



TEXAS
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Services

Texas Health Steps Presentation

January 2021

Overview

- Background
- Texas Health Steps Medical
 - Scheduling
 - Checkup Components
 - Laboratory
 - Special Circumstances
 - Documentation and Billing
- Texas Health Steps Dental
- Related Programs and Resources



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What is Texas Health Steps?

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Federal Law in 1989 - Omnibus Budget Reconciliation Act (OBRA)

Social Security Act (SSA)

Comprehensive Care Program (CCP)



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Statutory Requirements

- Communicable Disease Reporting
- Early Childhood Intervention (ECI) referrals
- Parental Accompaniment
- Newborn Blood Screen
- Newborn Hearing Screen
- Critical Congenital Heart Disease (CCHD) Screen
- Blood Lead Level Screen
- Abuse and Neglect Reporting

[Texas Medicaid Provider Procedures Manual \(TMPPM\)](#)

Children's Services Handbook

5.1.2: THSteps Statutory State Requirements



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Compliance with Federal Legislation

- **HHSC complies with Health & Human Services (HHS) regulations that protect against discrimination.**
- **All contractors must agree to comply with the following:**
 - Title VI of the *Civil Rights Act of 1964* (Public Law 88-352)
 - Section 504 of the *Rehabilitation Act of 1973* (Public Law 93-112)
 - *The Americans with Disabilities Act of 1990* (Public Law 101-336)
 - Title 40, Chapter 7 of the TAC *Health and Safety Code 85.113* as described in “Model Workplace Guidelines for Businesses, State Agencies, and State Contractors” on page G-2.



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Scope of Texas Health Steps Services

- Periodic Medical Checkups
- Dental Checkups and Treatment Services
- Diagnosis of Medical Conditions
- Medically Necessary Treatment and Services



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Texas Health Steps Medical Checkup

Texas Health Steps Checkup Scheduling

Selecting a provider

Checkups - In fee-for-service (FFS) Medicaid, clients have freedom of choice when choosing a Texas Health Steps checkup provider. In managed care, a client needs to contact their health plan to determine how to access Texas Health Steps checkups.

Treatment (If non PCP) - Referral may be required through PCP for evaluation and/or management of conditions identified during a Texas Health Steps medical checkup.



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Texas Health Steps Checkup Scheduling

New Medicaid Clients:

For FFS - Should receive a Texas Health Steps checkup within 90 days of receiving their Medicaid eligibility.

For Managed Care - Should receive a Texas Health Steps checkup within 90 days of enrollment in Managed Care Organization (MCO).

Allowance to 90-day requirement can be made if the provider has documentation of a previous checkup and child is current/not due for a checkup.



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Texas Health Steps Checkup Scheduling

Checkups should be scheduled based on the ages indicated on the *Texas Health Steps Medical Checkup Periodicity Schedule* (publication E03-13634).

Families should be encouraged to schedule as soon as the child becomes due for a checkup.



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Texas Health Steps Checkup Scheduling

Children less than 36 months of age

- Checkups are due at more frequent intervals.

Children 3 years and older

- Should have a yearly checkup as soon as they become due.
- May be completed anytime after their birthday (timely).
- Will not be considered late unless the child does not have the checkup prior to their next birthday.



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Texas Health Steps Checkup Scheduling



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Age Range Allowed	Number of Checkups
Birth through 11 months <i>(Does not include the newborn or 12 months)</i>	6
1 through 4 years of age	7
5 through 11 years of age	7
12 through 17 years of age	6
18 through 20 years of age	3

Texas Health Steps Checkup Scheduling

This allows:

- More flexibility in scheduling Texas Health Steps checkups.
- Scheduling more than one child for a checkup at the same time.
- Avoiding a checkup during flu season.
- Scheduling a checkup prior to or after returning to their home communities for children of migrant workers.



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Checkup Timeliness for Managed Care



New Members

- Newborns within 14 days of enrollment.
- All other children, within 90 days of enrollment.

Existing Members

- For children under age 36 months, a checkup is defined as timely if received within 60 days beyond the periodic due date based on their birth date.
- For children 36 months and older, a checkup is defined as timely if it occurs within 364 calendar days after the child's birthday in a non-leap year or 365 calendar days after the child's birthday in a leap year.
- Checkups received before the periodic due date are not reportable as timely medical checkups.

Medical Home

HHSC and Texas Health Steps encourage the provision of the Texas Health Steps medical checkup as part of a medical home. Texas Medicaid defines a medical home as a model of delivering care that is:

- Accessible
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally Competent
- Family-centered



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Texas Health Steps Checkup Required Components

Medical Checkup Requirements

Federally Mandated Components

- Comprehensive Health and Developmental History
- Comprehensive Unclothed Physical Examination
- Immunizations
- Laboratory Screening
- Health Education/Anticipatory Guidance

State Requirement

- Dental referral every 6 months until a dental home is established.



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Complete Texas Health Steps Checkup

Complete only if it includes:

All required components, or documentation of why a particular component could not be completed.

Previous results may be used to meet the checkup requirements if completed within:

- Preceding 30 days for children who are two years of age and younger.
- Preceding 90 days for children who are three years of age and older.



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Comprehensive Health History

- Nutritional Screening
- Developmental Surveillance and Screening
- Mental Health Screening
- Tuberculin Skin Test (TST)



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Nutritional Screening

- Review of Measurements/BMI and Laboratory Screening
- Infants: Feeding Schedules
- Children and Adolescents: Dietary Practices
- Special Diets/Food Allergies
- Restaurant/Fast Food



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Developmental Surveillance

Review of Milestones

- *Subjective* review of milestones by parent report and observation.

Screening

- *Objective* screening using a standardized screening tool (CPT code 96110).
- Standardized autism screening (CPT code 96110 U6).
- Required at specific checkups.



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Developmental Screening



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Required Screening Tools

Screening Age	Developmental Tool	Autism Tool
9 months	Ages and Stages Questionnaire (ASQ) or Parent's Evaluation of Developmental Status (PEDS)	
18 months	ASQ or PEDS	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
24 months	ASQ or PEDS	Modified Checklist for Autism in Toddlers (M-CHAT™ or M-CHAT-R/F™)
3 years	ASQ or ASQ:SE, or PEDS	
4 years	ASQ or ASQ:SE, or PEDS	

Developmental Screening

The provider must complete a standardized developmental or autism screening:

- If missed at an earlier checkup and still age appropriate.
- For new patients 6 months through 6 years of age if no record of previous age-appropriate screening.
- If there are provider or parental concerns at any visit through 6 years of age.



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Developmental Screening

Referrals - If delay or suspected delay is identified:

- Birth through 35 months: The provider must refer to Early Childhood Intervention (ECI), as soon as possible, but no longer than seven days after identified, even if also referring to an appropriate specialist.
- Ages 3 years and older: The provider is encouraged to refer to the appropriate school district program, even if also referring to an appropriate specialist.



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Mental Health Screening

Screening for

- Behavioral
- Social
- Emotional Development

Required at each checkup.



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Mental Health Screening

Postpartum Depression

Recommended (optional) screening during infant's checkup.

- Allows maternal screening at infant's Texas Health Steps checkup up to the infant's first birthday
- Requires use of validated screening tool
- Positive screens require referral
- Separate reimbursement in addition to checkup reimbursement



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Mental Health Screening

Postpartum Depression

Validated screening tools include but are not limited to:

- Edinburgh Postpartum Depression Screen (EPDS)
- Patient Health Questionnaire (PHQ-9)
- Postpartum Depression Screening Scale (PPDS)

Access screening tools on the [Texas Health Steps Forms](#) page.



Mental Health Screening

Postpartum Depression

All positive screens require

- Discussion of screening results
- Referral for further evaluation
- Referral to emergency center for imminent risk of harm

Additional considerations

- Resources for mother
- Scheduling infant for return visit before next checkup



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Mental Health Screening

Postpartum Depression

Referral providers for positive screens include:

- Mental health clinicians
- The mother's primary care provider
- Obstetricians and gynecologists
- Family physicians
- Community providers
 - Federally Qualified Health Centers (FQHC)
 - Local Mental Health Authorities and Local Behavioral Health Authorities
 - Healthy Texas Women program



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Mental Health Screening

Postpartum Depression

Coding postpartum depression screening

- Use CPT code G8431 for positive screens (screening for depression is documented as being positive and a follow up plan is documented)
- Use CPT code G8510 for negative screens (screening for depression is documented as negative, a follow up plan is not required)
- Only one of the following CPT codes may be submitted (G8431 or G8510)



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Mental Health Screening

Adolescents

Recommended (optional) screening for adolescents 12 through 18 years.

- Allows screening annually
- Separate reimbursement annually in addition to checkup reimbursement
- Required use of one of the validated and standardized mental health screening tools approved by Texas Health steps.



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Mental Health Screening

Adolescents

Texas Health Steps approved mental health screening tools include:

- Pediatric Symptom Checklist (PSC-17)
- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist for Youth (Y-PSC)
- Patient Health Questionnaire (PHQ-9)
- Patient Health Questionnaire (PHQ-A [depression screen])
- Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT)
- Patient Health Questionnaire for Adolescents (PHQ-A [AAP's anxiety, eating problems, mood problems...screen])

Download forms at brightfutures.aap.org.



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Mental Health Screening

Adolescent Requirement

Coding mental health screening in adolescents

- Use CPT code 96160
- Screening tool completed by the adolescent.
- Use CPT code 96161
- Screening tool completed by the parent or caregiver on behalf of the adolescent.



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TB Screening

- Administer the Texas Health Steps TB Questionnaire annually beginning at 12 months of age.
- [Texas Health Steps TB Questionnaire](#)
- Administer a Tuberculin Skin Test (TST) (CPT code 86580) if risk for possible exposure is identified.
- A follow-up visit (CPT code 99211) is required to read and interpret all TSTs.



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TB Screening

Positive TST

- Further evaluation is required to diagnose either latent TB infection or active TB disease.
- Report a diagnosis of latent TB infection or suspected TB disease to your local or regional health department.

Contact the TB Services Branch at
512-533-3000 for more information.



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Physical Examination

- Comprehensive
- Must be unclothed
- Completed by:
 - Physician
 - PA (Physician Assistant)
 - CNS (Clinical Nurse Specialist)
 - NP (Nurse Practitioner)
 - CNM (Certified Nurse-Midwife)
 - RN (Registered Nurse)
 - Under direct supervision of physician
 - [Completion of online education modules](#)
 - May not provide checkups at an FQHC or RHC



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Physical Examination

- Height or Length
- Weight
- BMI
- Fronto-occipital circumference
- Blood pressure

Use age-appropriate growth graph to identify significant deviations.

- WHO growth graphs for children birth to 2 years.
- CDC growth grafts for children 2 years of age



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Physical Examination

Sensory Screening

Vision

- Visual acuity screening according to the *Texas Health Steps Medical Checkup Periodicity Schedule*.
- Subjective screening at all other checkups.

Hearing

- Audiometric screening according to the *Texas Health Steps Medical Checkup Periodicity Schedule*.
- Subjective screening at all other checkups.



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Dental Referral

An oral health exam and dental referral is a key part of the Texas Health Steps checkup.

A referral depends on the result of the oral exam:

- **Routine dental referral** - Beginning at 6 months of age until a dental home has been established.
- **Referral for dental care** - At any age if the oral exam identifies a possible concern.
- **Emergency dental referral** - If a child has bleeding, infection, excessive pain, or injury, refer directly to the dental provider.



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Immunizations

At each medical checkup

- Assess immunization status.
- Use diagnosis code Z23 to indicate immunization administration.
- Administer according to the Advisory Committee on Immunization Practices (ACIP) recommendations unless:
 - Medically contraindicated, or
 - Parent's reason of conscience (including religious beliefs).

Providers **must not** refer children to the local health department or other entity for immunizations.



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Immunizations

Texas Health Steps ages birth through 18

- Vaccine available through TVFC
- Reimbursement covers administration fee

Texas Health Steps ages 19 and 20

- Privately purchased vaccine
- Reimbursed by Medicaid
- Reimbursement covers vaccine and administration fee




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Laboratory Services

G-THSTEPS (January 2020)

Specimen submission form for **THSteps only**

 TEXAS Health and Human Services Texas Department of State Health Services		G-THSTEPS Specimen Submission Form (Jan 2020) CAP# 3024401 CLIA #45D0660644 www.dshs.texas.gov/lab		****For DSHS Use Only****	
Specimen Acquisition: (512) 776-7508					
FOR TEXAS HEALTH STEPS SPECIMENS ONLY !!!					
IS THIS LABORATORY SUBMISSION PART OF THE THSTEPS MEDICAL CHECKUP OR FOLLOW-UP VISIT? <input type="checkbox"/> Yes <input type="checkbox"/> No					
The specimen submission form <i>must</i> accompany <i>each</i> specimen The patient's name listed on the specimen <i>must</i> match the patient's name listed on the form Specimen must have two (2) identifiers that match this form If the Date of Collection field is not completed, the specimen will be rejected					
Section 1. SUBMITTER INFORMATION (** REQUIRED)			Section 4. ORDERING PHYSICIAN INFORMATION (** REQUIRED)		
Submitter/TPI Number **		Submitter Name **		Ordering Physician's NPI Number **	
NPI Number **		Address **		Ordering Physician's Name **	
City **		State **	Zip Code **		
Phone **		Contact			
Fax **		Clinic Code			
Section 2. PATIENT INFORMATION (** REQUIRED)			Section 5. PAYOR SOURCE (** REQUIRED)		
NOTE: Patient name on specimen is MUST match name on this form & Medicaid card. Specimen must have two (2) identifiers that match this form.					
Last Name **		First Name **		MI	
Address **			Telephone Number		
City **		State **	Zip Code **	Country of Origin	
<input checked="" type="checkbox"/> THStep (1) Medicaid #: **					
Section 6. HL					
<input type="checkbox"/> Hemoglobin					

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Laboratory Services

Newborn Screening

- 1st screen collected at 24-48 hours of age
- 2nd screen collected at 7-14 days of age
- Up to 12 months if no record of testing
- Special circumstances, such as adoption
- [DSHS Laboratory NBS Refusal Form](#)

DSHS **NBS Clinical Care Coordination** will:

- Open case for each out-of-range result.
- Communicate abnormal results to the provider.
- Provide guidance for recommended actions.
- Monitor case until infant is cleared or diagnosis is determined.



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Laboratory Services

Accessing Newborn Screening Results

All results reported to the submitting facility via mail, fax, HL7, or web application.

Additional copies can be accessed as follows:

- Sign up as a registered user of the Texas Newborn Screening Web Application and access reports online or
- Contact DSHS Laboratory Reporting
Monday-Friday
8 a.m. to 5 p.m.
Send a fax request to 512-776-7533 or
Call 512-776-7578



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Texas Newborn Screening Web Application: Sign Up in 3 Easy Steps

1. Download forms:

<http://www.dshs.texas.gov/lab/remotedata.shtm>

2. Fill out:

- Facility Security Agreement (1 per facility) AND
- Web User Agreements (1 for each user)

3. Submit:

- Scan and email: remotelabsupport@dshs.texas.gov
- Fax: 512-776-7223, Attn: Remote Lab Support, L-601 (not recommended)

For help, call 1-888-963-7111 extension 2484



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Lead Screening and Testing

A blood lead level is mandatory at 12 and 24 months of age.

Initial screening

- Capillary or venous specimen
- DSHS Laboratory only
- Point-of-care testing in provider's office



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Lead Screening and Testing

Point-of-care testing:

- Initial screening only
- Clinical Laboratory Improvement Amendments (CLIA) Waiver
- Procedure code 83655 with modifier QW
- Separate reimbursement



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Lead Screening and Testing

Confirmatory testing

- Blood lead level of 5/mcg/dL or greater requires confirmation
- Venous specimen required
- Laboratory of provider's choice – DSHS Laboratory or independent labs



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Lead Screening and Testing

Risk assessment may be addressed as part of anticipatory guidance:

- Using the questions on the back of the [Child Health Record forms](#) (optional).
- Using the Texas Childhood Lead Poisoning Prevention Program (TXCLPPP) Risk Assessment for Lead Exposure questionnaire, [Form Pb-110](#) (optional)
- Discussion of risk factors or other methods of education.



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Lead Screening and Testing

Follow-up assistance:

Contact MAXIMUS Special Services Unit at
1-877-847-8377

OR

Complete [Texas Health Steps Provider Outreach Referral Form](#) and Fax to 1-512-533-3867, Attn: Special Services Unit



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Laboratory Services

Lead Reporting

- Must submit results to [Texas Childhood Lead Poisoning Prevention Program \(TXCLPPP\)](http://www.dshs.texas.gov/lead/child.shtm)
<http://www.dshs.texas.gov/lead/child.shtm>
- Report all results



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Anemia Screening

- Mandatory at 12 months of age
- DSHS Laboratory only
- Point-of-care testing – only allowed when there is urgent need for results



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Laboratory Services

Dyslipidemia

- Required once for all clients 9 through 11 years of age and again at 18 through 20 years of age.
- Risk-based for all clients 24 months through 20 years.
- Child or specimen may be sent to laboratory of provider's choice, including the DSHS Laboratory.

Access the [THSteps Risk Based Guidance Tool](#) for additional information including risk factors for dyslipidemia screening.



Laboratory Services

Type 2 Diabetes

- Risk-based screening for clients 10 through 20 years of age.
- Child or specimen may be sent to laboratory of provider's choice, including the DSHS Laboratory.

Access the [THSteps Risk Based Guidance Tool](#) for additional information including risk factors for Type 2 Diabetes screening.



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Gonorrhea and Chlamydia Screening

- Risk-based
- Amplified probe technique
- Urine specimens preferred
- Specimens must be submitted to the DSHS Laboratory.
- Supplies may be obtained from the DSHS Laboratory.

Syphilis

- Risk-based
- Child or specimen may be sent to laboratory of provider's choice, including the DSHS Laboratory.



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Laboratory Services

HIV:

- Required once for all clients 16 through 18 years of age.
- Risk-based for all clients 11 through 20 years of age.

Provide information that testing for HIV is:

- Routinely available, confidential.
- Completely anonymous by choice.
- Child or specimen may be sent to laboratory of provider's choice, including the DSHS Laboratory.

Access the [*THSteps Risk Based Guidance Tool*](#) for additional information including risk factors for HIV screening



Completing the Checkup: Anticipatory Guidance

- Each checkup.
- Child development.
- Benefits of healthy lifestyles and practices, accident and disease prevention.
- Must include time period for next checkup.
- Written material may be given, but does not replace counseling.



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Oral Evaluation and Fluoride Varnish (OEFV) - *Optional*

During Texas Health Steps medical checkup for ages 6 through 35 months

- Limited oral evaluation
- Fluoride varnish application
- Referral to dental home
- Procedure code 99429 with U5 modifier and diagnosis codes Z00121 or Z00129

Provided by trained and certified

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses

Access the [THSteps OEFV Webpage](#) for more information

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Exception to Periodicity

- Needed in addition to regularly scheduled checkups
- Must be a complete medical checkup
- Must be medically necessary



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Exception to Periodicity



- The same procedure codes,
- Provider type modifier, and
- Condition indicators (NU, ST, S2)

Modifiers in table shown below indicate the reason for exception.

Modifier	
SC	<ul style="list-style-type: none">• Medically necessary (developmental delay or suspected abuse).• Environmental high-risk (sibling of child with elevated blood level).
32	To meet state or federal requirements for Head Start, daycare, foster care, or pre-adoption.
23	When needed before a dental procedure provided under general anesthesia.

Texas Health Steps Follow-up Visits

A return visit may be required to complete necessary screenings or procedures

- Placing or reading a Tuberculin Skin Test (TST)
- Immunizations
- Specimen collection for a laboratory test
- Completion of a component
- Separate reimbursement may not be available

CPT code 99211 with Texas Health Steps provider identifier, and THSteps benefit code.



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Children in Foster Care

Children entering or re-entering foster care require the following:

- Texas Health Steps medical checkup within 30 days
- Tuberculin Skin Test (TST)

Checkups must be performed by a medical provider enrolled in Medicaid and Texas Health Steps, and who is contracted with STAR Health.

STAR Health member connection representatives call caregivers immediately once a child is enrolled in STAR Health to offer assistance with scheduling the Texas Health Steps checkup.





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Texas Health Steps Documentation

Texas Health Steps Documentation

All checkup components must be documented in the medical record.

Quality review activities include:

- Random chart review
- Focused studies of Texas Health Steps medical checkup completeness
- MCO reviews



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Texas Health Steps Documentation

A component may be omitted due to:

- Provider's assessment of child's condition
- Lack of cooperation
- Parent's refusal to give consent

May also omit specific screening tools if a related condition has been identified, and child is currently receiving treatment.

Documentation must include the rationale for the omission.



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Texas Health Steps Child Health Record Forms

- **Optional**
- Age-specific
- Reflect current policy

NAME: _____	MEDICAID ID: _____
DOB: _____	PRIMARY CARE GIVER: _____
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE: _____
DATE OF SERVICE: _____	INFORMANT: _____

HISTORY	UNGLOTHED PHYSICAL EXAM
<input type="checkbox"/> See new patient history form INTERVAL HISTORY: <input type="checkbox"/> NKCA <input type="checkbox"/> Allergies: _____ Current Medications: _____ Visits to other health-care providers, facilities: _____ Parental concern/changes/stressors in family or home: _____ Psychosocial/Behavioral Health Issues: Y <input type="checkbox"/> N <input type="checkbox"/> Findings: _____ <input type="checkbox"/> TB questionnaire, risk identified: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> *Tuberculin Skin Test if indicated <input type="checkbox"/> TST (See back for form) DEVELOPMENTAL SURVEILLANCE: • Gross and fine motor development • Communication skills/language development • Self-help/care skills • Social, emotional development • Cognitive development • Mental health NUTRITION: Breastmilk _____ Min per feeding _____ Number of feedings in last 24 hrs _____ Formula (type) _____ Oz per feeding _____ Number of feedings in last 24 hrs _____ Water source: _____ Fluids: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Solids _____ *See Bright Futures Nutrition Book if needed	<input type="checkbox"/> See growth graph Weight _____ (____ %) Length _____ (____ %) Head Circumference _____ (____ %) Heart Rate _____ Respiratory Rate _____ Temperature (optional) _____ <input type="checkbox"/> Normal (Mark here if all items are WNL) Abnormal (Mark all that apply and describe): Appearance _____ Mouth/throat _____ Cervical _____ <input type="checkbox"/> Head/Fontanelles _____ Teeth _____ Extremities _____ <input type="checkbox"/> Skin _____ Neck _____ Back _____ <input type="checkbox"/> Eyes _____ Heart/pulses _____ Musculoskeletal _____ <input type="checkbox"/> Ears _____ Lungs _____ Hips _____ <input type="checkbox"/> Nose _____ Abdomen _____ Neurological _____ Abnormal findings: _____ Subjective Vision Screening: P <input type="checkbox"/> F <input type="checkbox"/> Subjective Hearing Screening: P <input type="checkbox"/> F <input type="checkbox"/>
IMMUNIZATIONS	HEALTH EDUCATION/ANTICIPATORY GUIDANCE (see back for useful topics)
<input type="checkbox"/> Up-to-date <input type="checkbox"/> Deferred - Reason: _____ Given today: DTaP <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Hib <input type="checkbox"/> IPV MMR <input type="checkbox"/> PCV <input type="checkbox"/> Meningococcal* <input type="checkbox"/> Varicella <input type="checkbox"/> MMRV <input type="checkbox"/> Hib-Hep B <input type="checkbox"/> DTaP-IPV-Hep B <input type="checkbox"/> DTaP-IPV/Hib <input type="checkbox"/> Influenza *Special populations: See ACIP	<input type="checkbox"/> Selected health topics addressed in any of the following areas: • Family interactions • Nutrition • Setting Routines • Safety • Development/Behaviors *See Bright Futures for assistance
LABORATORY	ASSESSMENT
Tests ordered today: Hgb/Hct: Y <input type="checkbox"/> N <input type="checkbox"/> Blood lead test: Y <input type="checkbox"/> N <input type="checkbox"/> Other: _____	Dental Referral: Y <input type="checkbox"/> Other Referral(s): _____ Return to office: _____ Signature/Title: _____
Signature/Title: _____	Signature/Title: _____

CHILD HEALTH RECORD

12 MONTH CHECKUP

[THSteps Child Health Record Forms](#)

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Texas Health Steps Documentation

Tuberculosis (TB) Questionnaire

The only required form for a Texas Health Steps checkup.

Ways to document the questionnaire

- Document the results of the completed tool in the checkup record - or -
- Retain or scan completed questionnaire in the record - or -
- Include and document the answers to the TB Questionnaire within a provider-created medical record.



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Texas Health Steps Documentation

Other **Optional** Forms

- Form Pb-110 Risk Assessment for Lead Exposure
- Parent Hearing Checklist



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Texas Health Steps Documentation

For all electronic, online, or web-based tools, consent/release of information may be needed for:

- Transfer of patient data stored electronically in external databases, or
- If data will be used for purposes other than Texas Health Steps checkups.



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Texas Health Steps Documentation

Previous results may be used to meet the checkup requirements if completed within:

- Preceding 30 days for children who are two years of age and younger.
- Preceding 90 days for children who are three years of age and older.

Documentation must include:

- The date(s) of service.
- Clear reference to previous visit by the same provider, or results obtained from another provider.



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Texas Health Steps Billing

The Current Procedural Terminology (CPT) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).

Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact:

- The appropriate medical or dental managed care plan, or
- TMHP for patients with fee-for-service coverage.

RHCs and FQHCs receive an all-inclusive encounter rate.



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Texas Health Steps Billing



ICD-10-CM Coding for Texas Health Steps

ICD-10 CM Code	Descriptor
Z00110	Newborn exam, birth to 7 days
Z00111	Newborn exam, 8 days to 28 days
Z00129	Routine child exam
Z00121	Routine child exam, abnormal
Z0000	General adult exam
Z0001	General adult exam, abnormal

[TMHP Code Updates](#)

Texas Health Steps Quick Reference Guide

THSteps medical checkup CPT codes:

New Patient

- 99381, 99382, 99383, 99384, 99385

Established Patient

- 99391, 99392, 99393, 99394, 99395

Follow Up visit

- 99211

Immunizations

- Diagnosis code Z00110, Z00111, Z00129, Z00121, Z0000, or Z0001 in addition to Z23
- Appropriate immunization administration and vaccine codes



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Texas Health Steps Quick Reference Guide

Additional requirements

THSteps Benefit Code EP1

Identify the provider completing the physical examination

- AM-Physician
- SA-Nurse Practitioner
- TD-Registered Nurse
- U7-Physician Assistant

Condition indicators

- NU-Not used (no referral)
- ST-New services requested
- S2-Under treatment



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Texas Health Steps Quick Reference Guide

Procedures that are a benefit may be reimbursed on the same day as a medical checkup-

- Postpartum depression screening (CPT code G8431 or G8510)
- Developmental screening (CPT code 96110)
- Autism screening (CPT code 96110 with U6 modifier)
- Mental health screening in adolescents (CPT code 96160 or 96161)
- Tuberculin Skin Test (TST) (CPT code 86580)
- Point-of-care lead testing (CPT code 83655 with QW modifier)
- Immunizations administration (Individual MCOs may require the use of a modifier)
- Oral Evaluation & Fluoride Varnish (CPT code 99429 with U5 modifier)



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Separate Identifiable Acute Care Evaluation & Management (E/M) Visit

Acute or chronic condition that requires care in addition to the checkup:

- May be treated at the same time of the medical checkup, or
- Child may be referred.

Child's medical record must contain documentation of medical necessity.

A separate claim is not indicated when treatment for an insignificant or trivial problem/abnormality does not require additional work.



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Separate Identifiable Acute Care Evaluation & Management (E/M) Visit

Both the checkup and E/M visit may be reimbursed as a *NEW patient visit* if child meets new patient requirements.

Contact the MCO or TMHP for claims filing information

- Appropriate diagnosis code
- Appropriate evaluation and management code



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Texas Health Steps Dental Checkup and Services

Texas Health Steps Dental Services

Texas Health Steps dental services are benefits of Medicaid eligible children from birth through 20 years of age.

- Early detection and treatment of dental health problems.
- Oral health preventive services.



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Texas Health Steps Dental Services

Services include preventive and medically necessary dental services:

- Dental preventive services; checkups every 6 months
- Therapeutic services
- Diagnostic services
- Orthodontia services
- Anticipatory guidance
- Self referral or referral by medical provider
- Specialist referrals by main dentist



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Texas Health Steps Dental Services

Medical providers refer children 6 months and older to establish a main dentist / dental home

Clients can self refer to main dentist / dental home

Clients 6 months through 20 years receive dental checkup at 6 month intervals (181 days)

Periodicity follows -

- Academy of Pediatric Dentistry Periodicity Guidelines
- American Dental Association Guidelines for Prescribing Dental Radiographs



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First Dental Home

First Dental Home (FDH) is a package of dental services aimed at improving the oral health of children, ages 6 through 35 months, who have Medicaid benefits.

Goals

- Begin preventive dental services for very young children to decrease the occurrence of Early Childhood Caries (ECC).
- Provide simple and consistent oral health messages to parents and caregivers.



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First Dental Home

Children ages 6 through 35 months of age may be referred at 6 months of age and receive services at:

- 3-month intervals based on their caries risk assessment.
- 6-month intervals thereafter through 35 months of age.



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First Dental Home

Benefits

- Comprehensive oral examination
- Oral hygiene instruction with primary caregiver
- Dental prophylaxis
- Topical fluoride application using fluoride varnish
- Caries risk assessment
- Dental anticipatory guidance



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First Dental Home

First Dental Home providers must complete training and certification from Texas Health Steps.

Link to the online training at <http://www.txhealthsteps.com> and click on “Courses”, then under Topic, select “Oral Health” and then click on “First Dental Home”.

Access more information on the Texas Health Steps [First Dental Home](#) webpage.



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Texas Health Steps Dental Services

Dental checkups and visits may be scheduled:

- At 6 months of age for preventive care.
- At more frequent intervals if in First Dental Home.
- At any age for appropriate therapeutic procedures or emergency dental services.



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Texas Health Steps Dental Services

Exceptions to six-month periodicity dental services:

- Oral evaluation (D-0120)
- Dental checkup
- Emergency or trauma related services (D-0140)



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Texas Health Steps Dental Services

Rules for exception-to-periodicity dental services:

Oral evaluations – (D-0120)

- Medically necessary and based on risk factors and health needs for children birth through 6 months of age. (Modifier SC)
- Mandated service required to meet federal or state requirements. (Modifier 32)

Dental checkup –

- Client will not be available for the next periodically due checkup (Modifier SC)



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Texas Health Steps Dental Services

Rules for exception-to-periodicity dental services (cont.):

Emergency or trauma related – (D-0140)

- Required for immediate treatment and any follow-up treatment (Modifier ET)
- Required for therapeutic services needed to complete a case for clients who are 5 months or younger when initiated as emergency services, trauma, or early childhood caries (Modifier ET)



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Texas Health Steps Dental Services

Some services may require prior authorization.

Contact the appropriate dental managed care organization, or TMHP for further information.

Emergency and trauma services

- Prior authorization is not required.
- Contact the appropriate dental managed care organization or TMHP for further information.



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Caries Risk Assessment (CRA)

- Prevention of childhood caries is a fundamental part of preventative dental care and it is crucial to oral health that Texas manages caries risk in our child population.
- HHSC made the decision to utilize Dental Quality Alliance (DQA) measures in 2017 so Texas would have nationally recognized standards for dental care.



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Caries Risk Assessment (CRA)

- In order to implement the DQA sealant measure as part of its 2017 dental P4Q program, HHSC Quality Assurance (QA) initiated steps to track documented caries risk assessments.
- In order to track caries risk assessment results, providers append the CRA code to the oral evaluation on the dental claim form.
- The American Dental Association and the American Academy of Pediatric Dentistry support DQA measures and utilizing them would help Texas policy align with best practices and standards of care.



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Carries Risk Assessment (CRA)



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Texas Health Steps requires [carries risk assessment](#) and documentation to be included in all dental exams. Reimbursement for dental exams will be denied by Medicaid unless a caries risk assessment has properly been conducted, documented, and coded.

THSteps offers training with step-by-step guidance about conducting and documenting caries risk assessment for patients ages 6 months through 20 years. Take the "First Dental Home (FDH)" training module for children 6 through 35 months old; and, the "Assessments, Education, and Prevention in the Dental Home" training module for children 3 through 20 years old. Both trainings provide links to all caries risk assessment forms and include documentation and billing information.

To access the training modules, link to <http://www.txhealthsteps.com/cms>, select Courses. In the Course Finder, select "Oral Health", then click FIND. Click on "First Dental Home" or "Assessments, Education, and Prevention in the Dental Home".

Adolescent Dental Needs

Adolescents have distinctive dental needs.

- Potential for dental caries, traumatic injury and periodontal disease
- May use tobacco, alcohol and drugs
- Young pregnant women need dental evaluation
- Orthodontic treatment
- Aesthetics
- Oral piercings



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Children in Foster Care

Children entering or re-entering foster care require the following:

- Texas Health Steps dental checkup within 60 days

Checkups must be performed by a dental provider enrolled in Medicaid and Texas Health Steps, and who is contracted with STAR Health.

STAR Health member connection representatives call caregivers immediately once a child is enrolled in STAR Health to offer assistance with scheduling the Texas Health Steps dental checkup.



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Related Programs

Texas Vaccine for Children (TVFC)

Texas Health Steps providers are strongly encouraged to enroll in TVFC.

Vaccines available at no cost to providers.

To enroll, or for more provider information, go to www.dshs.texas.gov/immunize/tvfc/default.shtm



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Texas Vaccine for Children (TVFC)

Children birth through 18 years of age who meet at least one of the following criteria are eligible to receive TVFC vaccine from any TVFC-enrolled provider.

- Medicaid enrolled or medicaid eligible
- UNinsured
- American Indian or Alaskan Native
- UNDERinsured
- Enrolled in CHIP



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Texas Vaccine for Children (TVFC)

UNDERinsured

A child who has commercial (private) health insurance, but:

- Coverage does not include vaccines; or,
- Insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only)



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ImmTrac2 - Texas Immunization Registry

- State law requires that all providers must report.
- Child's immunization information is stored electronically.
- Free Service
- One centralized system

Consent happens during:
birth registration process
or
completion of consent form.



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Case Management for Children and Pregnant Women

Services

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



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Case Management for Children and Pregnant Women

Eligibility

To be eligible for case management services, the client must:

- Be Medicaid-eligible in Texas.
- Be a child with a health condition/health risk or a pregnant woman with a high-risk condition (pregnant at time of enrollment).
- Need assistance in gaining access to the necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition.
- Desire case management services.



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Case Management for Children and Pregnant Women

Who are Case Management Providers?

- Registered Nurses
- Licensed Social Workers

Where do they work?

- Nonprofit Agencies/Organizations
- Individual Owners
- Healthcare Clinics
- Schools & School Districts
- Rehabilitation Centers



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Case Management for Children and Pregnant Women

What Are Case Management Services?

- Identifying needs of clients and their family; develop plan to address needs; follow-up with client and family to ensure needs have been addressed or resolved.
- Identifying strengths and challenges.
- Assisting with accessing, advocating for, and coordinating needed services.
- Empowering clients to find and access services they need.
- Delivering services in a culturally sensitive manner.



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Case Management for Children and Pregnant Women

Identifying Strengths and Challenges

- Encourage families to identify their own strengths.
- Identify barriers to addressing client needs.

Empowering clients

- Encourage clients and families to become active participants.
- Educate clients so they are able to access services in the future.



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Case Management for Children and Pregnant Women

How does it differ from other CM programs/care coordination?

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



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Making a Referral

Case Management Providers for Children and Pregnant Women

Home / Doing Business with HHS / Provider Portals / Health Services Providers
/ Case Management Providers for Children and Pregnant Women

+ Contract Management

+ Contracting with HHS

+ Grants

+ Licensing, Credentialing and Regulation

+ Medicaid Provider Enrollment

Open Enrollment Opportunities

- Provider Portals

+ Assistive Services Providers

+ Behavioral Health Services Providers

+ Case Management Providers

Case Management for Children and Pregnant Women offers help in every county in Texas.

+ Become a Provider

+ Contact Program Staff

+ Forms

+ Make a Referral to Case Management

+ Rules & Policies



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Making a Referral

Call Texas Health Steps at 1-877-847-8377 or fax CM referral form to (512)533-3867



CM Referral
10/16

REFERRAL FOR CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

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

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



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Case Management Referral Pad

- Designed for providers to make referrals for Case Management
- Order publication #05-13916 on the [THSteps Catalog Webpage](#)
- Two-sided pad with 50 referral forms



Personal Care Services (PCS)

PCS is a Medicaid benefit that assists eligible clients who require assistance with **activities of daily living (ADLs)**

and

instrumental activities of daily living (IADLs) because of a physical, cognitive or behavioral limitation **related to** their disability or chronic health condition.



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Personal Care Services (PCS)

ADLs

- Bathing
- Locomotion or Mobility
- Dressing
- Eating
- Personal Hygiene
- Positioning
- Transferring
- Toileting

IADLs

- Grocery/Household Shopping
- Light Housework
- Laundry
- Meal Preparation
- Medication Assistance or Administration
- Escort or Assistance with Transportation Services
- Money Management
- Telephone Use or Other Communication

Assistance is provided by non-skilled attendants. Nursing tasks are not covered under Personal Care Services.

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Services

Personal Care Services (PCS)

Who can receive PCS?

Individuals who are:

- Younger than 21 years of age.
- Enrolled with Texas Medicaid.
 - Fee-for-Service (FFS)
 - STAR
- Have physical, cognitive, or behavioral limitations related to a disability, or chronic health condition that inhibits ability to accomplish ADLs and IADLs.
- Have parental barriers that prevent the client's responsible adult from assisting the client.



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Services

Personal Care Services (PCS)

The following needs of the responsible adult are also considered:

- The responsible adult's need to sleep, work, attend school, meet his/her own medical needs.
- The responsible adult's legal obligation to care for, support, and meet the medical, education, and psychosocial needs of his/her other dependents.
- The responsible adult's physical ability to perform the personal care services.



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Personal Care Services (PCS)

Client Referrals

A client referral can be provided by anyone who recognizes a client need for PCS including, but not limited to, the following:

- Client or family member.
- A primary practitioner, primary care provider, or medical home.

DSHS social workers process referrals, assess clients, and submit prior authorizations to TMHP for services.

PCS/CFC Referral Line: 1-888-276-0702

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Community First Choice (CFC)

Community First Choice (CFC) is a program that enables Texas Medicaid to provide the most cost effective approach to basic attendant and habilitation service delivery.

CFC is a Medicaid benefit that assists eligible clients who require assistance with **activities of daily living (ADLs)** *and* **instrumental activities of daily living (IADLs)** because of a physical, cognitive or behavioral limitation **related to** their disability or chronic health condition.

It also helps with habilitation - teaching a person how to do everyday tasks without help.



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Community First Choice (CFC)



Services

- Personal assistance services is assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision or cueing.
- Habilitation services is the acquisition, maintenance and enhancement of skills-training to accomplish ADLs, IADLs, and health-related tasks.
- Support Management provides voluntary training for individuals who want to choose to select, manage and dismiss their own attendants.
- Emergency Response System is a service for members who would otherwise require extensive routine supervision and who live alone, alone for significant parts of the day, or do not have regular caregivers for extended periods of time.

Community First Choice (CFC)

ADLs

- Bathing
- Locomotion or Mobility
- Dressing
- Eating
- Personal Hygiene
- Positioning
- Transferring
- Toileting

IADLs

- Grocery/Household Shopping
- Light Housework
- Laundry
- Meal Preparation
- Medication Assistance or Administration
- Escort or Assistance with Transportation Services
- Money Management
- Telephone Use or Other Communication

Assistance is provided by non-skilled attendants. Nursing tasks are not covered under Community First Choice.



Community First Choice (CFC)

- CFC follows the same rules for parental barriers as PCS for attendant care services only.
- Parent barriers are not taken into consideration for habilitation services.



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Community First Choice (CFC)



Who can receive CFC?

Individuals who are:

- Younger than 21 years of age.
- Enrolled with Texas Medicaid.
 - Fee-for-Service (FFS)
 - STAR
- Have physical, cognitive, or behavioral limitations related to a disability, or chronic health condition that inhibits ability to accomplish ADLs and IADLs.
- Require an institutional level of care, such as:
 - A nursing facility
 - An institution of mental disease
 - An intermediate care facility for individuals with an intellectual disability or related condition

Community First Choice (CFC)



Client Referrals

A client referral can be provided by anyone who recognizes a client need for CFC including, but not limited to, the following:

- Client or family member.
- A primary practitioner, primary care provider, or medical home.

DSHS social workers process referrals, assess clients, and submit prior authorizations to TMHP for services.

PCS/CFC Referral Line: 1-888-276-0702

Children with Special Health Care Needs (CSHCN)

Benefit Summary

The Children with Special Health Care Needs (CSHCN) Program serves:

- Children who have special health-care needs.
- Individuals of any age who have cystic fibrosis.

The program helps clients medically necessary services:

- Medical, dental and mental health care
- Vision
- Special medical equipment and supplies
- Family support services
- Community services
- Case Management

[Children with Special Health Care Needs](#)

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Children with Special Health Care Needs (CSHCN)

Eligibility Summary

The program is available to anyone who-

- Lives in Texas.
- Is 20 years of age or younger.
- Any age with a diagnosis of cystic fibrosis.
- Has a income level at or below 200 percent of the federal poverty level.
- Has a medical problem that-
 - Is expected to last at least one year
 - Will limit one or more major life activities
 - Requires a higher level health care
 - Has physical symptoms*.

** Patients having only a mental, behavioral or emotional condition, or a delay in development do not qualify.*



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Children with Special Health Care Needs (CSHCN)

Contact the CSHCN Services Program

Mailing Address:

Children with Special Health Care Needs Services
Program
MC 1938
P.O. Box 149347
Austin, TX 78714-9347

Ask questions by phone:

CSHCN Inquiry Line toll free at 1-800-252-8023
512-776-7150 Austin
512-776-7162 Fax



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January 2021

Medical Transportation Program (MTP)

The Medical Transportation Program (MTP), under the direction of HHSC, arranges transportation for all children eligible for Medicaid, and children in the Children with Special Health Care Needs (CSHCN) Services Program. MTP is responsible for the prior authorization of all MTP services.

Clients can request transportation services by calling toll free:

- Statewide 1-877-633-8747
- Houston/Beaumont area 1-855-687-4786
- Dallas/Ft. Worth area 1-855-687-3255



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Resources

Texas Health Steps Provider Outreach Referral Service

The Texas Health Steps Provider Outreach Referral Service is utilized by Texas Health Steps providers who request outreach and follow-up on behalf of a Texas Health Steps patient. This service provides necessary outreach such as:

- Contacting a patient to schedule a follow-up appointment.
- Contacting a patient to reschedule a missed appointment.
- Contacting a patient to assist with scheduling transportation to the appointment.
- Contacting a patient for other outreach services.

[THSteps Provider Outreach Referral Form](#)



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Texas Health Steps Provider Outreach Referral Service

A Texas Health Steps provider may submit a request for patient outreach to the Texas Health Steps Special Services Unit (SSU) using the Texas Health Steps Provider Outreach Referral Form.

Once received, SSU will process each referral and attempt to respond to it in a timely and efficient manner.

Successfully contacted patients are:

- Assisted with scheduling or rescheduling an appointment and/or obtaining transportation to the appointment.
- Educated about the importance of keeping or canceling appointments when appropriate.
- Engaged in a problem-solving process to overcome barriers preventing them from keeping appointments.



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Texas Health Steps Provider Outreach Referral Service

**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL FORM
FAX: 512-533-3867**

Complete this form and submit by fax.
 Use only **ONE FORM PER HOUSEHOLD**, up to 2 patients.
 You will receive notification once your referral is processed.

Provider Information Date:

Provider/Clinic Name:		Contact Name:	
Office Address:	City:	County:	Zip Code:
Phone Number:		Fax Number:	
Provider Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Orthodontic <input type="checkbox"/> Case Management <input type="checkbox"/> Other:			

Parent/Guardian Information

Parent/Guardian Name:		Phone Number:	Mobile Number:
Address:	City:	County:	Zip Code:
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			

Patient #1 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other:			
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only).		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments:			
Outreach Services Results (SSU Use Only)			
<input type="checkbox"/> Appointment scheduled; date/time:	<input type="checkbox"/> Patient provided education about appointment etiquette.		
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.		
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.		
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other:		
Comments to Provider:			

Patient #2 Information

Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead <input type="checkbox"/> Other:			
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:	<input type="checkbox"/> Assistance needed scheduling appointment.		
<input type="checkbox"/> Follow-up appointment for additional lead testing.	<input type="checkbox"/> Provide updated patient address (Case Management Only).		
<input type="checkbox"/> Assist with transportation to appointment.	<input type="checkbox"/> Other, see comments.		
Comments:			
Outreach Services Results (SSU Use Only)			
<input type="checkbox"/> Appointment scheduled; date/time:	<input type="checkbox"/> Patient provided education about appointment etiquette.		
<input type="checkbox"/> Patient assisted with transportation to appointment.	<input type="checkbox"/> Patient will contact provider directly.		
<input type="checkbox"/> No action taken; patient declined assistance.	<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.		
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.	<input type="checkbox"/> Other:		
Comments to Provider:			

**TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES
FAX COVER SHEET**

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

CONFIDENTIALITY NOTICE: This fax and any pages transmitted with it are confidential and intended solely for the use of the individual or entity to which they are intended. If you are not the intended recipient, you are hereby notified that any use, disclosure, dissemination, distribution, copying, or taking of any action because of this information is strictly prohibited. Please notify the sender immediately if you received this fax in error and destroy this fax and any pages transmitted with it.



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Provider Outreach Referral Service

Texas Health Steps providers may submit the referral form and fax cover sheet to the THSteps Special Services Unit (SSU) at:

512-533-3867

Providers who have questions about the Provider Outreach Referral Service or need technical assistance with completion and submission of the referral form should contact their Texas Health Steps Provider Relations Representative.

[Texas Health Steps Provider Relations Representatives](#)



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Online Provider Education (OPE)

OPE offers more than 50 **FREE** online CE courses on a variety of preventive health, oral health, mental health and other topics that support the Texas Health Steps program.

The screenshot shows the Texas Health Steps OPE website. The main banner features a purple background with various medical icons (stethoscope, heart, tooth, microscope, etc.) and the text: "Get CME today. Put it into practice tomorrow." Below this is a "REGISTER NOW >>" button. To the right, there are two sections: "FIND A COURSE" with a "FIND >>" button and "RESOURCE CENTER" with a "GET >>" button. Below the banner, there is a section for "Free online CME from experts you trust. Available 24/7." with a description of the program and an "Overview video" player. At the bottom, there are sections for "PODCASTS" and "ETHICS-ACCREDITED COURSES".

<http://www.txhealthsteps.com/>

January 2021



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Online Provider Education (OPE)

The courses are available 24/7 and offer education covering:

- Best practices.
- Case-based evaluation and diagnostic training.
- Texas Health Steps preventive and screening services.
- Overall Medicaid benefits.



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Services

Online Provider Education (OPE)

The site also offers mobile-friendly quick courses and case studies. These 5-minute courses provide targeted instruction and up to date information on timely Medicaid topics.

Stay connected to OPE!

[Sign up for OPE updates with GovDelivery](#)



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January 2021

Texas Health Steps Resource Catalog

Texas Health Steps offers brochures, posters and other outreach resources, at no cost to Medical and Dental Providers, Schools, Community Based Organizations (CBOs), Case Managers and other partners.

Materials cover a variety of topics, including:

- Medical or Dental Checkup
- Newborn Hearing Screening/TEHDI
- Medical Transportation Program
- Case Management for Children and Pregnant Women

[THSteps Resource Catalog](#)

January 2021



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Texas Health Steps Resource Catalog

Email a request to txmailhouse@maximus.com to receive a log in/password to place an order, or call 512-919-1623.

Include the following information:

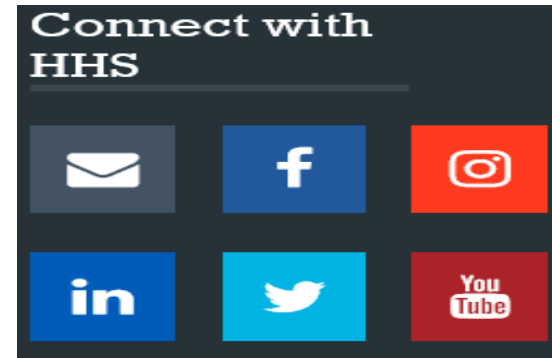
- Organization Name
- Physical Street Address (Cannot ship to PO Box)
- City, State, Zip Code
- Contact Person
- Telephone (With area code)
- Email address (Email address is required to receive an online account to order publications)



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Sign up for Texas Health Steps Alerts

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