15 days of finding out about the doctor's decision. You may pick another primary care provider. Call Member Services toll-free at 1-800-659-5764. A Member Advocate will help you make the change.

If you are getting medically necessary treatments, you might be able to stay with that doctor if he or she is willing to see you. When we find you a new primary care provider on our list who can give you the same type of care, we will change your primary care provider.

Your Texas Children's Health Plan Member ID Card

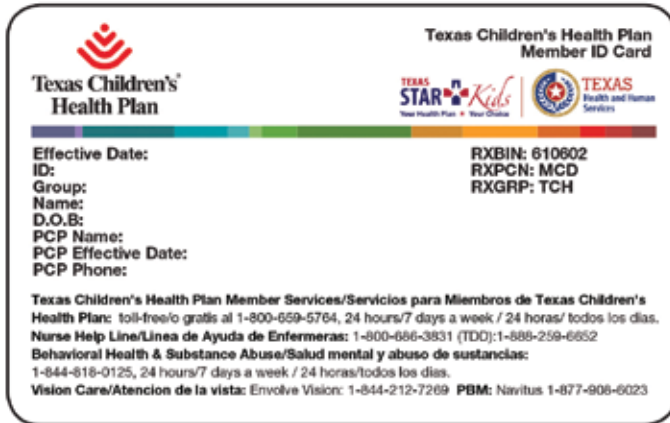
Each individual in your family covered by Texas Children's Health Plan will have a personal member ID card. Carry this card with you at all times. It has important information needed to receive medical care. Show it to all health-care providers before you receive medical services. It tells the providers Texas Children's Health Plan covers you. If you do not show your ID card, the doctor might refuse to see you or you might be billed for the services you receive.

You will not get a new member ID card every month. You will get a new member ID card only if:

- You lose your current member ID card and ask for a new one.
- You change your primary care provider.

Call Member Services if you need to see your primary care provider before you get your new ID card. We will call and tell your doctor you are a member of Texas Children's Health Plan.

A copy of the member ID card is shown below. The front shows important information about you. It also has your Medicaid ID number and the name and phone number of your primary care provider. The bottom-front section A copy of the member ID card is shown below. The front shows important information about you. It also has your Medicaid ID number and the name and phone number of your primary care provider. The bottom-front section of the member ID card has important phone numbers for you to call if you need help using health services.



How to read your ID card

The front and back of your ID card shows:

- Your name and ID number.
- Your date of birth.
- Your primary care provider's name and phone number.
- The Member Services toll-free phone number.
- The Behavioral Health/Substance Abuse toll-free phone number.
- The Vision Care toll-free phone number.
- The Nurse Help Line toll-free phone number.

As soon as you receive the member ID card, check to make sure your information is correct. Call Member Services if you find an error. We will correct the information and send you a new card.

Do not let other people use your member ID card. If the card is lost or stolen, call Member Services. A Member Advocate will send you a new card.

Remember:

- Always carry your member ID card and Your Texas Benefits Medicaid Card with you.
- Show your member ID card and Your Texas Benefits Medicaid Card every time you go to a provider's office.
- Do not let other people use your card.
- Call Member Services if you do not have a member ID card.
- Call Member Services if your member ID card is lost or stolen.
- Call Member Services if you move or change your phone number.

Your Texas Benefits Medicaid Card

When you are approved for Medicaid, you will get a Your Texas Benefits Medicaid Card. This plastic card will be your everyday Medicaid ID card. You should carry and protect it just like your driver's license or a credit card. The card has a magnetic strip that holds your Medicaid ID number. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will only be issued one card, and will only receive a new card in the event of the card being lost or stolen. If your Medicaid ID card is lost or stolen, you can get a new one by calling toll-free 1-855-827-3748.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 1-800-252-8263. You can also call 2-1-1. First pick a language and then pick option 2.

Your health history is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your health history through the secure online network, call toll-free at 1-800-252-8263.

The Your Texas Benefits Medicaid card has these facts printed on the front:

- Your name and Medicaid ID number.
- The date the card was sent to you.
- The name of the Medicaid program you're in if you get: Medicare (QMB, MQMB), Texas Women's health Program (TWHP), Hospice, STAR Health, Emergency Medicaid, or Presumptive Eligibility for Pregnant Women (PE).
- Facts your drug store will need to bill Medicaid.
- The name of your doctor and drug store if you're in the Medicaid Lock-in program.

The back of the Your Texas Benefits Medicaid card has a website you can visit www.YourTexasBenefits.com and a phone number you can call toll-free (1-800-252-8263) if you have questions about the new card.

If you forget your card, your doctor, dentist, or drug store can use the phone or the Internet to make sure you get Medicaid benefits.

Medicaid Temporary ID Form 1027-A

If you lose the Your Texas Benefits Medicaid card and need quick proof of eligibility, HHSC staff can still generate a Temporary Medicaid Eligibility Verification Form (Form 1027-A). You must apply for the temporary form in person at an HHSC benefits office. To find the nearest office call 211 (pick a language and then pick option 2).

You must take your Form 1027-A with you when you get any health-care services.

Referrals and specialty care

What if I need to see a special doctor (specialist)? What is a referral?

Your primary care provider is usually the doctor who coordinates your health care. Your primary care provider might ask you to see another doctor or have special tests done. This is called a referral. Texas Children's Health Plan does not require referral or approval to see an in-network specialist. Specialists include doctors such as cardiologists (heart), dermatologists (skin), or allergists.

Your primary care provider makes sure that you see the right specialist for your condition or problem. He or she will discuss with the specialist the need for further treatment, special tests, or hospital care.

How soon can I expect to be seen by a specialist?

Expect visits with specialists to happen within 30 days of your request.

If you see a specialist without being referred by your primary care provider, the specialist might refuse to see you, except in an emergency situation. We recommend to always check with your primary care provider before you go anywhere else for care.

Unless needed for continuity of care, Texas Children's Health Plan will not cover the costs of medical care from non-participating health-care providers without approval. However, there may be times when your doctor believes it is critical for you to receive care from a non-participating doctor or other provider. In these cases, your doctor will work with Texas Children's Health Plan. He or she will submit a request in writing to our Medical Director for the authorization of medically necessary services that aren't available from any other doctor or other provider in the Texas Children's Health Plan network.

Second opinions

How can I ask for a second opinion?

You have the right to a second opinion to find out about the use of any health care. Tell your primary care provider if you want a second opinion about a treatment recommended by a specialist. Your primary care provider will set up a visit or refer you to another doctor in the Texas Children's Health Plan network. If no other doctor is available in the network, he or she will set up a visit for you to see a doctor that is not in the Texas Children's Health Plan network. You will not have to pay for these services. Call Member Services toll-free at 1-800-659-5764 if you need help making a request or selecting a doctor for a second opinion.

Listed below are some of the reasons why you may want to have a second opinion:

- You are not sure if you need the surgery your doctor is planning to do.
- You are not sure of your doctor's diagnosis or care plan for a serious or difficult medical need.
- You have done what the doctor asked, but you are not getting better.

Other services that do not require a referral from your primary care provider

What services do not need a referral?

There are other certain types of health care that you can get without being referred by your primary care provider.

Those services include (when given by a Texas Children's Health Plan network provider):

- Emergency care.
- OB/GYN care.
- Prenatal care.
- Behavioral health services or drug and alcohol treatment.
- Texas Health Steps medical and dental checkups.
- Family planning services.
- Vision care.
- Mental health or substance use services.

Texas Children's Health Plan's network providers are listed in the provider directory. Most of our OB/GYN doctors give family planning services. There is also a list of Medicaid family planning providers in this handbook. Call Member Services toll-free at 1-800-659-5764 for help in finding participating doctors.

Continuity of care

If you are new to Texas Children's Health Plan, we will help coordinate your care to prevent any delay in services. This may include continuing to see a non-participating physician for a period of time to allow for continuity of care. Contact your service coordinator or member services for more information.

OB/GYN care

What if I need OB/GYN care? Will I need a referral?

ATTENTION FEMALE MEMBERS:

Texas Children's Health Plan allows you to pick an OB/GYN but this doctor must be in the same network as your primary care provider.

You have the right to pick an OB/GYN without a referral from your primary care provider. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to a special doctor within the network.

Do I have the right to choose an OB/GYN?

Texas Children's Health Plan allows you to pick an OB/GYN but this doctor must be in the same network as your primary care provider.

How do I choose an OB/GYN?

Check our provider directory to find an in-network OB/GYN. You can also call Member Services toll-free at 1-800-659-5764. We will be happy to help you pick a doctor.

If I do not choose an OB/GYN, do I have direct access?

You may contact any OB/GYN in the Texas Children's Health Plan network directly to get services.

How soon can I be seen after contacting the OB/GYN for a visit?

You should be seen within 14 days of asking for an appointment.

Can I stay with my OB/GYN if they are not with Texas Children's Health Plan?

If you are pregnant and have 12 weeks or less before your delivery due date when you join our Health Plan, you can still go to your current OB/GYN. If you want, you can choose another OB/GYN who is in-network as long as he or she agrees to treat you.

Call Member Services if you need help making changes.

What if I am pregnant?

Who do I need to call?

If you are pregnant, call Member Services toll-free at 1-800-659-5764. We can help you pick an OB/GYN participating in the Texas Children's Health Plan network. A Maternal Care Outreach Specialist will give you information on all the maternity benefits and services available through our Star Babies program. He or she will be available throughout your pregnancy to help you with getting prenatal care visits and transportation to visits and tests.

How soon can I be seen after contacting my OB/GYN for an appointment?

Expect visits with your OB/GYN to be scheduled within 14 days of your request.

What other services does Texas Children's Health Plan offer pregnant women?

Texas Children's Health Plan has a maternity care program called Star Babies. Star Babies is a program that helps you through your pregnancy and the beginning of your baby's life.

Maternal Care Outreach Specialists will help you with:

- Making visits for pregnancy checkups.
- Questions you might have about your health coverage.
- Arranging for transportation to doctor visits.
- Completing maternity risk assessments.
- Prenatal classes.
- Information on the Women, Infants, and Children (WIC) program.
- Making visits for well-baby checkups.
- Information on Texas Health Steps.

Where can I find a list of birthing centers?

A list of birthing centers may be found on our website at www.TexasChildrensHealthPlan.org or by calling Member Services toll-free at 1-800-659-5764.

Newborn care

Can I pick a primary care provider for my baby before the baby is born?

Finding the right doctor for your unborn child is important. You can pick a primary care provider before your baby is born. You can find a list of primary care providers in your provider directory. You can also find a listing of primary care providers on our website at www.TexasChildrensHealthPlan.org and click on the *Find a Doctor* link under the STAR Kids Members' section.

How and when can I switch my baby's primary care provider?

Your relationship with your baby's primary care provider is very important. If you decide the primary care provider you picked does not meet your needs, you may pick another primary care provider at any time. Call Member Services toll-free 1-800-659-5764 with your baby's member ID number ready. A Member Service Advocate will help you change your baby's primary care provider.

How do I sign up my newborn baby? How and when do I tell my caseworker?

As soon as your baby is born, call the HHSC benefits office at 2-1-1 to enroll your baby in Medicaid. Also, be sure to call your caseworker. He or she can answer any questions about your baby's Medicaid coverage.

How and when do I tell my health plan?

It also is important that you call Member Services as soon as your baby is born so we can help you get health services for your baby.

How can I receive healthcare after my baby is born (and I am no longer covered by Medicaid)?

After your baby is born you may lose Medicaid coverage. You may be able to get some health care services through the Texas Women's Health Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Texas Women's Health Program

The Texas Women's Health Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. To learn more about services available through the Texas Women's Health Program, write, call, or visit the program's website:

Texas Women's Health Program

P.O. Box 14000

Midland, TX 79711-9902

Phone: 1-800-335-8957

Website: www.texaswomenshealth.org/

Fax: (toll-free) 1-866-993-9971

DSHS Primary Health Care Program

The DSHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a co-payment, but no one is turned down for services because of a lack of money. Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems.

The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, x-ray, nuclear medicine or other appropriate diagnostic services.

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services. You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Primary Health Care program, email, call, or visit the program's website:

Website: www.dshs.state.tx.us/phc/

Phone: (512) 776-7796 Email: PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive, and screening services to women age 18 and above whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with DSHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breast feeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the DSHS Expanded Primary Health Care program, visit the program's website, call, or email:

Website: www.dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx

Phone: (512) 776-7796 Fax: (512)-776-7203 Email: PPCU@dshs.state.tx.us

DSHS Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area visit the DSHS Family and Community Health Services Clinic Locator at <http://txclinics.com/>.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: www.dshs.state.tx.us/famplan/

Phone: (512) 776-7796 Fax: (512)-776-7203 Email: PPCU@dshs.state.tx.us

When you need to see a doctor

When you need to see a doctor, we recommend that you call your primary care provider. The phone number is listed on your member ID card. If your primary care provider's office is closed, a phone message will tell you how to get help. If you set up a visit with your doctor but find you can't keep it, call to cancel and set up a new date and time. You should not have to wait more than 14 days to see your primary care provider.

If your primary care provider can't see you within 14 days or if you have problems with your primary care provider, call Member Services toll-free at 1-800-659-5764.

Routine care

What is routine medical care? How soon can I expect to be seen?

Your primary care provider will give you regular checkups and treat you when you are sick. This is known as routine care. Most routine visits, including well-child checkups, are scheduled within 14 days of you asking. Adult checkups are scheduled within 4 weeks. When you need routine care, call your primary care provider's phone number on the front of your ID card. Someone in the doctor's office or clinic will make an appointment for you. It is very important that you keep your appointments. If you cannot keep your appointment, call the doctor's office to let them know.

Urgent care

What Is Urgent Medical Care?

Another type of care is **urgent care**. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

- Minor burns or cuts.
- Earaches.
- Sore throat.
- Muscle sprains/strains.

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Texas Children's Health Plan's Medicaid. For help, call us toll-free at 1-800-659-5764. You also can call our 24-hour Nurse HelpLine at 1-800-686-3831 for help with getting the care you need.

How Soon Can I Expect to Be Seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Texas Children's Health Plan's Medicaid.

Call your primary care provider first if you have any of these problems:

- Earache.
- Toothache.
- Colds, cough, sore throat, flu, or sinus problems.
- Minor cooking burns.
- Teething.
- Rash.
- Minor headache.

Care after office hours

How do I get medical care after my primary care provider's office is closed?

There may be times when you need to speak to your primary care provider but his or her office is closed. For example, you may want medical advice about how to care for a sick child. Your child's primary care provider or another doctor working with him or her is ready 24 hours a day, 7 days a week. Call the primary care provider's office using the phone number located on your ID card. Your doctor's

answering service will take a message and a doctor or nurse will call you back. Call again if you do not hear from a doctor or nurse within 30 minutes. Some primary care provider's phones are answered by an answering machine after hours. The recording will tell you to call another number to reach your doctor.

Do not wait until evening to call if you can take care of a medical problem during the day. Most illnesses tend to get worse as the day goes on. You also can call the Texas Children's Health Plan's Nurse Help Line and talk to a nurse. The toll-free phone number is 1-800-686-3831. Nurses are available to help you decide what to do 24 hours a day, 7 days a week. If you have a life-threatening emergency, call 9-1-1 right away or go to the nearest emergency room.

Emergency care

What is emergency medical care?

Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions.

Emergency Medical Condition means:

A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical care could result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of a woman or her unborn child.

Emergency Behavioral Health Condition means:

Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson, possessing average knowledge of medicine and health:

- Requires immediate intervention and/or medical attention without which the member would present an immediate danger to themselves, or others, or;
- Which renders the member incapable of controlling, knowing, or understanding the consequences of their actions.

Emergency Services and Emergency Care means:

Covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition and/or emergency behavioral health condition, including post-stabilization care services.

How soon can I expect to be seen?

You should be seen the same day if you need emergency care.

If you are sure your situation is not life-threatening but are not sure if you need emergency care, call your primary care provider. If you feel that taking the time to call the primary care provider will endanger your health, get care immediately.

If you believe the situation is life-threatening, go to the nearest hospital emergency room or call 9-1-1 for help.

After you receive care, call your primary care provider within 48 hours or as soon as possible. Your primary care provider will offer or arrange any follow-up care you may need.

You might have to pay the bill if you go to the emergency room for a condition that is not urgent or an emergency.

Emergencies can be things like:

- A badly injured arm, leg, hand, foot, tooth, or head.
- Severe burns.
- Bad chest pains.
- Heavy bleeding.

- Criminal attack (raped, mugged, stabbed, gun shot).
- A severe allergic reaction or have been bitten by an animal.
- Choking, passed out, having a seizure, or not breathing.
- Acting out of control and are a danger to self or others.
- Poisoned or overdosed on drugs or alcohol.

Remember to show your member ID card and Your Texas Benefits Medicaid Card to the emergency room staff.

Post-stabilization care

What is post-stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

Care when you are away from home

What if I get sick when I am out of town or traveling?

If you need medical care when traveling, call us toll-free at 1-800-659-5764 and we will help you find a doctor.

If you need emergency services while traveling, go to a nearby hospital, then call us toll-free at 1-800-659-5764.

What if I am out of the country?

Medical services performed outside of the country are not covered by Medicaid.

What if I am out of the state?

When you are out of state, if you get sick or injured and are not in serious danger, call your primary care provider for advice or instruction. You can also call the Texas Children's Health Plan Nurse Help Line at 1-800-686-3831 and a nurse will help you decide what to do.

If you have a life-threatening emergency, go to the nearest emergency room or call 9-1-1 for help. Call your primary care provider or Member Services within 48 hours of receiving emergency care. Your primary care provider must arrange for any follow-up care received while you are out of town.

Routine care, like adult regular checkups, follow-up visits, and other non-urgent care, is not covered when you are out of state. If you go to someone other than your primary care provider to get these services, you might have to pay. Remember to keep your member ID card and Your Texas Benefits Medicaid Card with you at all times.

Hospital services

Your primary care provider or a specialist may decide you need care at a hospital. The doctor will arrange for care at a hospital that is in the Texas Children's Health Plan's network. Your coverage includes both outpatient and inpatient services. Your primary care provider or specialist will need to approve or refer you for these services.

Home health services

Sometimes a sick or injured person needs medical care at home. Home care can follow an inpatient stay or be provided to prevent an inpatient stay. If you need home health services, your primary care provider will talk to Texas Children's Health Plan so that you can get the right care.

What does Medically Necessary mean?

Medically Necessary means:

- (1) For members birth through age 20, the following Texas Health Steps service:
 - Screening, vision, and hearing services; and
 - Other health care services, including behavioral health services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
 - Must comply with the requirements of the *Alberto N., et al. v. Traylor, et al.* partial settlement agreements; and
 - May include consideration of other relevant factors, such as the criteria described in parts (2)(b-g) and (3)(b-g) of this definition.

What is the Member Portal?

The Member Portal is an interactive tool that allows you to play an active role in your Health care needs. You can now change your main doctor, keep track of your appointments, access your shot records and so much more. It is easy! Just go to our website TexasChildrensHealthPlan.org and click the Member Login link at the top of the page to get started.

Benefits and services

What are my health-care benefits?

Texas Children's Health Plan includes all basic Medicaid benefits and services. Here is a list of services you can get.

Covered benefits and services	Limitations
Ambulance Services	
Audiology services, including hearing aids	Adults, age 21 and older, benefit is limited to 1 hearing aid every 6 years (72 months). Requires prior authorization.
Prenatal care provided by a physician, certified nurse midwife (CNM), nurse practitioner (NP), clinical nurse specialist (CNS), and physician assistant (PA) in a licensed birthing center	
Behavioral Health Services, including <ul style="list-style-type: none"> • Inpatient mental health services. • Outpatient mental health services • Psychiatry services • Substance use disorder treatment services, including • Outpatient services, such as: <ul style="list-style-type: none"> > Assessment > Detoxification services > Counseling treatment > Medication assisted therapy • Residential services, which may be provided in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting, including <ul style="list-style-type: none"> > Detoxification services > Substance use disorder treatment (including room and board) 	
Birthing services provided by a physician and CNM in a licensed birthing center	
Birthing services provided by a licensed birthing center	
Cancer screening, diagnostic, and treatment service	
Chiropractic services	
Community First Choice	
Dialysis	
Drugs and biologicals provided in an inpatient setting	
Durable medical equipment and supplies	
Early Childhood Intervention (ECI) services	
Emergency Services	
Family planning services	
Home health care services	
Hospital services, inpatient and outpatient	
Laboratory	
Mastectomy, breast reconstruction, and related follow-up procedures	
Medical checkups and Comprehensive Care Program (CCP) Services through the Texas Health Steps Program (EPSDT)	
Mental health targeted case management and rehabilitation	
Oral evaluation and fluoride varnish in the Medical Home in conjunction with Texas Health Steps medical checkup for children 6 months through 35 months of age	

Optometry, glasses, and contact lenses, if medically necessary	Glasses must be medically necessary. Contact lenses require prior authorization and must be the only means of correcting the vision defect. Adults, age 21 and older: Eyewear may be replaced every 24 months. Replacements for lost or stolen glasses are not covered. Charges for repairs are not covered.
Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals	
Personal Care Services (PCS)	
Podiatry (feet) services	12 visits per year.
Prescribed pediatric extended care center (PPECC) services	
Primary care services	
Private Duty Nursing (PDN) services	
Radiology, imaging, and X-rays	
Specialty physician services	
Telemonitoring	
Telehealth	
Therapies - physical, occupational, and speech	
Transplantation of organs and tissues	Requires prior authorization.
Vision services	

How to obtain covered services?

Texas Children's Health Plan wants to keep your family happy and healthy. Our Member Services team is ready to take your call from 8 a.m. to 5 p.m., Monday through Friday. After hours, on weekends and holidays, our answering service is ready to help you and/or take your messages. A Member Service Advocate will return your call the next business day.

We speak English or Spanish. We also have interpreters available by phone who speak 140 different languages. Emergency Service and Behavioral Health Hotline services are available 24 hours a days; 7 days a week.

24-Hour Nurse Help Line Toll-free at 1-800-686-3831 or TDD 1-800-735-2989 (Texas Relay)

Behavioral Health/Substance Abuse Hotline 1-800-731-8529

By Mail: Texas Children's Health Plan
PO Box 301011
Houston, TX 77230-1011

By Email: HealthPlan@texaschildrens.org

By Phone: Member Services
STAR Kids 1-800-659-5764

Vision care 1-844-212-7269

Dental care

Your child will have one of the following dental plans:

- DentaQuest: 1-800-508-6775
- MCNA Dental: 1-800-494-6262

If you don't know who your child's STAR Kids dental plan is, call STAR Kids toll-free at 1-800-659-5764.

Service Coordination: 1-800-659-5764 Option 4 for the Coordination Support Center

To report Medicaid or CHIP fraud and abuse:

Call 832-828-1320 or email TCHPFraudandAbuse@texaschildrenshospital.org.

Are there any limits to any covered services? What number do I call to find out about these services?

There may be limits on some services. Call Member Services for more information toll-free at 1-800-659-5764.

This notice applies to all Texas Children's Health Plan STAR Kids members 20 years of age or younger.

HHSC has settled a lawsuit that affects Private Duty Nursing, Home Health Skilled Nursing, Durable Medical Equipment and Supplies, and Personal Care Services for Medicaid beneficiaries 20 years of age or younger. You can get a copy of the Settlement Agreement by visiting www.hhsc.state.tx.us and www.advocacyinc.org. If you have any questions, call Advocacy, Inc. at 713-974-7691 and 1-800-880-0821.

How do I get these services?

See your primary care provider to ask about medical services. He or she will give or arrange needed medical services. You can also call Member Services toll-free at 1-800-659-5764 to learn how to get these services.

Services that are not covered

What services are not covered?

Some services that are not covered include:

- Faith healing (healing with prayer).
- Acupuncture (healing using needles and pins).
- Health care performed in a state or federal hospital.
- Health care performed by a doctor who does not take Texas Medicaid.
- Cosmetic surgery.
- Any service that is not medically necessary.
- Any service received out of the country.
- Infertility services, including reversal of voluntary sterilization procedures.
- Voluntary sterilization if 20 years and younger or legally incapable of consenting to the procedure.
- Vaccines for travel outside the United States.
- Experimental services, including drugs and equipment, not covered by Medicaid.
- Abortions except in the case of a reported rape, incest, or when medically necessary to save the life of the mother.
- Paternity tests.
- Immunizations for travel outside the United States.
- Sex change surgery and related services.

You can call Member Services for a complete list of services that are not covered.

You have a right to know the cost of any service that is not covered before you receive that service. If you agree to get services that we do not cover, you might have to pay for them.

Prior Authorization Process

Certain services require authorizations from Texas Children's Health Plan. Your doctor will submit a request for authorization. That means we must review the request to make sure you are getting the right care you need. We also want to make sure the care you are getting is covered by your plan.

Your doctor will submit a request, in writing, to the Medical Director for authorization of medically necessary services that are not available from any other doctor or other provider in the Texas Children's Health Plan network.

If you would like to see the prior authorization list, please log on to the Texas Children's Health Plan member portal or contact member services or your service coordinator.

Texas Health Steps

What is Texas Health Steps? What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for children, teens, and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.
- A case manager who can find out what services your child needs and where to get these services.

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat.
- Prevent health problems that make it hard for children to learn and grow like others their age.
- Help your child have a healthy smile.

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family.

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses.
- Hearing tests and hearing aids.
- Dental care.
- Other health care.
- Treatment for other medical conditions.

Call Texas Children's Health Plan 1-800-659-5764 or Texas Health Steps 1-877-847-8377 (1-877-THSTEPS) (toll-free) if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drug store. Houston/Beaumont area: 1-855-687-4786. Dallas/Ft. Worth area: 1-855-687-3255. All other areas: 1-877-633-8747 (1-877-MED-TRIP).

Does my doctor have to be part of the Texas Children's Health Plan network? Do I have to have a referral?

You may see any doctor or dentist who gives Texas Health Steps services. The doctor does not have to be in the Texas Children's Health Plan network. You do not need a referral to receive Texas Health Steps services from a Texas Health Steps provider who is not your primary care provider.

Call Member Services at 1-800-659-5764 or Texas Health Steps at 1-877-847-8377 for the names of doctors and dentists who give Texas Health Steps services.

What if I am out of town and my child is due for a Texas Health Steps checkup?

Office visits for Texas Health Steps services when your child is out of town but within the state of Texas will be covered as long as you get services from a Texas Health Steps provider.

How and when do I get Texas Health Steps medical and dental checkups for my child?

We will help you keep track of the services your child needs to stay healthy. When a Texas Health Steps checkup or an immunization is due for your child, we will send you a postcard or call to remind you to make an appointment. We can also help you get transportation.

Call Member Services toll-free at 1-800-659-5764.

Texas Health Steps medical and dental checkups can help find and treat health problems before they get worse. Children's dental services are paid for by the Texas Department of State Health Services so you will need Your Texas Benefits Medicaid Card to receive services. Dental checkups are due every 6 months beginning at 12 months of age.

What if I need to cancel an appointment?

If you cannot keep a visit for Texas Health Steps services, call the doctor's office as far in advance as possible to let them know. It is best to notify the office at least 24 hours before your appointment.

If you don't keep your or your children's Texas Health Steps checkups and immunizations up to date, your TANF check could be reduced.

Dental services

What dental services does Texas Children's Health Plan cover for children?

Texas Children's Health Plan covers emergency dental services in a hospital or ambulatory surgical center, including, but not limited to, payment for the following:

- Treatment of Dislocated jaw.
- Treatment for Traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.

Texas Children's Health Plan covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs. Texas Children's Health Plan is also responsible for paying for treatment and devices for craniofacial anomalies. Your child's Medicaid dental plan provides all other dental services including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

Are Emergency Dental Services for children covered by the health plan?

Texas Children's Health Plan covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:

- Treatment for dislocated jaw.
- Treatment for traumatic damage to teeth and supporting structures.
- Removal of cysts.
- Treatment of oral abscess of tooth or gum origin.

Hospital, physician, and related medical services such as drugs for any of the above conditions.

What do I do if my child needs emergency dental care?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at 1-800-659-5764 or call 911.

Migrant farm workers

What is a migrant farm worker?

A migrant farm worker is a person who works on farms as a field worker or as a food packer during certain times of the year. Migrant farm workers move from place to place to follow the crops. We have extra services for migrant farm workers and their children. Call Member Services toll-free at 1-800-659-5764 if you are a migrant farm worker family. We will:

- Help you pick a primary care provider.
- Help you set up your appointments.
- Help you get transportation to the doctor.
- Let your primary care provider know your children need to be seen before they leave Texas for your next farm job.

What if I am a migrant farm worker?

You can get your checkup sooner if you are leaving the area.

Health risk assessments

Every new member gets a form called “Health Risk Assessment.” There is a form for adults (18 years and above) and a form for children. Answer the questions on the form. The answers will help us know if you or your children should be in our programs for members with certain conditions such as diabetes, asthma, or high blood pressure. Fill out a Health Risk Assessment Form for each Texas Children’s Health Plan member in your family. Send it back to us. The postage is prepaid. If you need more forms or want to complete it by phone, call Member Services toll-free at 1-800-659-5764.

What are my prescription drug benefits?

You can receive medically necessary prescriptions ordered by your doctor or specialist. These prescriptions must be part of the Texas Medicaid Vendor Drug Formulary. Some prescriptions require pre-authorization.

How do I get my medications?

Medicaid pays for most medicine your doctor says you need. Your doctor will write a prescription so you can take it to the drug store, or may be able to send the prescription for you.

What do I bring with me to the drug store?

When you go to the drug store, take your prescription, your Texas Children’s Health Plan member ID card, and your Your Texas Medicaid Benefits card.

How do I find a network drug store?

You may have your prescription filled at any drug store that accepts Texas Children’s Health Plan STAR Kids. If you need a list of drug stores that take Texas Children’s Health Plan STAR Kids, call Member Services at 1-800-659-5764 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Listing* link under the STAR Kids Members’ section.

What if I go to a drug store not in the network?

If you go to a drug store not in the network, you may not get your prescription filled, or may have to pay for it yourself. For a list of participating pharmacies, call Member Services at 1-800-659-5764 or visit our website at www.TexasChildrensHealthPlan.org and click on the *Pharmacy Listing* link under the STAR Kids Members’ section.

What is a Drug Formulary?

The formulary is a list of drugs chosen by doctors and pharmacists on the basis of quality and therapeutic value. It is a guide for doctors to know which drugs are covered. It includes brand name drugs and generics.

Who decides what drugs are on the formulary?

Formulary drugs are picked by a group of doctors and pharmacists. Only drugs that are safe, effective, and affordable are picked to be on the list. The group also selects drugs based on therapeutic value, side effects, and costs as compared to like medicines.

Where can I go to find out what drugs are covered?

Your formulary is on the Navitus website at www.navitus.com. You can search for a certain drug. You can also browse through lists of drugs. Also included is information about which drug needs prior approval and/or have quantity limits. It does not list every covered drug. The coverage or tier for each drug product is noted.

Do some drugs ordered by my/my child’s doctor require prior approval?

Some drugs ordered by your doctor may require prior approval. Your doctor may request a prescription drug prior approval by faxing a drug prior approval form to 1-855-668-8553. Sometimes you may experience a delay in getting your prescription filled. This is because Texas Children’s Health Plan may have requested additional information from your doctor. Please remind your doctor when your medication requires a prior approval.

If a drug does not appear in the drug list, your doctor may request a review by the Pharmacist by faxing a drug prior approval form to 1-855-668-8553.

What if I also have Medicare?

Medicare covers prescription drugs that are administered in a physician's office or hospital outpatient department, such as cancer medications, injectables like antibiotics, or eye care treatments. Medicare pays up to the limits of its coverage then Medicaid becomes the payer up to the limits of coverage.

How do I get my medications if I am in a Nursing Facility?

If you are in a Nursing facility, they will provide you with medications.

How do I file a complaint or an appeal for medications ordered by my doctor?

The doctor will work with Navitus to request an exception to the formulary if needed. You have the right to appeal if you do not get an exception.

When you have a concern about a pharmacy benefit, claim, or other service, please call Texas Children's Health Plan at 1-800-659-5764. If your issue or concern is not resolved, you have the right to file a written appeal.

Who do I call if I have problems getting my medications?

If you have problems getting your medications, call Member Services toll-free at 1-800-659-5764 for help.

What if I can't get the medication my doctor ordered approved?

If your doctor cannot be reached to approve a prescription, you may be able to get a 3-day emergency supply of your medication. Call Texas Children's Health Plan toll-free at 1-800-659-5764 for help with your medications and refills.

What if I need my medications delivered to me?

If you need your medication(s) delivered, call Member Services toll-free at 1-800-659-5764 for help.

What if I lose my medication(s)?

If you lose your medication(s), call Member Services toll-free at 1-800-659-5764 for help.

Emergency Prescription Supply

A 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring a prior authorization (PA), either because they are non-preferred drugs on the Preferred Drug List or because they are subject to clinical edits.

The 72-hour emergency supply should be dispensed any time a PA cannot be resolved within 24 hours for a medication on the Vendor Drug Program formulary that is appropriate for the member's medical condition. If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour prescription.

A pharmacy can dispense a product that is packaged in a dosage form that is fixed and unbreakable, e.g., an albuterol inhaler, as a 72-hour emergency supply.

For more information, please call Member Services toll-free at 1-800-659-5764.

Medicaid Lock-In Program

What is Medicaid Lock-In Program?

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different health plan will not change the Lock-In status.

To avoid being put in the Medicaid Lock-in Program:

- Pick one drug store at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more call Member Services toll-free at 1-800-659-5764.

Mental health and drug abuse services

How do I get help if I have behavioral (mental) health, alcohol, or drug problems? Do I need a referral for this?

You can get mental or drug abuse services when needed. You do not need a referral from your primary care provider. These services include:

- Counseling services.
- Inpatient and outpatient care.
- Detoxification and treatment for drug addiction and alcoholism.

You can get mental or drug abuse services by:

- Calling Texas Children's Health Plan's Mental Health/Drug Abuse Hotline toll-free at 1-800-731-8529. The hotline is available 24 hours a day, 7 days a week.
- Choosing a mental or drug abuse provider from the Texas Children's Health Plan provider network.

If you have an emergency and need mental or drug abuse treatment immediately, go to the nearest emergency room or call the Mental Health/Drug Abuse Hotline toll-free at 1-800-731-8529. Someone will help you get care right away. Once you are able, you, or someone on your behalf, will need to call the hotline and let them know you had an emergency.

Mental health rehabilitation services and mental health targeted case management

What are mental health rehabilitation services and mental health targeted case management?

These are services that help Members with severe mental illness, behavioral or emotional problems. Texas Children's Health Plan can also help Members get better access to care and community support services through Mental Health Targeted Case Management.

How do I get these services?

To get these services, call Member Services toll-free at 1-800-659-5764.

Texas Children's Health Plan offers these services:

- Education, planning and coordination of behavioral health services
- Outpatient mental health and substance abuse services
- Psychiatric partial and inpatient hospital services (for Members 21 and under)
- Non-hospital and inpatient residential detoxification, rehabilitation and half-way house
- Crisis services 24 hours a day, 7 days a week
- Residential care (for Members 21 and under)
- Medications for mental health and substance abuse care
- Lab services
- Referrals to other community resources
- Transitional health care services
- Targeted Case Management (designed to assist Members with gaining access to needed medical, social, educational, and other services and supports)
- Mental Health Rehabilitation (supports Members to his or her best possible functioning level in the community)

Vision care

How do I get eye care services?

To get eye checkups or eyewear, call Envolve Vision: toll-free at 1-844-212-7269. Customer Service Representatives are available to help you pick a provider near you. They will also tell you what to do to get your eyeglasses. You do not need a referral from your primary care provider to get routine eye checkups from ophthalmologists or optometrists in Envolve Vision's provider network.

Covered eye care services are different for adults and children.

If you are age 20 years and younger:

- You can get an eye checkup once every 12 months.
- Eyewear may be replaced every 12 months.

If you are age 21 years and older:

- You can get an eye checkup once every 24 months.
- Eyewear may be replaced every 24 months.

Family planning services

How do I get family planning services? Do I need a referral for this?

Family planning services help you plan or prevent pregnancy. They are for men and women. You can get family planning services from your primary care provider. You can also see any Medicaid Family Planning Provider. A referral is not needed for family planning services. If you are age 20 years and younger, you do not have to get your parent to agree to you getting family planning services or supplies.

The family planning services you get include:

- A yearly checkup.
- An office or clinic visit for a problem, counseling, or advice.
- Laboratory tests.
- Prescriptions and contraceptive devices such as birth control pills, diaphragms, and condoms.
- Pregnancy tests.
- Checkup and treatment of sexually transmitted diseases such as herpes and syphilis.

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at www.dshs.state.tx.us/famplan/ or you can call Texas Children's Health Plan at 1-800-659-5764 for help in finding a family planning provider.

Disease management

Disease management is a proactive, multidisciplinary, systematic approach to health care delivery that:

- Includes all members with a chronic disease.
- Supports the provider-patient relationship and plan of care.
- Optimizes patient care through prevention and proactive interventions based on evidence-based guidelines.
- Incorporates patient self-management.
- Continuously evaluates health status.
- Measures outcomes.
- Strives to improve overall health and quality of life and lower cost of care.

If you have special health-care needs like diabetes, ADHD, or asthma, call the Coordination Support Center toll-free at 1-800-659-5764 Option 4. We will ask about your current health status. Your information will be given to a Service Coordinator. The Service Coordinator will try to talk with you within 7 days to assess your needs.

A Service Coordinator can help you:

- Find services in your community.
- Make appointments with special doctors.
- Learn about your medical condition.
- Explain you covered benefits and services.
- Create a plan of care just for you.
- Work with your main doctor to help you get medically necessary care.

Be sure to tell the Service Coordinator about any special doctors you have been seeing.

For more information, call the Coordination Support Center toll-free at 1-800-659-5764 Option 4.

Medical Transportation Program (MTP)

What is MTP?

MTP is an HHSC program that helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options. MTP can help with rides to the doctor, dentist, hospital, drug store, and any other place you get Medicaid services.

What services are offered by MTP?

- Passes or tickets for transportation such as mass transit within and between cities
- Air travel
- Taxi, wheelchair van, and other transportation
- Mileage reimbursement for enrolled individual transportation participant (ITP). The enrolled ITP can be the responsible party, family member, friend, neighbor, or client.
- Meals at a contracted vendor (such as a hospital cafeteria)
- Lodging at a contracted hotel and motel
- Attendant services (responsible party such as a parent/guardian, etc., who accompanies the client to a healthcare service).

How to get a ride?

If you live in the Dallas/Ft. Worth Area: **Call LogistiCare**

Phone Reservations: 1-855-687-3255

Where's My Ride: 1-877-564-9834

Hours: LogistiCare takes requests for routine transportation by phone Monday through Friday from 8:00 a.m. to 5:00 p.m. Routine transportation should be scheduled 48 hours (2 business days) before your appointment.

If you live in the Houston/Beaumont Area: **Call MTM**

Phone Reservations: 1-855-687-4786

Where's My Ride: 1-888-513-0706

Hours: 7am to 6pm, Monday-Friday/ Call (855) MTP-HSTN or (855) 687-4786 at least 48 hours before your visit. If it's less than 48 hours until your appointment and it's not urgent, MTM might ask you to set up your visit at a different date and time.

All other areas of the state: **Call MTP**

Phone Reservations: 1-877-633-8747(1-877-MED-TRIP).

All requests for transportation services should be made within 2-5 days of your appointment.

Ambulance services

Covered services include services from a licensed ambulance company in an emergency only or with prior authorization.

Audiology services

Hearing aids and hearing tests for children are provided through the Program for Amplification for Children of Texas (PACT). You can call PACT toll-free at 1-800-252-8033.

Extra services offered by Texas Children's Health Plan

What extra benefits do I get as a member of Texas Children's Health Plan? How can I get these benefits?

When you join Texas Children's Health Plan, you get some services that Medicaid does not offer. Extra services available to members age 20 years and younger might be different than those covered for members age 21 years and older. For information about how to get these benefits and services, call Member Services toll-free at 1-800-659-5764.

- **Caregiver Respite Care Services.** Texas Children's Health Plan will offer eight hours of in-home respite services in addition to the home and community-based services.
- **Sports Team Reimbursement.** Texas Children's Health Plan offers reimbursement to any sports programs available in the member's area up to \$100 per year for members ages 5 to 20.
- **Smoking Cessation Benefits.** Texas Children's Health Plan offers smoking cessation benefits as a value-added service for STAR Kids members parents. Up to \$75 above the basic benefit – for nicotine replacement products including over the counter and prescription items. Health coaching, education and referral to approved programs offered free of charge to tobacco dependent parents of all members that agree to coaching.

- **Parent Training.** Texas Children's Health Plan offers accredited parent training seminars on a variety of topics from which parents of STAR Kids members may choose to participate in. Topics include caring for children with certain diagnoses, such as ADHD or Autism; navigating special education opportunities and services; and parent training on advocating for children with intellectual or developmental disabilities. Parents may attend any accredited seminar.
- **Sensory-Friendly Movie Events.** Texas Children's Health Plan understands that it may be difficult for children with special health care needs to attend a movie in a theater, where the expectation is that children remain quiet. A sensory-friendly film allows children to enjoy a movie without the expectations of a regular movie theater. Brighter lighting, lower sound, shorter previews and a welcoming and] accepting environment are provided.
- **Post Hospitalization Follow-Up Visit Incentive.** STAR Kids members may receive a gift card for completing a follow-up visit after being hospitalized within 7 to 14 days of discharge. Members may request this benefit up to three times per year.

Restrictions and limitations may apply.

Star Babies (Texas Children's Health Plan's maternity program)

Star Babies is a program that helps you through your pregnancy and the beginning of your baby's life. Maternal Child Outreach Specialists will help you with:

- Making appointments for pregnancy checkups.
- Questions you might have about your health coverage.
- Arranging for transportation to doctor visits.
- Prenatal classes.
- Completing maternity risk assessments.
- Information on the Women, Infants, and Children (WIC) program.
- Making appointments for well-baby checkups.
- Information on Texas Health Steps.
- Information on Women's health Medicaid program after a loss of coverage.
- Information on the various care management opportunities.

Members with special health-care needs

Who do I call if I have special health-care needs and need someone to help me?

If you have special health-care needs and require help, call Member Services toll-free at 1-800-659-5764. We will connect you to a member of your Service Coordination Team or your named Service Coordinator. The Service Coordinator will try to talk with you within 2 working days to assess your needs.

A Service Coordinator can help you:

- Find services in your community.
- Make appointments with special doctors.
- Learn about your medical condition.
- Explain you covered benefits and services.
- Create a plan of care just for you.
- Work with your main doctor to help you get medically necessary care.

Be sure to tell the Service Coordinator about any special doctors you have been seeing.

What health education classes does Texas Children's Health Plan offer?

We want you and your children to stay safe and healthy. Texas Children's Health Plan has health education classes and programs for parents and children, which include:

- Injury prevention programs like "Safe Sitter," bicycle safety, and car seat safety.
- Managing diabetes and asthma.
- Keeping fit by eating right and staying active.
- Pregnancy and motherhood.
- Adolescent transition.

We offer these programs in places that are easy to get to. For more information call us toll-free at 1-800-659-5764.

Other Medicaid services or programs

What other services can Texas Children's Health Plan help me get?

Medicaid covers some services that Texas Children's Health Plan does not. You may be able to get these services and programs.

You do not need a referral from your primary care provider. Call Member Services toll-free at 1-800-659-5764 for help with using these services and programs.

- **Early Childhood Intervention (ECI) program.**
- **Mental Health or Mental Retardation (MHMR) case management.**
- **Mental Retardation Diagnostic Assessment (MRDA) program.**
- **Mental Health Rehabilitation (MHR) program.**
- **Pregnant Women and Infants (PWI) program.**
- **Texas School of Health and Related Services (SHARS).** These services are available only to members 20 years old and younger with certain disabilities. Services include therapies, counseling, special transportation, hearing, and school health services.
- **Texas Commission for the Blind (TCB) program.**
- **Tuberculosis (TB) clinic services.**
- **Women, Infants, and Children (WIC) program.** WIC is a nutrition program for women, infants, and children. WIC helps pregnant women and new mothers learn more about food, breastfeeding, formulas, nutrition, and healthy eating.

What is Early Childhood Intervention (ECI)?

ECI provides information on services available to help children, birth to 3 years old, who may have a disability or developmental delay. ECI is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas.

Do I need a referral for this?

No, Early Childhood Intervention Services do not require a referral.

Where do I find an ECI provider?

For more information about ECI or to refer a child, call your Service Coordinator, or the DARS Inquiries Line at 1-800-628-5115.

Find your nearest ECI program at <https://dmzweb.dars.state.tx.us/prd/citysearch>

What is Case Management for Children and Pregnant Women (CPW)?

Case Management for Children and Pregnant Women

Need help finding and getting services? You might be able to get a case manager to help you.

Who can get a case manager through CPW?

Children, teens, young adults (birth through age 20) and pregnant women who get Medicaid and:

- Have health problems, or
- Are at a high risk for getting health problems.

What do CPW case managers do?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

What kind of help can you get?

CPW case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

Call the Texas Health Steps at 1-877-847-8377 (toll-free), Monday to Friday, 8 a.m. to 8 p.m. To learn more, go to:

www.dshs.state.tx.us/caseman

Women, Infants, and Children program

WIC has been offering support for families in Texas for more than 20 years. WIC helps mothers make good feeding choices for their babies and teach them how to cook healthy meals for the whole family. WIC provides dairy foods like milk, cheese, eggs, cereal, and juice.

It's easy to find out if you are able to get WIC. If you are pregnant, breastfeeding, or have children under the age of 5, call 1-800-942-3678 and speak to someone in the WIC office.

What is Head Start and how to get it?

What is Head Start?

Head Start is a Federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher.

How do I enroll my child?

Step 1. To enroll in Head Start, families must meet the income requirements as identified by the Federal Government. You will need to provide proof of income. You can bring copies of your tax return, W-2 forms or current payroll stubs if applicable.

Step 2. You will need your child's birth certificate or other identification. Head Start services are for children ages birth to 5. You will need to bring proof of your child's age.

Step 3. You can contact your Service Coordinator to help you find the nearest Head Start center.

When you become eligible for services, be sure to visit or call the Head Start program about their availability. Please request a copy of your child's immunization records from your doctor's office. Your child will need proof that he has received the required immunizations. If you do not have these, your Service Coordinator will help you make an appointment.

You can make a list of any special needs your child has such as speech or physical impairments. There are programs available to assist in these areas. Most community Head Start programs offer prenatal and home-based visits.

For more information visit <http://www.txhsa.org/enrollment.html>

Service Delivery Options

The individual or legally authorized representative (LAR) by Texas law must be allowed to self-direct their home-based services, which entails employing service providers and directing the delivery of program services.

There are three self-directed services models for individuals to manage their home services and supports:

- Consumer-directed Services Option (CDS)
- Service Responsibility Option (SRO)
- Agency Option (AO)

Consumer Directed Services

Consumer Directed Services (CDS) is not a service program. It is an option available in certain programs, and for specific services, which allows you more personal control over how your services are delivered, if you are able and willing to take more responsibility for coordinating those services.

If you choose CDS, you or your designated representative will:

- Recruit, hire and train your own employees and backup employees (including family, friends or neighbors).
- Set wages and benefits for your employees based on a service budget created with the help of your service planning team.
- Set schedules and submit timesheets for your employees.
- Select a Consumer Directed Services Agency (CDSA) to:
 - train you to hire and manage employees,
 - process your timesheets and payroll,
 - process receipts and invoices, and
 - act as your agent to pay federal and state employment taxes.

In which programs can I use CDS?

The CDS option is available in the following programs:

- Community Living Support Services (CLASS)
- Deaf Blind with Multiple Disabilities (DBMD)
- Home and Community-based Services (HCS)
- Medically Dependent Children Program (MDCP)
- Texas Home Living (TxHmL)
- STAR Kids Community First Choice or Personal Care Services benefits
- Youth Empowerment Services (YES)

Service Responsibility Option

A service delivery option that empowers the member to manage day-to-day activities. This includes supervision of the individual providing personal attendant services. The member decides how services are provided. It leaves the business details to a provider of the member's choosing.

Agency Option

Choosing the agency option allows you to entrust responsibility to an agency for your program services. Your provider agency handles all aspects of attendant care.

If you choose the agency option, your provider agency will:

- Select, schedule and manage your attendants and substitutes, with input from you about your needs.
- Set wages and benefits for your attendants.
- Manage time sheets, payroll and employment records.

Service Coordination

What is Service Coordination?

Service Coordination provides initial and ongoing assistance identifying, selecting, obtaining, coordinating, and using Covered Services and other supports to enhance a Member's well-being, independence, integration in the community, and potential for productivity.

What will a Service Coordinator do for me?

- Provide a holistic evaluation of individual dynamics, needs and preferences.
- Educate and help provide health-related information;
- Help identify any physical, behavioral, functional, and psychosocial needs;
- Work with the Member and the Member's LAR and other caretakers in the design of an Individual Service Plan (ISP);
- Connect Members to Covered and non-covered services necessary to meet identified needs;
- Monitor to ensure access to covered services is timely and appropriate;
- Coordinate Covered and non-Covered Services; and
- Intervene on behalf of the Member if approved by the Member/LAR.

How can I talk with a Service Coordinator?

Contact the Coordination Support Center of Texas Children's Health Plan toll-free at 1-800-659-5764 Option 3.

How to obtain a named Service Coordinator (for Level 3 acuity Members)?

Service Coordinators are case managers who advocate and work with your healthcare team. Your assigned Service Coordinator ensures you receive timely, high quality, cost effective care and support during both acute and chronic phases of your health. Service coordinators safeguard your health through the creation of an individualized service plan, which includes a holistic evaluation of your physical, behavioral, and social needs.

If you are considered a Level 3, you may call Member Services toll-free at 1-800-659-5764 to request a named Service Coordinator.

Transition Specialist

What is a Transition Specialist?

Transition Specialists are dedicated to assisting Members with transition planning for adulthood specifically engaging Members age 15 and older.

What will a Transition Specialist do for me?

Transition Specialists help to assure that teens and young adult Members receive early and comprehensive transition planning to help prepare them for service and benefit changes that will occur following their 21st birthday. The Transition Specialist delivers ongoing transition planning starting when the Member turns 15 years old through a team approach. Transition Specialists are trained on the STAR+PLUS system and maintain current information on local and state resources to Members in the transition process.

How can I talk to a Transition Specialist?

Contacting your Services Coordinator of the Coordination Support Center of Texas Children's Health Plan

Home and Community-based Services (HCS)

The Home and Community-based Services (HCS) is a waiver program that assist people who have developmental disabilities in Texas.

What is considered a developmental disability in Texas?

A developmental disability is a severe, chronic disability that begins before the person reaches age 22 and is likely to continue throughout one's life.

Who can get services in Texas?

- You can be of any age.
- You must qualify for care in an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID).
- You must have a determination of an intellectual disability in accordance with state law or have a diagnosis of a related condition with an IQ of 75 or below.
- You cannot be enrolled in another waiver program.
- Your income and resources may not exceed specified limits.

How old do you have to be to start receiving services in Texas?

You can be of any age and get waiver services. Your age will help determine which waiver you go on.

What services does the Medicaid waiver program offer in Texas?

- Adaptive aids
- Day habilitation
- Dental treatment
- Minor home modifications
- Nursing
- Residential assistance
- Respite
- Specialized therapies
- Supported employment

The Home and Community-based Services (HCS) program provides individualized services and supports to people with intellectual disabilities who are living with their families, in their own homes or in other community settings, such as small group homes where no more than four people live. The local authority provides service coordination.

For more information, please contact your Service Coordinator toll-free at 1-800-659-5764.

Long-Term Services and Supports (LTSS) benefits

Long-term services and supports provide assistance with activities of daily living (such as eating, bathing, and dressing) and instrumental activities of daily living (such as preparing meals, managing medication, and housekeeping). Services, including Primary Home Care, Day Activity and Health Services, the Medically Dependent Children Program (MDCP) and the Home Community Based Services (HCBS). These services are delivered under the authority granted to the state of Texas to allow delivery of long-term services and supports (LTSS) that assist members to live in the community in lieu of a nursing facility.

Care planning and care coordination services help beneficiaries and families navigate the health system and ensure that the proper providers and services are in place to meet members' needs and preferences; these services can be essential for LTSS beneficiaries who often have substantial acute care needs as well.

LTSS available under the State Plan for STAR Kids members includes:

- Private Duty Nursing (PDN)
- Personal care services (PCS)
- Community First Choice (CFC)

MDCP waiver services are available to members who meet income, resource, and medical necessity requirements for nursing facility level of care. MDCP members are eligible for additional LTSS services.

Services available in all MDCP waivers

- Adaptive aids (AA)
- Employment assistance (EA)
- Financial management services (FMS)
- Flexible Family Support
- Minor home modifications (MHM)
- Respite
- Supported employment (SE)
- Transition assistance services

For more information, please contact your Service Coordinator toll-free at 1-800-659-5764.

What are my Long-Term Services and Supports (LTSS) benefits?

Home and community-based services programs provide alternatives to living in facility-based care settings (such as a nursing home or intermediate care facility). These services can be part of the normal Medicaid coverage (such as private duty nursing or personal care services) or may be delivered through programs called "waivers" that allow for consumers to have an active role in their health care and to remain in the community.

How do I get these services?

Waivers serve people who have behavioral, developmental, and/or physical disabilities, based upon a needs assessment. Talk to your physician to discuss your health needs requiring long term care services and supports.

What number do I call to find out about these services?

Call the Coordination Support Center toll-free at 1-800-659-5764.

I am in the Medically Dependent Children Program (MDCP). How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) as well as all MDCP services will be delivered through Texas Children's Health Plan. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services.

I am in the Youth Empowerment Services waiver (YES). How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through Texas Children's Health Plan. Your YES waiver services will be delivered through the Department of State Health Services. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services. You can also contact your Local Mental Health Authority (LMHA) case manager for questions specific to YES waiver services.

I am in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through Texas Children's Health Plan. Your CLASS waiver services will be delivered through the Department of Aging and Disability Services. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services. You can also contact your CLASS case manager for questions specific to CLASS waiver services.

I am in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through Texas Children's Health Plan. Your DBMD waiver services will be delivered through the Department of Aging and Disability Services. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services. You can also contact your DBMD case manager for questions specific to DBMD waiver services.

I am in the Home and Community-based Services (HCS) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through Texas Children's Health Plan. Your HCS waiver services will be delivered through the Department of Aging and Disability Services. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services. You can also contact your HCS Service Coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to HCS waiver services.

I am in the Texas Home Living (TxHmL) waiver. How will I receive my LTSS?

State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through Texas Children's Health Plan. Your TxHmL waiver services will be delivered through the Department of Aging and Disability Services. Please contact your Texas Children's Health Plan Service Coordinator if you need assistance with accessing these services. You can also contact your TxHmL Service Coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

Prescribed Pediatric Extended Care Center (PPECC)

What is a Prescribed Pediatric Extended Care Center (PPECC)?

Prescribed Pediatric Extended Care Centers (PPECCs) allow minors from birth through age 20 with medically complex conditions to receive daily medical care in a non-residential setting.

When prescribed by a physician, minors can attend a PPECC up to a maximum of 12 hours per day to receive medical, nursing, psychosocial, therapeutic and developmental services appropriate to their medical condition and developmental status. This benefit does require authorization by a physician.

Nursing Facility

Will my STAR Kids benefits change if I am in a Nursing Facility?

No. Benefits remain the same, and a Service Coordinator continues to be in place to support the needs, goals and preferences of the Member.

Will I continue to receive STAR Kids benefits if I go into a Nursing Facility?

A STAR Kids Member who enters a Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) will remain a STAR Kids Member. Texas Children's Health Plan must provide Service Coordination and any Covered Services that occur outside of the Nursing Facility or ICF/IID when a STAR Kids Member is a Nursing Facility or ICF/IID resident. Throughout the duration of the Nursing Facility or ICF/IID stay, Texas Children's Health Plan must work with the Member and the Member's Legally Authorized Representative (LAR) to identify Community-Based Services and LTSS programs to help the Member return to the community.

Acute Care benefits

What are my Acute Care benefits?

Acute Care Services includes such settings as physician offices, clinics, laboratories, therapy visits, pharmacies, hospitals or diagnostic centers. Texas Children's Health Plan contracts with all types of care providers to offer Member's access to a full spectrum of acute care services.

How do I get these services?

You may access acute care services at any time. Calling your Primary Care Physician is the best place to start. Texas Children's Health Plan supports member's visiting their primary care physician for an evaluation and planning of care needs including preventive care.

Texas Children's Health Plan does not require approval, referral, or authorization to in-network specialists, including behavioral health care, women's health care, or urgent care.

What number do I call to find out about these services?

For more information, call Member Services toll-free at 1-800-659-5764.

Individual Service Plan (ISP)

What is the ISP?

The (ISP) is used to communicate and align expectations between the Member, their LAR, Texas Children's Health Plan and key service providers regarding:

- assessment findings
- short and long-term goals
- service needs
- member preferences

An individualized service plan (ISP) can be created at the time of onboard, annually, upon request and whenever a life or health event dictates a change that might influence the plan or level of care delivered to a STAR Kids Member. The ISP is informed by the findings from the STAR Kids Screening and Assessment Process, in addition to input from the Member, their family and caretakers; providers; and any other individual with knowledge and understanding of the Member's strengths and service needs who is identified by the member, the member's LAR, or Texas Children's Health Plan. To the extent possible and applicable, the ISP must also account for school based service plans and service plans provided outside of Texas Children's Health Plan. Texas Children's Health Plan requests but does not require the member to provide a copy if the Member has an individualized Education Plan (IEP).

For more information, call the Coordination Support Center toll-free at 1-800-659-5764.

Health Home

What is a Health Home?

A Health Home must provide an array of services and supports, outlined below, that extend beyond what is required of a PCP. STAR Kids Health Homes must operate through either a primary care practice or, if appropriate, a specialty care practice and must provide a team-based approach to care that is designed to enhance ease of access, coordination between Providers, and quality of care.

Health Home services must be part of a person-based approach and holistically address the needs of persons with multiple chronic conditions or a single serious and persistent mental or health condition.

Health Home services must include:

1. Patient self-management education;
2. Provider education;
3. Patient-centered and family-centered care;
4. Evidence-based models and minimum standards of care; and
5. Patient and family support (including authorized representatives).

Private Duty Nursing

Private Duty Nursing (PDN)

- PDN services are a Medicaid benefit, which include direct skilled nursing care and caregiver training and education. It must be available to all members determined to be eligible through the STAR Kids Screening and Assessment Instrument (SK-SAI).
- PDN services must be provided by a registered nurse (RN) or licensed vocational nurse (LVN).
- PDN must be available to members who require assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), or health maintenance activities (HMAs) because of a physical, cognitive, or behavioral limitation related to the members disability or chronic health condition, and PDN services must be authorized through the SK-SAI.
- Texas Children's Health Plan must ensure members who receive PDN, PCS, or both, have access to appropriate providers.

To get PDN, members must:

- Be age 20 and younger and have Medicaid.
- Meet medical necessity criteria.
- Require individualized, continuous, skilled care beyond the level of skilled nursing visits normally authorized under Texas Medicaid Home Health Skilled Nursing and Home Health Aide (HHA) Services.

Assessments and Reassessments

An assessment is a review of your child's condition to decide if your child may need PDN. Reassessments are other reviews that are done after the first one. You and your child's Service Coordinator will complete an assessment of private duty nursing needs. There are steps to take after your child begins getting PDN.

Your child must have a reassessment:

1. Every 12 months.
2. When there is a change in medical condition or in your living situation at home.

For more information, call the Coordination Support Center toll-free at 1-800-659-5764.

What is Project Rental Assistance?

Section 811 Project Rental Assistance Program

The Section 811 Project Rental Assistance (PRA) program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services. The program is made possible through a partnership between TDHCA, the Texas Health and Human Services Commission (HHSC) and eligible multifamily properties.

The Section 811 PRA program creates the opportunity for persons with disabilities to live as independently as possible through the coordination of voluntary services and providing a choice of subsidized, integrated rental housing options.

Target Populations:

- People with disabilities living in institutions. People that wish to transition to the community from nursing facilities and intermediate care facilities for persons with intellectual and developmental disabilities may not have access to affordable housing in their community.
- People with serious mental illness. Individuals engaged in services but facing challenges due to housing instability. Stable, integrated, affordable housing would enable these individuals to have the opportunity to fully engage in rehabilitation and treatment, greatly improving their prospects for realizing their full potential in the community.
- Youth with disabilities exiting foster care. Youth exiting foster care often become homeless, particularly without the stability of long-term housing and comprehensive.

For more information, please contact your Service Coordinator toll-free at 1-800-659-5764.

Durable Medical Equipment (DME)

Medical equipment or appliances that are manufactured to withstand repeated use, ordered by a physician for use in the home, and required to correct or ameliorate a client's disability, condition, or illness.

DME must:

- Be medically necessary due to illness or injury or to improve the functioning of a body part,
- Be considered safe for use in the home.
- Be provided through an enrolled DMEH provider/supplier.
- Meet the client's existing medical and treatment needs.

To get DME, members must:

- Be age 20 and younger and have Medicaid.
- Meet medical necessity criteria.

For more information, call Member Services toll-free at 1-800-659-5764.

Community First Choice (CFC)

How does CFC work in Texas?

CFC services is available across all service models for children and adults who qualify for this benefit.

What is CFC?

CFC is a state plan option that allows states to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their state plan.

Who is eligible for CFC?

1. To be eligible for CFC, an individual must:

- Be a child or an adult who is eligible for Medicaid.
- Meet an institutional level of care, including:
 - i. hospital,
 - ii. a nursing facility,
 - iii. an intermediate care facility for individuals with an intellectual or developmental disability,
 - iv. an institution providing psychiatric services for individuals under age 21, or
 - v. an institution for mental diseases for individuals age 65 or over.
- Need help with activities and instrumental activities of daily living (ADLs and IADLs), such as dressing, bathing and eating.

Do people with intellectual or developmental disabilities (IDD) who meet the eligibility criteria for CFC have access to CFC services, regardless of whether they are currently receiving/not receiving services through one of the four IDD waivers?

Yes. Individuals with IDD that meet the coverage criteria and are being served in a home or community setting have access to CFC. CFC is available to individuals that reside in their own home, or the home of a family member (own home, family home setting).

Is habilitation accessible to all individuals regardless of their level of functioning?

All individuals who meet the eligibility criteria for CFC are eligible to receive habilitation if the individual has an identified unmet need for the service as determined by the individual and the service planning team using a person-centered planning process.

CFC Services

What services are included in the CFC benefit?

- PAS: assistance with ADLs and IADLs through hands-on assistance, supervision, and/or cueing.
- Habilitation (HAB): acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks.
- Emergency response services (ERS): backup systems and supports to ensure continuity of services and supports. Backup systems and supports include electronic devices to ensure continuity of services and supports and are available for individuals who live alone, who are alone for significant parts of the day, or have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.
- Support Management: voluntary training on how to select, manage, and dismiss attendants. This is a voluntary service that offers practical skills training and assistance related to recruiting, screening, hiring, managing, and dismissing attendants.
- Support Consultation: An optional service for those who use the CDS option that is provided by a support advisor and provides a level of assistance and training beyond that provided by the Financial Management Services Agency (FMSA) through Financial Management Services (FMS). Support consultation helps an employer to meet the required employer responsibilities of the CDS option and to successfully deliver program services.
- PAS and HAB are available through the CDS option.

For children receiving personal care services (PCS), must the client choose either PCS or CFC or can they receive both at the same time?

Clients are assessed for CFC services at the time of their PCS reassessment. In cases where children qualify for CFC services, CFC replaces the PCS benefit for children who meet the CFC eligibility criteria. Individuals who do not meet the CFC eligibility criteria, but meet the criteria for PCS, are eligible to receive PCS consistent with current PCS policy requirements.

Is CFC PAS/HAB be provided long term, since it includes habilitation and a child may need ongoing support to complete tasks such as eating, bathing, and dressing? If the child continues to need CFC year after year, would they have to consider using PCS as they have not gained sufficient skills to complete tasks by themselves?

CFC services are not time or age limited. Eligible individuals are able to access CFC services as long as needs are present.

Is there a limit on the amount of CFC services an individual may receive?

There is not a defined annual cost limit for CFC. However, the amount of CFC services an individual receives is based on an assessment of an individual's need for the service as developed by the service planning team, using a person centered planning process.

What are ADLs and IADLs?

- ADLs means basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.
- IADLs means activities related to living independently in the community, including but not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

What is support management, how will it be provided, and will the provider be compensated?

Support management is voluntary training on how to select, manage, and dismiss attendants. If an individual requests this service, the CFC provider will be expected to provide the individual with information about support management. There is not a separate rate for support management.

In general, what is the difference between PCS, PAS, and CFC?

PAS and PCS provide personal assistance services in completing tasks related to ADLs/IADLs. CFC provides personal assistance services and habilitation. Habilitation includes acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks. In addition, individuals receiving CFC must meet institutional level of care requirements.

Is there a limit on the amount of CFC services individuals may receive?

There is not a defined annual cost limit for CFC. However, the amount of CFC services an individual receives is based on an assessment of an individual's need for the service and consideration of unmet needs as developed by the service planning team, using a person-centered planning process.

Does CFC replace respite?

No. CFC does not replace respite. Respite remains a service in the waiver programs. Respite is not changing as part of this initiative. Respite cannot be provided at the same time as CFC PAS/HAB.

Does the state plan include respite?

No, respite is not a state plan benefit.

Does CFC have an impact on day habilitation?

Day habilitation is not a CFC service, and it remains a service in the IDD waiver programs. Day habilitation is not changing as part of this initiative. Day habilitation may not be provided at the same time as CFC PAS/HAB.

Is CFC ERS available for individuals who do not live in their own home, or a family home setting (e.g., an assisted living facility)?

No. CFC ERS is available only to individuals who reside in their own home or family home setting.

Level of Care Determinations and Assessments for CFC eligibility

Who is responsible for determining level of care for CFC eligibility?

There are three levels of care determinations which include: nursing facility/hospital, ICF/IID, and IMD (for individuals under 21 and over 64). Different entities are responsible for completion and approval, depending on the program through which CFC is being delivered. Texas Children's Health Plan is responsible for assessing and authorizing CFC services which may include collaboration with the Local Mental Health Authority or the Local Intellectual and Developmental Disability Authorities (LIDDA). See the attached CFC Provider Summary Tool for more information on parties responsible for CFC activities.

Who is responsible for completing the functional assessment?

Different entities are responsible for completion of the functional assessment depending on the program through which CFC is being delivered.

Is the Level of Care (LOC) reassessment still be required annually?

Yes, LOC determinations are required annually or if there is a significant change in condition.

Person-Centered Planning

What is person-centered planning?

Person-Centered planning is an individualized process that includes people chosen by the individual and is directed by the individual to the maximum extent possible. The planning enables the individual to make informed choices and decisions, is timely and occurs at times and locations convenient to the individual. The process reflects cultural considerations of the individual, includes strategies for solving conflict or disagreement within the process, offers choices to the individual regarding the services and supports they receive and from whom. The person-centered process includes a method for the individual to require updates to the plan, and records alternative settings that were considered by the individual.

Who must receive person-centered planning training?

All persons enrolled in STAR Kids must receive person-centered planning training.

CFC Appeals Process

Do individuals have appeal rights for CFC eligibility denials?

Yes, individuals will have the right to appeal any adverse action related to CFC (reductions and denials of services, suspensions, denial of eligibility, terminations). To start a CFC appeal call Member Services toll-free at 1-800-659-5764.

CFC Settings

Where can CFC be provided?

All CFC services are provided in a home or community-based setting, which does not include a nursing facility, hospital providing long-term care services, institution for mental disease, intermediate care facility for individuals with an intellectual disability or related condition, or setting with the characteristics of an institution.

Can individuals in group homes receive CFC?

An individual must live in their own home or family home to receive CFC services.

Do individuals leaving a nursing facility (NF) and going into the community qualify for CFC?

If an individual is transitioning from a nursing facility and continues to meet the eligibility criteria for CFC (outlined in question 1), they would be able to receive CFC services if they have an identified need.

Wrap Around Coverage

Texas Children's Health Plan provides Medicaid wrap-around services for outpatient drugs, biological products, certain limited home health supplies (LHHS), and vitamins and minerals as identified on the HHSC drug exception file to STAR Kids Members.

If you have Medicare and other health insurance coverage, each type of coverage is called a "payer." When there's more than one payer, "coordination of benefits" rules decide which one pays first. The "primary payer" pays what it owes on your bills first, and then sends the rest to the "secondary payer" to pay. In some cases, there may also be a third payer.

In the case of STAR Kids, the insurance that pays first (primary payer) pays up to the limits of its coverage then benefits of STAR Kids are used. Be sure to tell your physician or Service Coordinator if you have other insurance coverage.

Can my Medicare provider bill me for services or supplies if I am in both Medicare and Medicaid?

You cannot be billed for Medicare "cost-sharing," which includes deductibles, coinsurance, and co-payments that are covered by Medicaid.

Member copayment responsibilities

You do not have any co-pay or co-payments.

Member Services

Member Services

If you have questions about your coverage or need help, please call Member Services toll-free at 1-800-659-5764. The phone number is on the front bottom of your Texas Children's Health Plan Member ID Card. You will need your member ID number when you call.

With the help of on-line interpreters, Member Advocates can speak to you in 140 languages. Member Advocates are available 24 hours a day, 7 days a week. We also welcome your calls to tell us how we are doing. We appreciate feedback and advice on how we can better serve you.

Call Member Services if you:

- Need to pick a primary care provider.
- Need to know what services are covered.
- Have questions about specialists, hospitals, and other providers.
- Get a bill from a provider.
- Have a complaint.
- Move or change your phone number.
- Need an interpreter for a medical visit.
- Need to replace an ID card.
- Don't understand something you get in the mail.
- Need to get a ride to the doctor.
- Have any question.
- Have problems getting your prescription filled.

Member Services can also give you materials about:

- Mental health care.
- Diabetes care.
- Dental care.
- Asthma care.
- Self care.
- Preventive care.

Interpreter and translation services

Can someone interpret for me when I talk with my doctor?

We can get you face-to-face sign and language interpretation for doctor visits.

Who do I call for an interpreter?

Call Member Services toll-free at 1-800-659-5764 to ask for an interpreter.

How far in advance do I need to call?

Please let us know if you need these services at least 48 hours before your visit. Call Member Services toll-free at 1-800-659-5764, TDD 1-800-735-2989 (Texas Relay) or 7-1-1.

How can I get a face-to-face interpreter in the doctor's office?

Call us from any doctor's office. We will find someone who speaks your language. Call Member Services toll-free at 1-800-659-5764.

Help for the visually impaired

If you have a visual impairment, Texas Children's Health Plan will give you Health Plan materials in larger print, Braille, or on audiotapes. Call Member Services to discuss your special needs.

Phone device for the deaf services for members with hearing or speech impairments

Texas Children's Health Plan uses Relay Texas TDD services for members and their parents or guardians who have hearing or speech impairments. For TDD, call 1-800-735-2989 or 7-1-1.

Member materials available in English and Spanish

This member handbook and all other materials included in your member packet are provided in English and Spanish. Many of the other health educational materials we give to members through our health education library also are available in Spanish.

What to do if you move

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and Texas Children's Health Plan Member Services Department toll-free at 1-800-659-5764. Before you get Medicaid services in your new area, you must call Texas Children's Health Plan unless you need emergency services. You will continue to get care through Texas Children's Health Plan until HHSC changes your address.

What if I get a bill from my doctor? Who do I call?

If you get a bill for a Texas Children's Health Plan covered benefit or service, call Member Services toll-free at 1-800-659-5764.

What information will they need?

Have the bill available so you can tell us the:

- Doctor's name.
- Date services were received.
- Doctor's phone number.
- Amount of the claim

Member Services will call the doctor.

Changes in Texas Children's Health Plan

Sometimes Texas Children's Health Plan might make some changes in the way it works, its covered services, or its network of doctors and hospitals. We will mail you a letter when we make changes in the services.

Changing health plans

What if I want to change health plans?

You can change your health plan by calling the Texas STAR Kids Program Helpline at 1-877-782-6440.

You can change health plans as often as you want.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take effect the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

What happens if I lose my Medicaid coverage?

If you lose Medicaid coverage but get it back again within 6 months you will get your Medicaid services from the same health plan you had before losing your Medicaid coverage. You will also have the same primary care provider you had before.

Switching your baby's health plan

Can I switch my baby's health plan?

For at least 90 days from the date of birth, your baby will be covered by the same health plan that you are enrolled in. You can ask for a health plan change before the 90 days is up if both your current health plan and your new health plan agree with the transfer.

You cannot change health plans while your baby is in the hospital.

If your baby is not in the hospital, you can change his or her health plan by calling the Texas STAR Kids Help Line at 1-877-782-6440.

Your health plan also can ask for changes

Can Texas Children's Health Plan ask that I get dropped from their health plan (for non-compliance, etc.)?

Texas Children's Health Plan also might request from the state that you be dropped from our plan if:

- You often do not follow your doctor's advice.
- You keep going to the emergency room when you do not have an emergency.
- You keep going to another doctor or clinic without first getting approval from your primary care provider.
- You or your children show a pattern of disruptive or abusive behavior not related to a medical condition.
- You often miss visits without letting your doctor know in advance.
- You let someone else use your ID card.

Renew your Medicaid benefits on time

Do not lose your medical benefits. Every 6 months you will need to renew your benefits. The Health and Human Services Commission (HHSC) will send you a letter telling you it is time to renew your Medicaid benefits. The letter will have a local HHSC office phone number for you to call. You will need to call and set up a meeting with your caseworker to renew your health-care benefits.

The letter will also list any paperwork you need to bring to your caseworker. If you do not renew your eligibility by the date in the letter, you will lose your health-care benefits.

How to renew

What do I have to do if I need help with completing my renewal application?

Families must renew their Children's Medicaid coverage every year. In the months before a child's coverage is due to end, HHSC will send the family a renewal packet in the mail. The renewal packet contains an application. It also includes a letter asking for an update on the family's income and cost deductions. The family needs to:

- Look over the information on the renewal application.
- Fix any information that is not correct.
- Sign and date the application.
- Look at the health plan options, if Medicaid health plans are available.
- Return the renewal application and documents of proof by the due date.

Once HHSC receives the renewal application and documents of proof, staff checks to see if the children in the family still qualify for their current program or if they qualify for a different program. If a child is referred to another program (Medicaid), HHSC sends the family a letter telling them about the referral and then looks to see if the child can get benefits in the other program. If the child qualifies, the coverage in the new program (Medicaid) begins the month following the last month of the other program's coverage. During renewal, the family can pick new medical and dental plans by calling the Children's Medicaid call center at 1-877-782-6440.

Completing the Renewal Process

When children still qualify for coverage in their current program (Medicaid), HHSC will send the family a letter showing the start date for the new coverage period.

New medical procedures review

You have benefits as a member. One of them is that we look at new medical advances. Some of these are like new equipment, tests, and surgery. Each situation is looked at on a case-by-case basis. Sometimes we use a special review to make sure that it is right for you. For more information call member services at 1-800-659-5764.

If you are too sick to make decisions about your medical care

What if I am too sick to make a decision about my medical care?

You have the right to accept or refuse medical care.

What are Advance Directives?

Advance Directives, or living wills, are a set of instructions that you write down in case you are not able to talk or write to give instructions about your medical care. This set of instructions protects your rights and wishes. They tell people what you want your doctor or family to do if you ever have a bad injury or illness and are not able to talk or write. This set of instructions will make it easier on your family. It also helps the doctor know what you want.

- You have the right to make an advance written instruction to doctors and family or surrogates. You also have the right to make a non-written instruction to give, refuse, or remove life supporting treatment if your child has a terminal or permanent condition.
- You have the right make written and non-written out-of-hospital do-not-resuscitate (DNR) orders.
- You have the right to make a Medical Power of Attorney to choose another person to make your child's health care decisions for you if you are unable to.
- You have the right to make a Statement for Mental Health Treatment in a document that states your preferences for your child's mental health treatment.

How do I get an Advance Directive?

If you already have an Advance Directive, please let your primary care provider know. If you want information about how to put your instructions in writing, call Member Services toll-free at 1-800-659-5764.

Release of information

Texas Children's Health Plan is not permitted to give any information to anyone other than the person that filled out the Medicaid application for enrollment. If you filled out the application for enrollment and want to give information to someone other than yourself, call Member Services toll-free at 1-800-659-5764.

Information you can ask for and receive from Texas Children's Health Plan each year

As a member of Texas Children's Health Plan, you can ask for and receive the following information each year:

- Information about network providers—at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, phone numbers, and languages spoken (other than English) for each network provider plus identification of providers that are not accepting new patients.
- Any limits on the member's freedom of choice among network providers.
- Your rights and responsibilities.
- Information on complaint, appeal, and fair hearing procedures.
- Information about benefits available under the Medicaid program, including amount, duration, and scope of benefits. This is designed to make sure you know the benefits to which you are entitled.
- How you get benefits including authorization requirements.
- How you get benefits, including family planning services, from out-of-network providers and limits to those benefits.
- How you get after-hours and emergency coverage and limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services, and post-stabilization services.
 - The fact that you do not need prior authorization from your primary care provider for emergency care services.
 - How to get emergency services, including instructions on how to use the 9-1-1 phone system or its local equivalent.
 - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid.
 - A statement saying you have a right to use any hospital or other settings for emergency care.
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits you cannot get through your primary care provider.
- Texas Children's Health Plan's practice guidelines.

Medicaid and private insurance

What if I have other health insurance in addition to Medicaid?

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at 1-800-846-7307.

If you have other insurance, you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

Provider incentive plans

A physician incentive plan rewards doctors for treatments that reduce or limit services for people covered by Medicaid. Texas Children's Health Plan cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit Medically Necessary Covered Services to Members. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call 1-800-659-5764 to learn more about this.

Your privacy

Texas Children's Health Plan takes the confidentiality of your personal health information—information from which you can be identified—very seriously. In addition to complying with all applicable laws, we carefully handle your personal health information (PHI) in accordance with our confidentiality policies and procedures. We are committed to protecting your privacy in all settings.

We use and share your information only to give you health benefits.

Our Notice of Privacy Practices has information about how we use and share our members' PHI. A copy of our Notice of Privacy is included with your member handbook and is on our website at www.TexasChildrensHealthPlan.org. You may also get a copy of our Notice of Privacy by calling Member Services toll-free at 1-800-659-5764.

If you have questions about our notice, call Member Services.

When you are not satisfied or have a complaint

What is a complaint?

A complaint is when you are not happy with your health care or services provided by your doctor, his or her office staff, or the Texas Children's Health Plan staff.

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at 1-800-659-5764 to tell us about your problem. A Texas Children's Health Plan Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days.

Can someone from Texas Children's Health Plan help me file a complaint?

A Texas Children's Health Plan Member Advocate can help you file a complaint. Just call us toll-free at 1-800-659-5764. Most of the time, we can help you right away or at the most within a few days.

If you would like to make your complaint in writing, send it to:

Texas Children's Health Plan
Attention: Member Services Complaints
PO Box 301011 WLS 8360
Houston, TX 77230-1011

Be sure to include your name and member ID number from your member ID card.

What are the requirements and timeframes for filing a complaint?

You can file a complaint at any time. You will get a letter within 5 days telling you your complaint was received.

How long will it take to process my complaint?

Within 5 business days of receiving your oral or written complaint, Member Services will send you a letter. It will confirm the day we received your complaint. Texas Children's Health Plan will review the facts and take action within 30 days of receiving your complaint. A resolution letter will be sent to you.

The letter will:

- Describe your complaint.
- Tell you what has been or will be done to solve your problem.
- Tell you how to ask for a second review of your complaint.

What if I am not satisfied after I have gone through Texas Children's Health Plan's complaint process?

Once you have gone through Texas Children's Health Plan's complaint process, you can file a complaint with the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989.

If you would like to make your complaint in writing, send it to the address below:

Texas Health and Human Services Commission
Health Plan Operations—H-320
PO Box 85200
Austin, TX 78708-5200
ATTN: Resolution Services

You can also send your complaint in an e-mail to HPM-Complaints@hhsc.state.tx.us.

Appeals

If you would like to file an appeal regarding an action made by Texas Children's Health Plan, including a denial of payment of service in whole or in part, you must tell us within 60 days of getting your decision notice letter.

What is an appeal?

An appeal is the process you or someone acting on your behalf can ask for when you do not agree with Texas Children's Health Plan's action and you want a review. An action means the denial or limited authorization of a requested service. It includes the:

- Denial in whole or part of payment for a service.
- Denial of a type or level of service.
- Reduction, suspension, or termination of a previously authorized service.
- Failure to give services in a timely manner.
- Failure to act within regulatory timeframes.

How will I find out if services are denied?

We will send you a letter if a covered service requested by your doctor is denied, delayed, limited, or stopped.

What can I do if my doctor asks for a service or medicine for me that's covered but Texas Children's Health Plan denies it or limits it?

Can someone from Texas Children's Health Plan help me file an appeal?

You have the right to ask for an appeal if you are not satisfied or disagree with the action. Call Member Services toll-free at 1-800-659-5764. A Member Advocate can help you file your request for an appeal. You can initiate an appeal orally or in writing. An oral appeal request (not expedited appeal request) must be followed up with a written, signed appeal by the Member. You can also allow someone like a friend, family member, or your doctor to ask for an appeal on your behalf. You will need to give your consent in writing to have them act on your behalf. You may file an appeal within 60 calendar days from the receipt of the notice of the action.

To keep receiving currently authorized services, you must file the appeal within 10 days of the date the notice is mailed or the date Texas Children's Health Plan will take action on your service, whichever is later. You can ask that your services continue until a decision is made. If the final decision is to uphold Texas Children's Health Plan's action, then you can be asked to pay back what it cost to continue your services.

Each appeal is promptly investigated. Texas Children's Health Plan will send you a letter within 5 business days to let you know that we received your appeal request. The letter will list all the information we will need to receive to review the appeal. If you make a verbal request for an appeal, a form will also be enclosed with your letter. You will need to sign and return the form to confirm your request for an appeal.

Texas Children's Health Plan will answer you in writing with a decision about your appeal within 30 days of when we receive your appeal request. You or your representative can ask for an extension of 14 days. Texas Children's Health Plan may extend the period if it is shown the extension is in the Member's interest. Texas Children's Health Plan can also ask you for an extension if we need to get additional information. If Texas Children's Health Plan initiates the extension, the Member must receive written notice of the reason for delay.

If your appeal is denied, the answer will explain the reason why it was denied and tell you how to request a State Fair Hearing.

What is a State Fair Hearing?

A State Fair Hearing is a chance for you tell the reasons why you think the services you asked for and couldn't get should be allowed.

Can I ask for a State Fair Hearing?

If you disagree with Texas Children's Health Plan's decision, you have the right to ask for a State Fair Hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider, relative, friend, lawyer, or any other person may be your representative. If you want to challenge a decision made by Texas Children's Health Plan, you or your representative must ask for the State Fair Hearing at any time up until 120 days of the date of the appeal denial letter. You may also request a State Fair Hearing if Texas Children's Health Plan does not make a decision on your appeal within the required time frame. If you do not ask for the State Fair Hearing within 120 days, you may lose your right to a State Fair Hearing.

To ask for a State Fair Hearing, you or your representative should either send a letter to the health plan or call:

Texas Children's Health Plan
Member Services WLS 8360
P.O. Box 301011
Houston, TX 77230-1011
1-800-659-5764

TDD: 1-800-735-2989 (Texas Relay) or 7-1-1

If you believe that waiting for a State Fair Hearing will seriously risk your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an expedited State Fair Hearing by writing or calling Texas Children's Health Plan. To qualify for an expedited State Fair Hearing through HHSC, you must first complete Texas Children's Health Plan's internal appeals process.

If you ask for a State Fair Hearing within 10 calendar days of the date of the appeal decision notice, you may be able to keep getting services, at least until the final hearing decision is made. If you do not request a State Fair Hearing by this date, the service will be stopped, suspended, or reduced. After you ask for the State Fair Hearing, you must call us at 1-866-959-2555 to ask for service continuation. Please note: you may have to pay the cost for services during this time period if the Texas Health and Human Services Commission upholds the denial at the State Fair Hearing.

If you ask for a State Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most State Fair Hearings are held by telephone. During the hearing, you or your representative can explain why you need the service the health plan denied.

You have the right to examine, at a reasonable time before the date of the State Fair Hearing, the content of your case file and any documents to be used by Texas Children's Health Plan at the hearing.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

If you need help filing a request for a State Fair Hearing you can call Member Services at 1-800-659-5764 and ask a Member Advocate to help you.

If you need oral interpretation or written translation of materials, please call STAR Kids Member Services toll-free at 1-800-659-5764, TDD 1-800-735-2989 (Texas Relay) or 7-1-1. If you have a visual impairment, Texas Children's Health Plan will provide you with Health Plan materials in larger print, Braille, or on audiotapes. Call Member Services to discuss your needs. Texas Children's Health Plan uses Relay Texas TDD services for members and their parents or guardians who have hearing or speech impairments. For TDD, call 1-800-735-2989 or 7-1-1.

What is an expedited appeal?

An expedited appeal is when Texas Children's Health Plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

What happens if the health plan denies the request for an expedited appeal? What are the timeframes for an expedited appeal?

Requests for expedited appeals can be oral or written. When we get your request for an expedited appeal we will decide if your appeal requires a fast review. If we decide that your appeal does not need a fast review, we will let you know by phone or mail within 2 calendar days. Your appeal will then be a regular appeal. That means we will finish reviewing it in 30 days.

If we decide that your appeal does need an expedited review, a decision will be made in 1 business day after receipt of the request. You or your representative can ask for an extension of 14 days. Texas Children's Health Plan can also ask you for an extension if we need to get additional information. An extension is not applicable to cases of an ongoing emergency or denials of continued hospitalization.

We will call you promptly with the decision. We will also send you a letter within 2 business days of the decision.

How do I ask for an expedited appeal? Does my request have to be in writing? Who can help me in filing an expedited appeal?

You can call Member Services toll-free at 1-800-659-5764 and ask for help requesting an appeal. A Member Advocate is ready to help you. Your request does not have to be in writing. Your child's doctor can request this type of appeal on your behalf.

What are my rights and responsibilities?

Member rights

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
 - Be treated fairly and with respect.
 - Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health care plan and primary care provider. This is the doctor or health care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
 - Be told how to choose and change your health plan and primary care provider.
 - Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
 - Change your primary care provider.
 - Change your health plan without penalty.
 - Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
 - Have your provider explain your health care needs to you and talk to you about the different ways your health-care problems can be treated.
 - Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
 - Work as part of a team with your provider in deciding what health care is best for you.
 - Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals and fair hearings. That includes the right to:
 - Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
 - Get a timely answer to your complaint.
 - Use the plan's appeal process and be told how to use it.
 - Ask for a fair hearing from the state Medicaid program and get information about how that process works.
6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
 - Have telephone access to a medical professional 24 hours a day, 7 days a week to get any emergency or urgent care you need.
 - Get medical care in a timely manner.
 - Be able to get in and out of a health-care provider's office. This includes barrier free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
 - Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
 - Be given information you can understand about your health plan rules, including the health care services you can get and how to get them.
 - A right to receive information about the organization, its services, its practitioners and providers and the members rights and services.
 - You have the right to request and receive a copy of your medical records and request that the records be amended or corrected.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you don't want to do or is to punish you.
8. You have the right to know the doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you pay copayments or any other amounts for covered services.
10. You have the right to make recommendations regarding the organization's member rights and responsibilities policy.

Member responsibilities

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
 - Learn and understand your rights under the Medicaid program.
 - Ask questions if you do not understand your rights.
 - Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
 - Learn and follow your health plan's rules and Medicaid rules.
 - Choose your health plan and a primary care provider quickly.
 - Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
 - Keep your scheduled appointments.
 - Cancel appointments in advance when you can not keep them.
 - Always contact your primary care provider first for non-emergency medical needs.
 - Be sure you have approval from your primary care provider before going to a specialist.
 - Understand when you should and should not go to the emergency room.
3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
 - Tell your primary care provider about your health.
 - Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
 - Help your providers get your medical records.
4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. That includes the responsibility to:
 - Work as a team with your provider in deciding what health care is best for you.
 - Understand how the things you do can affect your health.
 - Do the best you can to stay healthy.
 - Treat providers and staff with respect.
 - Talk to your provider about all of your medications.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 1-800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at www.hhs.gov/ocr.

What if I need durable medical equipment (DME) or other products normally found in a pharmacy?

Some durable medical equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For all members, Texas Children's Health Plan pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Texas Children's Health Plan also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals.

Call 1-800-659-5764 for more information about these benefits.

Fraud and abuse

Do you want to report waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184 or
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form.
- You can report directly to your health plan:

Texas Children's Health Plan
Fraud and Abuse Investigations
PO Box 301011, NB 8302
Houston, TX 77230
832-828-1320 or toll-free at 1-800-659-5764

To report waste, abuse, or fraud, gather as much information as possible.

When reporting about a provider (a doctor, dentist, counselor, etc.) include:

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and the phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.

When reporting about someone who gets benefits, include:

- The person's name.
- The person's date of birth, Social Security Number, or case number if you have it.
- The city where the person lives.
- Specific details about the waste, abuse, or fraud.

Abuse, Neglect, and Exploitation

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What are Abuse, Neglect, and Exploitation?

Abuse is mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation.

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 9-1-1 for life-threatening or emergency situations.

Report by Phone (non-emergency); 24 hours a day, 7 days a week, toll-free.

Report to the Department of Aging and Disability Services (DADS) by calling 1-800-647-7418 if the person being abused, neglected, or exploited lives in or receives services from a:

- Nursing facility;
- Assisted living facility;
- Adult day care center;
- Licensed adult foster care provider; or.
- Home and Community Support Services Agency (HCSSA) or Home Health Agency.

Suspected Abuse, Neglect or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS). Report all other suspected abuse, neglect, or exploitation to DFPS by calling 1-800-252-5400.

Report electronically (non-emergency)

Go to <https://txabusehotline.org>. This is a secure website. You will need to create a password-protected account and profile.

Helpful Information for Filing a Report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Family Planning Providers

Planned Parenthood - FM 1960 Clinic

Planned Parenthood Gulf Coast, Inc.
4747 Louetta Road
Spring TX 77388
(713)514-1102

Planned Parenthood - Gulf Freeway Clinic

Planned Parenthood Gulf Coast, Inc.
4600 Gulf Freeway
Houston TX 77023
(713)831-6000

Planned Parenthood - Northville Health Center

Planned Parenthood Gulf Coast, Inc.
9919 North Fwy, Ste. 107
Houston TX 77037
(713)514-1106

Planned Parenthood - Northwest Clinic

Planned Parenthood Gulf Coast, Inc.
13169 Northwest Freeway, Ste. 115
Houston TX 77040
(713)514-1107

Planned Parenthood - Southwest Clinic

Planned Parenthood Gulf Coast, Inc.
5800 Bellaire Blvd. Bldg. 1B, Ste. 120
Houston TX 77081
(713)541-5372

Planned Parenthood - Stafford Clinic

Planned Parenthood Gulf Coast, Inc.
12612 Southwest Freeway, Ste. A
Stafford TX 77477
(713)514-1100

A Guide to Your Advance Directive and Mental Health Advance Directive

Making choices about your care and treatment and mental health care and treatment

You have the right to make choices about your health care and treatment and your mental health treatment. You can choose the care you want or don't want.

You have the right to tell doctors, nurses, and other health care workers what care you want. In certain cases you can:

- Choose medical care.
- Choose mental health treatment.
- Choose not to accept care.
- Stop care.

There may be times when you can't tell your doctor what you want. You may be too sick to talk. You may be in a coma.

These choices should be made before you get sick. You can write down your choices, or you can tell your doctor what you want in advance.

This is called an Advance Directive. For mental health treatment, it is called a Mental Health Advance Directive.

Definitions:

Competent Person—A person who is able to understand what would happen if medical treatment is stopped.

Health Care Provider—A doctor, nurse, or emergency staff member licensed or certified to give medical care.

Life Support—The use of a machine to keep someone alive.

Physician—A doctor licensed by the Texas State Board of Medical Examiners.

Mental Health Treatment—Use of convulsive treatment, use of medication, or emergency mental health treatment.

Questions and answers

What is an Advance Directive or Mental Health Advance Directive?

An Advance Directive or Mental Advance Directive is a written paper that lets your doctor know your wishes when you are unable to tell your doctor yourself. This statement to your doctor is signed by you and 2 witnesses. It tells what life support efforts or mental health treatment you want and don't want. It also lists the type of care you would or would not like to get. An example is: I would (or would not) want a machine to breathe for me if I could not breathe on my own.

- You have the right to make an advance written instruction to doctors and family or surrogates. You also have the right to make a non-written instruction to give, refuse, or remove life supporting treatment if your child has a terminal or permanent condition.
- You have the right make written and non-written out-of-hospital do-not-resuscitate (DNR) orders.
- You have the right to make a Medical Power of Attorney to choose another person to make your child's health care decisions for you if you are unable to.
- You have the right to make a Statement for Mental Health Treatment in a document that states your preferences for your child's mental health treatment.

Who can make an Advance Directive and a Mental Health Advance Directive?

Any competent person who is at least 18 years old can make an Advance Directive and a Mental Health Advance Directive.

The legal guardian, spouse, or parent of a patient who is not expected to live and who is under 18 years old.

When does an Advance Directive or Mental Health Advance Directive take effect?

An Advance Directive or Mental Health Advance Directive takes effect when:

- You, or someone close to you, give the written Advance Directive and/or Mental Health Advance Directive to your doctor.
- You tell your doctor your wishes.
- You are unable to make your own choices about the medical care or mental health treatment you wish to receive.
- You are unconscious or not expected to get well.

What should my Advance Directive and Mental Health Advance Directive contain?

There are no special words that need to be included in the Advance Directive or Mental Health Advance Directive. Simply write down whether or not you want:

- Life support (a machine to breathe for you) if you are unable to breathe on your own.
- Cardiac resuscitation (if your heart stops).
- Tube feeding.
- Antibiotics.

Your Advance Directive and Mental Health Advance Directive must:

- Be signed by you, in the presence of 2 witnesses. If you are unable to sign, you must have someone sign for you.
- Be signed by 2 witnesses who are at least 18 years old. Witnesses cannot be:
 - Related to you by blood or marriage.
 - Your doctor.
 - An employee of the hospital or facility where you are a patient.
- Include the date that you signed.

Is my Advance Directive effective if I am pregnant?

No. Texas law does not allow an Advance Directive to be effective during pregnancy.

Who should have a copy of my Advance Directive and Mental Health Advance Directive?

You should give a copy of your Advance Directive and Mental Health Advance Directive to:

- Your doctor.
- The hospital.
- The nursing home.
- Other health care provider.
- Close family members.

When you give your Advance Directive or Mental Health Advance Directive to your doctor or any other health care provider, it will become a part of your medical record.

Suppose I change my mind after I have written my Advance Directive or Mental Health Advance Directive?

You can change or cancel your Advance Directive or Mental Health Advance Directive at any time by writing a new one or telling your doctor you want it canceled. If you write a new Advance Directive or Mental Health Advance Directive, you must throw away the first one. You must also make sure that the witnesses of the first Advance Directive or Mental Health Advance Directive know that you have written a new one.

What is a Durable Power of Attorney?

It is a written paper which names the person you want to make health care choices for you if you are unable to make them yourself. This person can be a family member, a friend, or a lawyer, but cannot be your doctor. This person can:

- Authorize your admission to a hospital or nursing home.
- Authorize surgery or any other medical treatment.

A Durable Power of Attorney for health care must be signed by you and 2 witnesses, just like an Advance Directive or Mental Health Advance Directive. You can cancel your Durable Power of Attorney in writing. You can also cancel by telling the person you've chosen as Power of Attorney or by telling your doctor. There is a special form that you must read and sign before signing your Durable Power of Attorney for Health Care.

What is the difference between a Durable Power of Attorney for Health Care and an Advance Directive?

A Durable Power of Attorney for Health Care names someone to make your health care choices for you if you are not able to make your own choices.

An Advance Directive and Mental Health Advance Directive explain the kind of health care and mental health treatment you do or do not want.

You may have a Durable Power of Attorney for Health Care, an Advance Directive, and a Mental Health Advance Directive. Before you write down your instructions for health care, you should talk to your doctor and members of your family to let them know your wishes.

If you do not have an Advance Directive or Mental Health Advance Directive and you are unable to tell your doctor about your wishes, the doctor will ask your family or the court to make decisions about your care and treatment.

It is important to have an Advance Directive and a Mental Health Advance Directive in order to be sure that your wishes will be followed.

Do you have questions or need help?

If you have any questions or need help to write down your wishes, call Texas Children's Health Plan Member Services or your Texas Children's Member Advocate toll-free, at 1-800-659-5764.

