



TEXAS

**Department of Family
and Protective Services**

Child Protective Services

**Medical Services
Resource Guide**

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Resource Guides

The purpose of Resource Guides is to provide information that helps you do your job better. This information includes reference material, procedures, and guidelines that help you complete the tasks you are required to do by policy.

It's important to remember that the information in Resource Guides **does not substitute for policy**. We may sometimes include policy statements, but only to show you the policy to which the information is related. We will highlight any policy that actually appears in the Resource Guide, and will almost always include a link to the actual policy. For example:

Per [4222.2 Re-Allowing Placement](#):

If the caseworker learns of a detailed justification for changing the status of and considering placements in a foster family that is on Disallowed Placement status, the caseworker must elevate this consideration through the regional chain of command to the regional director.

The policy in the handbook always takes precedence over what is in the Resource Guide. We try to keep policy and Resource Guides synchronized, but sometimes there is a delay. **If you have questions, always follow the policy in the Policy Handbook.**

Resource Guides provide important information on a range of topics, for the purpose of assisting and guiding staff to:

- make essential decisions
- develop strategies to address various issues
- perform essential procedures
- understand important processes
- identify and apply best practices

The information in the Resource Guides is not policy (except where noted), and the actions and approaches described here are not mandates. You should adapt the way you perform critical tasks to the individual needs and circumstances of the children and families with whom you work.

State office and field staff are working together to identify Resource Guide topics, define the content, and develop the appropriate guides. CPS will regularly post Resource Guides as they are developed, and update them as needed. Check the Resource Guides page, in the CPS Handbook, to see new or revised Guides.

We hope these Guides provide useful information to guide and assist CPS staff in effectively performing their job tasks. These Guides, combined with clear and concise policy in the Handbook, should help staff provide a high level of service to children in Texas.

HEALTH SERVICES

ADDITIONAL RESOURCE GUIDES RELATED TO MEDICAL SERVICES:

[Primary Medical Needs Resource Guide](#)

[Medical Consent Resource Guide](#) (includes information related to consent for Psychotropic Medications)

[Mental Health Resource Guide](#)

[Child and Adolescent Needs and Strengths Assessment \(CANS\) Resource Guide](#)

MEDICAL SERVICES DIVISION

The CPS Medical Services Team consists of Well-Being Specialists, Nurse Consultants and Program Specialists located both in State Office and regionally across the state. The team has expertise in the following areas:

- Medical Consent
- Psychotropic Medications
- Star Health
- Primary Medical Needs
- 3 in 30 (Child and Adolescent Needs and Strengths Assessment/CANS, Texas Health Steps Medical Check Up and the 3 Day Medical Exam)
- Trauma Informed Care
- Health Passport
- Mental Health
- Substance Abuse
- Psychotropic Medications

CPS NURSE CONSULTANTS

As Subject Matter Experts, CPS Nurse Consultants provide consultation and education to CPS staff about health care issues related to children on their caseloads.

Nurse Consultants are licensed Registered Nurses. Nurse Consultants at CPS do not function in a clinical direct patient care role (such as administering medications, administering treatments, or supervising caregivers). Nurse Consultants provide healthcare consultations including health advocacy, technical advice, and outcome evaluation. They use their substantial specialized judgment and skill, knowledge and application of the principles of physical, biological and social sciences acquired through education as defined in the Texas Nursing Practice Act (http://www.bon.texas.gov/laws_and_rules_nursing_practice_act.asp).

CPS Nurse Consultants are an important part of the CPS regional team during all stages of CPS service.

Role of CPS Nurse Consultants

The primary role of the CPS Nurse Consultant is to provide support and information to CPS staff. CPS staff can consult with the Nurse Consultant regarding any question, concern, or issue that may arise related to the medical needs, treatments, medications, or medical recommendations pertaining to the children on the CPS staff caseloads.

Nurse consultants *may not* provide direct nursing services. The Department of Family and Protective Services is not designated or licensed as a health care agency. However, professional nurses are permitted to act as CPS nurse consultants because of their training, skills, and knowledge. The Texas

Board of Nursing Rules and Regulations relating to Nurse Education, Licensure, and Practice, does not allow nurse consultants to do direct care, so CPS Nurse Consultants are prohibited from providing direct services. Providing direct medical services could put the nurses at risk of disciplinary action related to their licensure.

Below are some examples of services the nurse consultant may provide:

Advocacy for Children's Healthcare Needs

The CPS Nurse Consultant may advocate for CPS staff and children receiving CPS services by discussing the medical needs of children with medical and special needs in all open cases and making recommendations. The CPS Nurse Consultant accomplishes this by:

- participating in staffings;
- engaging in discussions with the children's direct medical providers; and
- attending meetings, such as Family Team Meetings (FTM), Family Group Conferences (FGC), regional removal staffings, case staffings involving children with medical needs, hospital staffings, child death reviews, etc.

Collaboration and Coordination of Health Care Services for Children

The CPS Nurse Consultant may assist CPS staff with collaborating and coordinating health care services and referrals for children with medical and special needs. The CPS Nurse Consultants, in order to work collaboratively in meeting the needs of each individual child, develop positive relationships with:

- STAR Health service managers;
- Well-Being Specialists;
- Department of State Health Service case managers;
- Forensic Assessment Center Network staff;
- child placing agency staff and nurses;
- caregivers, including foster parents, fictive kin, relatives, and biological family members;
- primary care providers (PCPs);
- community health care providers; and
- specialty physicians.

Training and Consultation to CPS Staff

The CPS Nurse Consultant may provide training and consultation, to CPS staff in all stages of service, regarding medical issues and concerns, such as children with multiple medical needs and psychotropic medications. Although CPS Nurse Consultants do not typically provide training and consultation to foster parents, kinship caregivers, residential providers, and biological parents, they are available to provide general medical information and education to these caregivers during collaborative meetings, such as Family Team Meetings and Family Group Conferences.

The CPS Nurse Consultant uses his or her nursing knowledge, skill, and expertise to explore and investigate issues, questions and concerns that are referred by staff. The CPS Nurse Consultant explores caseworker concerns and provides recommendations, using any of the following tasks as appropriate:

- Nursing assessments to gather helpful data and information
- Reviewing medical records, immunization records, proposed treatment plans, etc.
- Conducting interviews with medical providers, service managers, caregivers, foster parents, etc.
- Interpreting medical information and medications
- Conducting home visits
- Providing one on one consultation to the caseworker
- Facilitating referrals to the Forensic Assessment Center Network (FACN)

Since CPS Nurse Consultants serve multiple regions, they are unable to make home visits in every case. They coordinate with CPS staff on a case-by-case basis to prioritize cases in which a home visit by a nurse is needed.

Documentation by CPS Nurse Consultants

The Nurse Consultant provides information to CPS staff for IMPACT documentation purposes. In some cases, the caseworker will need to assign the nurse consultant as secondary on each case so that the Nurse Consultant can document directly into IMPACT. Otherwise, the nurse will email all documentation to the caseworker and the caseworker can enter it into IMPACT.

What is Not the Role of the CPS Nurse Consultant

The following list provides examples of direct services that are outside the scope of the CPS Nurse Consultant and which he or she may not provide:

- Providing direct nursing care to children (examples: injections, dressing changes, gastrostomy tube feeding, or ventilator care).
- Providing training to non-CPS staff, such as foster parents, kinship caregivers, residential providers, and biological parents either individually or in a classroom settings (examples: training on psychotropic medication, medication management, CPR, First Aid, care of children with primary medical needs).
- Sitter services for children in the hospital, their placement, their home, or other setting.
- Transporting children with primary medical needs (example: out-of-state to an adoptive placement, during placement changes).

Although CPS Nurse Consultants do not directly provide any of the services listed above, they may assist CPS staff in accessing these services, when available, through home health agencies, STAR Health, other state agencies, and local resources.

How to Request Assistance from Your CPS Nurse Consultant

The caseworker may request assistance from the CPS Nurse Consultant in person, or by phone, email, or using a referral form. Regional staff should consult with the CPS Nurse Consultant covering their region regarding the best way to make a referral. The current list of CPS nurse consultants may be found at: <http://intranet/CPS/Regional/nurse.asp>

It is important for the caseworker to provide the CPS Nurse Consultant with pertinent information regarding the caseworker's concerns. The caseworker is required to follow through with the CPS Nurse Consultant's recommendations. If the caseworker has issues, questions, or concerns about these recommendations, he or she should follow through with the CPS Nurse Consultant, the caseworker's supervisor, and the nurse consultant's supervisor, who is the State Office Medical Services Division Administrator (sherry.rumsey@dfps.state.tx.us).

The goal is for caseworkers, supervisors, program directors, and CPS Nurse Consultants to work together as a team and develop a plan with the child's best interest in mind.

This information replaces the PSA 10-069 from April 5, 2010.

WELL BEING SPECIALISTS (WBS)

Well Being Specialists are subject matter experts who assist CPS staff, caregivers, and STAR Health in addressing basic and specialized behavioral and physical healthcare needs for children in all stages of service, including dental, vision, and pharmacy services. The Well Being Specialists are housed in local offices throughout the state, and they report to the Well-Being Specialist Manager, Sheryl McCloney (Sheryl.mccloney@dfps.state.tx.us).

For any issue related to a STAR Health matter, the first point of contact should be STAR Health Member Services at 1-866-912-6283. If your issue cannot be resolved by calling Member Services, and after consultation with DFPS regional chain of command, contact your regional Well Being Specialist. You can locate your regional Well Being Specialist at <http://intranet.dfps.txnet.state.tx.us/CPS/Regional/well-being.asp>.

WBS duties and responsibilities include, but are not limited to, the following:

Troubleshooting for Complex Cases related to Physical and Behavioral Health Needs

- Participate in placement staffings to assist placement staff with resolving barriers to placement, particularly in cases where children have special physical or behavioral health needs.
- Identify the needs of youth and assist in meeting those needs by making referrals to internal resources (Education Specialist, Developmental Disability Specialist, Nurse Consultant, SSI Coordinator, Eligibility Specialist, etc.) and external resources (Department of Aging and Disability Services, Department of Aging and Rehabilitative Services, Department of State Health Services, Medicaid Transportation Program, etc.).
- Assist CPS staff and caregivers in resolving medical billing issues.
- Respond to psychotropic medication concerns through education and coordination.
- Ensure there is no interruption or delay in services for the child by coordinating communication between medical providers, STAR Health, and CPS staff.
- Assist workers in obtaining prescription medications for children and young adults.
- Identify medical barriers to placement and request recommendations for on-going treatment through consultation with medical staff.
- Work closely with caseworkers and eligibility staff around Medicaid eligibility issues.
- Assist CPS staff with out of state access to healthcare services for children placed through the Interstate Compact on the Placement of Children (ICPC) process.
- Assist CPS staff and caregivers in addressing any denial of services by Star Health.
- Assist with transplant coordination with out of state hospitals.

CPS Liaison to Superior/Cenpatico

- Serve as Subject Matter Experts for STAR Health, Medical Consent policy, Medicaid policy, and the "3 in 30" (Texas Health Steps, CANS and 3 Day Medical Exam).
- Respond to Star Health inquiries, including medical consent confirmations, service management denials, refusal of Texas Health Steps Outreach by Kinship family, Eligibility issues, and outreach to staff.
- Manage provider complaints and quality of care concerns.

Child Specific Staffings

- Coordinate and facilitate Primary Medical Needs (see the [Primary Medical Needs Resource Guide](#)) and Medical staffings for any child entering CPS conservatorship or changing placements, who has specialized medical needs, for the purpose of ensuring the child's medical needs are met.
- Participate in placement staffings with Star Health and Placement to trouble shoot barriers to placements for medically fragile youth.
- Participate as needed in removal staffings, Circles of Support, Family Team Meetings, Family Group Conferences, Community Resource Coordination Groups, Permanency Roundtables, Permanency Conferences, Special Needs Staffings, Hospital Case Reviews, and Medical Staffings.

Training/Presentations

- Provide trainings and present information during Unit meetings or to external agencies, such as Child Placing Agencies.
- Provide Staff Development training on community resources available for health related issues.

Additional Duties

- Assist with referrals for Psychotropic Medication Utilization Reviews (PMUR) and ensure court orders for medication reviews are submitted to Superior when requested.
- Assist STAR Health when it is unable to locate a youth (due to placement change, runaway status, incarceration, etc.) and provide updated contact information and current legal status.
- Participate in a variety of State Office workgroups, projects, and meetings regarding new programs and policies to be developed through the implementation phase with regional staff.

STAR HEALTH

See [11200](#) Medical and Dental Services.

STAR Health is a statewide, comprehensive health care system designed to coordinate and improve healthcare for the children in DFPS conservatorship. Medicaid services through STAR Health are available to:

- children in DFPS conservatorship (under age 18);
- young adults in DFPS extended foster care (ages 18 through 20); and
- young adults who were previously under DFPS conservatorship and have returned to foster care through voluntary foster care agreements (ages 18 through 20).

Young adults eligible for Medicaid for Former Foster Care Children (FFCC) will continue coverage through the STAR Medicaid Managed Care plan of their choice from age 21 through the month of their 26th birthday.

STAR Health is required to ensure Texas Health Steps medical and dental checkups for all DFPS children who are enrolled in STAR Health. Children in DFPS conservatorship are required to receive an initial Texas Health Steps medical checkup within 30 days of entering DFPS conservatorship. The Child and Adolescent Needs and Strengths Assessment (CANS) is also required within 30 days of a child entering DFPS conservatorship. STAR Health behavioral health network clinicians, certified in administering the CANS, complete the CANS assessment statewide, except in areas of the state where Community Based Care has been implemented.

For additional information on CANS, see:

[CANS Resource Guide](#)

[6431.1](#) Child and Adolescent Needs and Strengths (CANS) Assessment and Family Strengths and Needs Assessment (FSNA).

For details on medical requirements, see Minimum Standards and Guidelines for Child-Placing Agencies, DFPS Child Care Licensing Division, [§§749.1151](#) and [749.1401](#).

For help finding a health care provider who participates in STAR Health, the child's caseworker, caregiver, or medical consenter contacts STAR Health at 1-866-912-6283.

Issues and concerns related to STAR Health are brought to the attention of the [well-being specialist](#) for the DFPS region involved.

The Medical Consenter Selects a Primary Care Provider (PCP)

Caregivers work with the child's medical consenter to choose a primary care provider (PCP). Only a medical consenter can legally choose a child's PCP. The PCP can be a doctor, a nurse, or a clinic that is chosen from STAR Health's provider directory.

Soon after enrollment in STAR Health, the caregiver receives a PCP selection form in the mail.

If the child's PCP is not a Texas Health Steps provider, STAR Health must provide the child with a medical checkup through an appropriately enrolled Texas Health Steps provider. There is no need to change the child's PCP.

When the Consenter Is the Caregiver

Once identified, the medical consenter:

- calls STAR Health at 1-866-912-6283; or
- faxes or mails the form back to STAR Health, following the instructions on the PCP selection form.

If the medical consenter calls STAR Health, the medical consenter verifies that he or she is the medical consenter by providing:

- his or her Person Identification (PID) number; or
- the child's PID number or Medicaid number and child's date of birth (DOB).

When the Consenter Is Not the Caregiver

If the medical consenter is not the caregiver, the medical consenter discusses the choice of a PCP with the caregiver, then contacts STAR Health by phone, mail, or fax, as noted above.

Questions

For questions about STAR Health call 1-866-912-6283 or visit [STAR Health](#).

TRADITIONAL MEDICAID

See [11200](#) Medical and Dental Services.

The 83rd Texas Legislature directed HHSC to transition traditional fee for service Medicaid populations to a Medicaid managed care program. Most children and youth in DFPS conservatorship receive Medicaid services through The Medicaid STAR Health managed care program. Children who are not eligible for enrollment in STAR Health, however, receive their Texas Health Steps checkups and other medical care through the traditional Medicaid fee for service program. Under this program, the state pays Medicaid enrolled providers for each unit of service provided to Medicaid enrolled beneficiaries.

Children covered include:

- Children and youth who reside in Texas Juvenile Justice facilities
- Children and youth under who reside in the Truman W. Smith center
- Children and youth in an out-of-state placement
- Children and youth in an ICF/IID/Nursing Home
- Children or youth in a pre-consummated adoption and receiving adoption subsidy or permanency care assistance
- Children and youth with an unauthorized absence/runaway

THE MEDICAL CONSENTER SELECTS A MEDICAL AND DENTAL PROVIDER

Caregivers work with the child's medical consenter to choose medical and dental providers for the child, including a Texas Health Steps provider.

Assistance with finding Texas Health Steps medical and dental providers is available by:

- calling an outreach counselor with Texas Health Steps at 1-877-THSTEPS (1-877-847-8377);
- referring to the [provider guide](#) published by the Texas Medicaid and Healthcare Partnership (TMHP); or
- using the online Provider search tool at www.tmhp.com.

Texas Medicaid & Healthcare Partnership (TMHP) [website](#) is the Claims Administrator for Texas Medicaid and oversees claims administration and provider enrollment for the Medicaid fee for services or Traditional Medicaid program.

TEXAS HEALTH STEPS

Texas Health Steps -- known in federal law as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program -- is the child health component of Medicaid. Texas Health Steps medical and dental checkups provide preventive health care for children, teens, and young adults age 20 and younger.

When youth leave DFPS conservatorship and reunify with their parent(s), they should still have Texas Health Steps medical and dental checkups on a regular and preventive basis.

The Texas Health Steps Comprehensive Care Program (CCP) requires that:

- the state provide to children, teens, and young adults who are eligible for Texas Health Steps all medically necessary treatment for the correction of physical, psychological, or intellectual problems, when federal financial participation is available; and
- treatment be provided even if the service is not available to recipients of the state's traditional Medicaid plan.

Further information about Texas Health Steps can be obtained by:

- calling STAR Health at 1-866-912-6283;
- calling an outreach counselor for Texas Health Steps at 1-877-THSTEPS (1-877-847-8377);
- visiting the [STAR Health](#) page of the DFPS website; or
- visiting the [Texas Health Steps](#) page of the Texas Department of State Health Services (DSHS) website.

TEXAS HEALTH STEPS DENTAL CHECKUPS

See [11212](#) Initial Texas Health Steps Dental Checkup.

Children are required to receive Texas Health Steps dental checkups starting at six months of age.

Children may be referred at any age to a dentist who is enrolled in Texas Health Steps, when a Texas Health Steps medical checkup identifies the need for a dental referral.

Dental Example

Jane and John Doe came into DFPS conservatorship and were enrolled in STAR Health on March 15.

Jane's birthday is May 1; she was 6 years old when she came into conservatorship.

Jane's initial Texas Health Steps dental checkup must be scheduled by...	April 14, 30 days after she came into conservatorship
Jane's initial Texas Health Steps dental checkup is considered overdue...	May 15, 61 days after she came into conservatorship
Jane's next Texas Health Steps dental checkup is due in...	November, six months after the initial checkup

Jane's next Texas Health Steps dental checkup is considered overdue in...	February, nine months after the initial checkup
--	--

John's birthday is December 10; he was 3 months old when he came into conservatorship (March 15). He turns 6 months old on June 10.

John's initial Texas Health Steps dental checkup must be scheduled by...	July 10, 30 days after he turns 6 months old
John's initial Texas Health Steps dental checkup is considered overdue...	August 10, 61 days after he turns 6 months old
John's next Texas Health Steps dental checkup is due in...	December, six months after the initial checkup
John's next Texas Health Steps dental checkup is considered overdue in...	March, nine months after the initial checkup

TEXAS HEALTH STEPS MEDICAL CHECKUPS

See [11211](#) Initial Texas Health Steps Medical Checkup.

STAR Health is required to help ensure that a child receives timely medical checkups by a licensed and enrolled Texas Health Steps provider, as follows:

- An initial Texas Health Steps medical checkup must be obtained within 30 days of entering DFPS conservatorship.
- Medical checkups must be obtained annually as outlined in the [Texas Health Steps Periodicity Schedule](#), unless required more frequently by the child's medical provider.
- Medical checkups must be scheduled one year after the previous checkup and no later than the child's next birthday.
- Children who are younger than 36 months of age will receive medical checkups more frequently, as outlined in the Texas Health Steps Periodicity Schedule.

What to Take to a Medical Checkup

When accompanying a child on a visit for a medical checkup, the caseworker takes the child's:

- Medicaid ID;
- STAR Health ID card, if appropriate;
- pertinent medical records; and
- immunization record.

Exception to Periodicity Schedule for Initial Texas Health Steps Checkup

The Texas Medicaid Provider Procedures Manual includes language that explains that a Texas Health Steps checkup will be a covered benefit for children entering DFPS conservatorship, even if they recently had a visit with their medical provider. (5.3.7 Exception-to-Periodicity Checkups)

Example of Initial Texas Health Steps Medical Checkups

Jane and John Doe came into DFPS conservatorship and were enrolled in STAR Health on March 15.

Jane's and John's initial Texas Health Steps medical checkups must be completed no later than ...	April 14, 30 days after they came into conservatorship
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Jane's and John's initial Texas Health Steps medical checkups are considered overdue on...	April 15, 31 days after she came into conservatorship
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Subsequent medical checkups should be in accordance with the Texas Health Steps Periodicity Schedule.

- Medical checkups must be obtained annually as outlined in the Texas Health Steps [Periodicity Schedule](#), unless required more frequently by the child's Texas Health Steps provider.
- Medical checkups must be scheduled one year after the previous checkup and no later than the child's next birthday.
- Children who are younger than 36 months of age will receive medical checkups through Texas Health Steps more frequently, as outlined in the Texas Health Steps [Periodicity Schedule](#).

Questions

For further information about Texas Health Steps:

- call a Texas Health Steps outreach counselor at 1-877-THSTEPS (1-877-847-8377); or
- visit the [Texas Health Steps](#) page of the Texas Department of State Health Services (DSHS) website.

USING THE HEALTH PASSPORT

See [11240](#) Using the Health Passport.

The Health Passport is an important feature of the STAR Health Plan. It is a Web-based, electronic system for storing and retrieving a child's health information. Healthcare providers, caregivers, and authorized CPS staff use the Health Passport to manage a child's health care needs.

WHAT THE HEALTH PASSPORT CONTAINS

At a minimum, a child's Health Passport contains the following:

- The child's name, birth date, address of record, and Medicaid ID number
- The name and address for each of the child's physicians and health care providers
- A record of each visit to a physician or other healthcare provider, including routine checkups
- A record of immunizations
- Identification of the child's known health problems
- Information on all prescriptions

RESTRICTIONS ON USING THE HEALTH PASSPORT

CPS staff may use the Health Passport to obtain the information needed to update a child's health status on IMPACT.

CPS staff who are responsible for a child or youth in DFPS conservatorship may register to use the Health Passport. The passport allows staff to review health information for the child or youth they are working with. This information may also be used to update a child's or youth's health status on IMPACT, in court reports, on the child's plan of service or other case related documents.

Other DFPS staff with a business need to access health information or help provide services to a child or youth in DFPS conservatorship may request Health Passport access through DFPS management.

DFPS Registration Guide for Health Passport

1. Navigate to www.fostercaretx.com; scroll down and click on "Health Passport".

2. Select "Create Account" at the top right or "Create An Account" at the bottom.
3. Choose "Foster Care Member, Medical Consenter, Foster Parent, DFPS Staff, RTC/CPA Staff, CASA Staff, SSCC" and fill in all the fields.
4. After completion click "Next".
5. A registration confirmation message will appear. Retrieve the confirmation email to complete the registration process.
6. Click the link in the email to finish the registration process.
7. After clicking the link, log in for the first time by entering the username (email address) and password given at registration.
8. Finish setting up the account by selecting and providing answers for 3 security questions and providing your contact information.
9. The registration process is complete. The links to access Health Passport and training materials will be visible.

What to Do if You Are Locked Out of Health Passport

Navigate to <http://www.fostercaretx.com>; scroll down and click on "Health Passport". Once on the page click Forgot Password/Unlock Account and follow the prompts. If this is unsuccessful, you can email TXPassportAdmin@centene.com or call 1-866-714-7996.

MEDICAL SERVICES

IMMUNIZATIONS

See [11214](#) Immunizations.

Children in DFPS conservatorship are required to be immunized against disease and screened for tuberculosis (TB) as recommended by the Texas Department of State Health Services (DSHS).

DSHS recommends that:

- all foster children be examined for TB disease and tested for TB infection using TB skin testing, often called the Purified Protein Derivative (PPD) or Mantoux test, when they enter or re-enter foster care; and
- foster children who are at high risk of developing TB be tested annually using TB skin testing.

A child with no risk factors for TB may receive periodic TB skin testing if:

- the child lives in, or has lived in, high-prevalence areas or group living facilities; or
- the child's history for risk factors is incomplete or unreliable.

DSHS's regional offices or the county's health departments may issue additional recommendations for high-prevalence areas or in response to particular needs.

CONTRACEPTIVE SERVICES

See [11221](#) Contraceptive Services.

A youth may request contraceptive services through his or her physician or other family planning services provider. The decision to provide a minor with contraception and to obtain the appropriate consent, if applicable, is the health care provider's responsibility. The caseworker must not attempt to prohibit the youth from seeking contraceptive services.

Youth in DFPS conservatorship obtain contraceptive services through Medicaid approved programs. Youth, CPS staff, and caregivers may access the following resources to obtain educational information about contraception:

- The youth's health care provider during the Texas Health Steps Medical Checkups or gynecological examinations
- The Texas Department of State Health Services or other community family-planning clinics that offer sex education, counseling, and birth control assistance to Medicaid recipients and income-eligible clients
- Links to appropriate DSHS and other websites
- Local health departments

ARRANGING TRANSPORTATION FOR MEDICAL SERVICES

The child's worker may assist the caregiver in calling the [Medicaid Medical Transportation Program](#) directly at 877-633-8747, to obtain information and arrange transportation related to a child's need for medical care.

For trips that require transport by ambulance, the child's caseworker may coordinate with the child's physician to authorize ambulance services through STAR Health or the Texas Medicaid Healthcare Partnership, as appropriate.

DESTROYING MEDICATIONS

See [11314](#) Destroying Medications.

Adhere to the [federal guidelines](#) when disposing of prescription and non-prescription drugs.

1. Take unused, unneeded, or expired prescription drugs out of their original containers. Mix these drugs with an undesirable substance like used coffee grounds or kitty litter in a manner that ensures the drugs will not be consumable. For example, crush pills into a powder form and combine that powder with kitty litter. Once the drugs have been made inconsumable, place them in water-resistant, non-descript containers, such as empty cans or sealable bags. Throw these containers in the trash.
OR
2. If the label or accompanying patient information specifically instructs doing so, flush the drugs down the toilet.
OR
3. Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal.

PSYCHOTROPIC MEDICATION UTILIZATION REVIEW (PMUR)

See the [Monitoring Psychotropic Medications](#) page on the DFPS website.

A Psychotropic Medication Utilization Review (PMUR) is the process used to screen and review a child's psychotropic medications when they fall outside of the [Psychotropic Medication Utilization Parameters](#).

The parameters contain:

- best practice guidelines for the use of psychotropic medication for children in foster care; and
- lists of commonly used psychotropic medications with dosage ranges and indications for use in children.

INITIATING A PMUR

If the child's psychotropic medication regimen does not appear to be in compliance with the Psychotropic Medication Utilization Parameters, the case is referred for a PMUR in one of the following ways:

- an automated process using pharmacy information identifies when a child's medications are outside parameters;
- a service manager calls a caregiver and medical consentor to conduct a health screening on a child who is newly placed or has changed placements;
- the court asks for a review; or
- someone, such as a caregiver, medical consentor, CPS staff, attorney, CASA, residential childcare provider, or other person has a concern and asks STAR Health for a review.

Not all requests will result in a formal PMUR report. See [The STAR Health PMUR Frequently Asked Questions](#).

When CPS staff requests a PMUR they must request a written response from STAR Health Behavioral Health.

CPS staff, medical consentors, and caregivers must not stop any child's medications without consulting with the prescribing healthcare provider. If the provider agrees that stopping the medication is in the child's best interest, caregivers follow the provider's directions for safely discontinuing the medication.

Quickly changing or stopping medication may have serious consequences and side effects that can sometimes be severe. Medications may need to be tapered off gradually over the course of days or weeks once the medical consentor and the prescribing healthcare provider have agreed to stop the medication.

INDICATORS THAT MAY TRIGGER A PMUR

Generally, STAR Health does a psychotropic medication utilization review after children have taken the medications for at least 60 days if:

- the child's record fails to show a thorough assessment for the DSM 4 or 5 diagnosis;
- the child is taking:
 - two or more stimulant medications (except for the combination of long and short acting medications);
 - two or more alpha agonists;
 - two or more antidepressant medications;
 - two or more atypical antipsychotic medications; or
 - three or more mood stabilizers;
- the child is taking four or more psychotropic medications; and
- the child has been prescribed antipsychotic medications continuously without monitoring of glucose and lipids every 6 months.

When switching psychotropics, medication overlaps and cross-tapering should occur in a timely fashion, generally within four weeks.

THE PMUR PROCESS

The PMUR process can take two to three weeks to complete after a formal request has been made to STAR Health Behavioral Health.

1. The STAR Health Behavioral Health Service Manager conducts a preliminary screening and requests documentation from the prescribing provider, if indicated.
2. Upon receiving the request from the Service Manager, the prescribing healthcare provider has three business days to submit the provider's notes. This can take an additional six to nine business days if more time is required by the healthcare provider.
3. The STAR Health Behavioral Health Medical Director reviews the screening. When indicated, STAR Health Behavioral Health forwards the preliminary screening to a child psychiatry consultant for a formal review and peer-to-peer consultation with the prescribing healthcare provider. The physician consultant has ten business days to complete the PMUR report and if necessary consult with the prescribing healthcare provider.
4. The STAR Health Behavioral Health Service Manager faxes a copy of the completed PMUR report to the requestor.
5. Superior posts the PMUR results to the child's Health Passport under the "Forms" tab within approximately seven business days of completion.
6. CPS staff files the results of the PMUR in the child's record.

As a result of the PMUR, the prescribing healthcare provider may change the child's medications. However, there are situations when a child's medications may be outside parameters but because the child's condition is complex and the medications are appropriate for the child's condition, the PMUR may conclude that the medications are within the standard of medical care.

REQUEST FOR INFORMATION ABOUT A CHILD'S PSYCHOTROPIC MEDICATION

Not all inquiries about a child's psychotropic medication will result in a formal PMUR report. The regional nurse consultant or the prescribing healthcare provider may be able to answer the requestor's questions and address concerns about medication usage.

If the inquiry does not result in a formal PMUR report, documentation that the child's medication regimen was reviewed can be shared with the requestor.

For information on the following, see the [Mental Health Resource Guide](#):

- Involuntary Commitment Order for Mental Health Services
- Emergency Detention Order and Order for Protective Custody
- Admission and Consent for Medical and Psychiatric Treatment Process

ENROLLMENT AND PARTICIPATION IN CERTAIN DRUG RESEARCH PROGRAMS

A drug research program means a clinical trial, clinical investigation, drug study or active or clinical research to study the effectiveness of an investigational new drug or an approved drug. See Texas Family Code [§266.001 \(2-a\)](#) for the complete definition.

There are types of drug research studies that do not meet the definition of a "drug research program" and do not require a court order. An example is a retrospective drug research study to determine outcomes for children by reviewing medical records, data, or interviewing children and caregivers. Also see Texas Family Code [§266.0041\(k\)\(1-2\)](#).

PARENTAL CONSENT TO ENROLL A CHILD IN A DRUG RESEARCH PROGRAM OR ADMINISTER INVESTIGATIONAL NEW DRUG

If a physician recommends that a child be enrolled in a drug research program or that an investigational new drug be administered, the child's parents may consent if they are authorized by the court to consent to the child's medical care.

Once the parents make a decision, the caseworker and supervisor inform the following of the decision:

- the caseworker's and supervisor's chain of command;
- the CPS regional nurse consultant;
- the regional attorney;
- the attorney representing DFPS;
- the attorney ad litem; and
- the CPS division administrator for Medical Services.

If the decision is to enroll the child in a drug research program, the caseworker completes IMPACT documentation (see below).

DFPS ACTIONS IF A PHYSICIAN RECOMMENDS ENROLLMENT IN A DRUG RESEARCH PROGRAM

If a physician recommends that a child be enrolled or participate in a drug research program or that an investigational new drug be administered, and the child's parents are not authorized by the court to consent to the child's medical care, staff proceed as outlined below.

Working with the Regional Nurse Consultant

The caseworker and supervisor immediately notify the regional nurse consultant of the health care provider's recommendation.

The regional nurse consultant will assist the caseworker in talking with the child's physician and obtaining a written statement as to:

- the nature of the child's condition;
- the risks and benefits of the drug research program;
- the expected course of treatment;
- if emergency enrollment in the drug research program or the administration of an investigational new drug is needed to prevent death or serious injury to the child; and
- if the drug research program will cover the cost of program or administration of the investigational new drug (Medicaid does not cover these costs).

Notifying Individuals of the Physician's Recommendation

The caseworker and supervisor notify the following of the physician's recommendation:

- the caseworker's and supervisor's chain of command;
- the regional attorney;
- the attorney representing DFPS;
- the child's attorney ad litem; and
- the CPS division administrator for Medical Services.

Going Before the Court

If the decision is to request permission from the court to enroll the child in a drug research program or administer an investigational new drug, DFPS will work with the attorney representing DFPS to file a motion with the court.

Independent Medical Advocate

Before granting an order to enroll a child in a drug research program, the court is required to appoint an independent medical advocate (IMA)

The court appoints an independent medical advocate (IMA) to:

- conduct an investigation to determine if:
 - the child assented or provided consent to participation;
 - the child's enrollment and participation in the drug research program is in the child's best interests; and
- make a recommendation to the court.

The court can only issue an order before the IMA's report is completed if the court determines, based on a physician's recommendation, that the child needs the treatment before the independent medical advocate's report can be completed. If the court orders the participation to begin before the IMA's report, an IMA must still be appointed to complete a report subsequently. Whether the IMA is appointed before or after the court's order, the caseworker should:

- cooperate with the independent medical advocate in interviewing the child and the child's parents, caregivers, and other persons who have significant knowledge of the child's medical condition and history; and
- provide any of the child's medical records requested by the IMA.

If the Court Orders Enrollment

If the court orders DFPS to enroll the child in the drug research program, the caseworker:

- provides a copy of the court order to the drug research program;

- signs consent forms required by the drug research program. If there are any concerns about the consent form, the caseworker first discusses them with the supervisor and, if necessary, contacts the regional attorney;
- notifies the child's parents within 24 hours of actual enrollment in the drug research program; and
- completes IMPACT documentation (see below).

DOCUMENTING ENROLLMENT IN DRUG RESEARCH PROGRAM OR ADMINISTRATION OF INVESTIGATIONAL NEW DRUG

The caseworker and supervisor consult with the regional nurse consultant when completing IMPACT documentation of a child being enrolled in a drug research program. DFPS is required to report to various governmental entities certain information about the enrollment of children in drug research programs.

Staff document as follows:

- Obtain a description of the drug research program's purpose from the person or institution conducting the research, along with consent forms and other applicable documentation to file in the child's paper case record or cut and paste into IMPACT.
- Enter information in the IMPACT *Medical/Mental Health Assessment Detail*.
- Enter information in the IMPACT *Legal Action and Outcome Detail*, only if a court order was issued.