



**August Children's Health Coverage  
Coalition and OTA Meeting**

Friday, August 17<sup>th</sup>  
11:00 p.m. - 2:00 p.m.

Present:

Texas Dental Association  
Laura Guerra-Cardus at CDF  
Clayton Travis, TPS  
Anne Dunkelberg, CPPP  
Others.

On Conference Line:

Matthew Moore, Children's Health System of Texas

Invited Guests:

Paige Marsala, HHSC  
Hilary Davis, HHSC  
Janie Contreras, HHSC  
Diana Forester, HHSC  
Matthew Moore, Children's Health System of Texas (on the  
conference line)  
Kaitlyn Clifton Doerge, TPS  
Caroline Plapinger, Legislative Director for Rep. Mary Gonzalez

Meeting Chair: Clayton Travis, Texas Pediatric Society

Meeting Scribe: Anne Dunkelberg, CPPP

## 1. Introductions (5 minutes)

### 2. Overview of Foster Care Update [11:05 A.M. – 11:20 A.M.]

#### 3 in 30 [Kaitlyn Clifton Doerge, TPS]

During the March CHCC Meeting we did a 3 in 30 overview [See Meeting Minutes on CHCC website]. The 3 in 30 refers to the steps needed within first 30 days of entering foster care placement, including medical exam. SB 11 2017 included this, including a comprehensive THS exam and CANS assessment. Before this, only 50% of foster kids were getting THS visit within 30 days. [See 3 in 30 doc at end of minutes.] April 2018 roll-out. [See regional map.] As of July, 50% were rolled out and are getting the new initial exam, too. [See colorful 3 in 30 attachment with arrows.] Trauma history is a huge new component where FPS gets the hx to the doctor before first exam. Providers are still hoping for future clinical training for doctors doing these exams.

Amendment to SB 11 prohibits vaccines at first exam. This is opposed by many; work continues to clarify this problematic policy.

A skull fracture was detected at an initial exam recently that might have gone untreated.

Notification of placement change to PCP should occur when child is moved; Superior is not catching them because of the flood of file updates, however, December 2018 TIERS update will fix this. Superior says they will notify doctors by mail. This is a policy needing attention, electronic and phone contact by care coordinators will likely be needed.

The Family First Prevention Act handout provided, includes a number of services for at risk of placement. Kinship Navigators are part of this. Initial funding also paired with state funding shares at some point. Kaitlyn Clifton Doerge is available for questions ([Kaitlyn.Doerge@txpeds.org](mailto:Kaitlyn.Doerge@txpeds.org)). Laura from CDF asked about medical assessments before CPS placement, e.g., during investigations. Google Forensic Assessment Center Network (google FACN).

#### Children's Health Recommendations [Matt Moore Rees-Jones, Children's Health System of TX]

Implementation of recommendations:

- Enhanced medical home communications from caseworkers at FPS;
- Expand office of FPS medical director- need additional staffing/appropriations in addition to current resources, need ombudsman/organized reactions to misses and near-misses.
- Medical professionals need expedited warm or hotline access to get rapid response.
- DFPS oversight of medical care (expedited review of denials function needed WHERE?)
- Third bucket= prior authorization process between providers and Superior peer review timelines is too slow, delaying needed care that is medically necessary.



**3. Children's Health Innovations [11:20 A.M. – 11:55 A.M.]**

HB 1697 and School-based telemedicine [Matt Moore Rees-Jones, Children's Health System of TX]

HB 1697 Tele-specialty program is about getting more primary care into school setting. Next steps is focused on rural access.

School-based telemedicine: There is a focus on non-emergent ER visits to improve access to care in better setting, partially using telemedicine. 118 schools in 13 districts, ~ 12,000 encounters partnering with school nurses who have a kit/station/tools for this purpose. This approach really helps keep kids in classes and helps parents miss less work. Behavioral health component has provided 4,000 visits to date. Texas Tech program is overseeing a program focused on violence intervention. Various expansions of telemedicine are expected for 2019 session. Technical assistance is available to help PCPs and school-based telemedicine get set up to serve Medicaid enrolled kids.

Tele-specialty programs help more than half of kids using them to stay in the hospital they arrived at, whether NICU or ER- (E.g., highest-level NICUs connect to doctors and babies in lower-level NICUs to save family from needing to travel long distances to urban Level 4 NICUs, whose remote specialist can provide the needed expertise via telemedicine) [see slides.]. This also keeps the baby with mom, which might not otherwise be possible.

HB 1697 passed but a \$5 million budget rider (enough for 30 hospitals) was cut. Both chairs instructed agency to proceed despite error. The E-health office at HHSC is working hard on a pilot program. Meanwhile, UTHSC Houston has arranged to donate some equipment to allow a pilot to begin.

*Question:*

- Laura Guerra-Cardus from CDF: Is enrollment assistance provided for kids who are not covered?
  - Matt Moore: Yes!!

**4. Health care issues for children and families in immigration detention centers [11:55 A.M. – 12:25 P.M.]**

Update from MALC [Caroline Plapinger, MALC]

[See PowerPoint]

650 children are still un-reunited. In part this is due to the hundreds of parents that have been deported. [See recommendations.] Number 2 needs more support- parents calls are being limited and in some cases they are being charged. More than 2x a week calls are needed. Also, parents were being denied second attempts if they could not reach a child! Documented as reducing trauma.

There are no real protocols or minimum standards for medical care for kids, vaccine barriers, and unreasonable medication of children without their parental consent. In the Tornillo facility, there is a shortage of SW/BH help for these kids despite many voluntary offers. They need emergency provisions like in Harvey to allow those services to get to the children who need them. They also need a broad requirement for all adults working with detained children (not just BH providers) to have trauma-



## CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

### August Children's Health Coverage Coalition and OTA Meeting

Friday, August 17<sup>th</sup>  
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informed training. Also, the contactor running Tornillo is not transparent or responsive; USHHS is also not receptive. Texas HHSC cites the Texas Chapter 42 Government Code exemption for oversight responsibilities.

MALC has drafted legislation to put these recommendations into place in TEXAS; they are working with Congressman Hurds office as well and seeking more Congressional offices that can provide support.

#### Commentary from CDF and TACHC

CDF Texas coordinated the Austin family separation rally (Families Belong Together), where 20,000 people attended. CDF is also coordinating bi-weekly conference calls on ongoing activism around family separation issues. You can email Laura Guerra-Cardus or Cheasty Anderson to get on the d-list. Laura Guerra-Cardus reported on an ICE raid on a family detention center in Karnes City yesterday.

#### **5. OTA Meeting Agenda Items [12:30 P.M. – 2:00 P.M.]**

- 12:30: Office of Ombudsman Update
- 12:50: Access and Eligibility Update
  - Update on Periodic Income Checks
  - Update on sibling alignment of renewal dates
  - Impacts to MAGI income from tax reform bill

# 3 IN 30



superior  
healthplan™

## A Comprehensive Approach to Better Care for Children

3 in 30 is a collaborative effort between the Texas Department of Family and Protective Services (DFPS), the Texas Health and Human Services Commission, and Superior HealthPlan. 3 in 30 combines three separate, yet critical, tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth in foster care, when entering DFPS conservatorship. Each assessment listed below is a requirement set forth by Senate Bill 11. Together, the three assessments chart the path for ensuring STAR Health members get the care and services they need at the time they enter foster care.

1

### 3-Day Initial Medical Exam

In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.

2

### CANS Assessment

In 30 days, children (3 or older) must get a CANS assessment. The CANS is a comprehensive trauma-informed behavioral health evaluation. It gathers information about the strengths and needs of the child and helps in planning services that will help the child and family reach their goals.

3

### Texas Health Steps Medical Check-Up

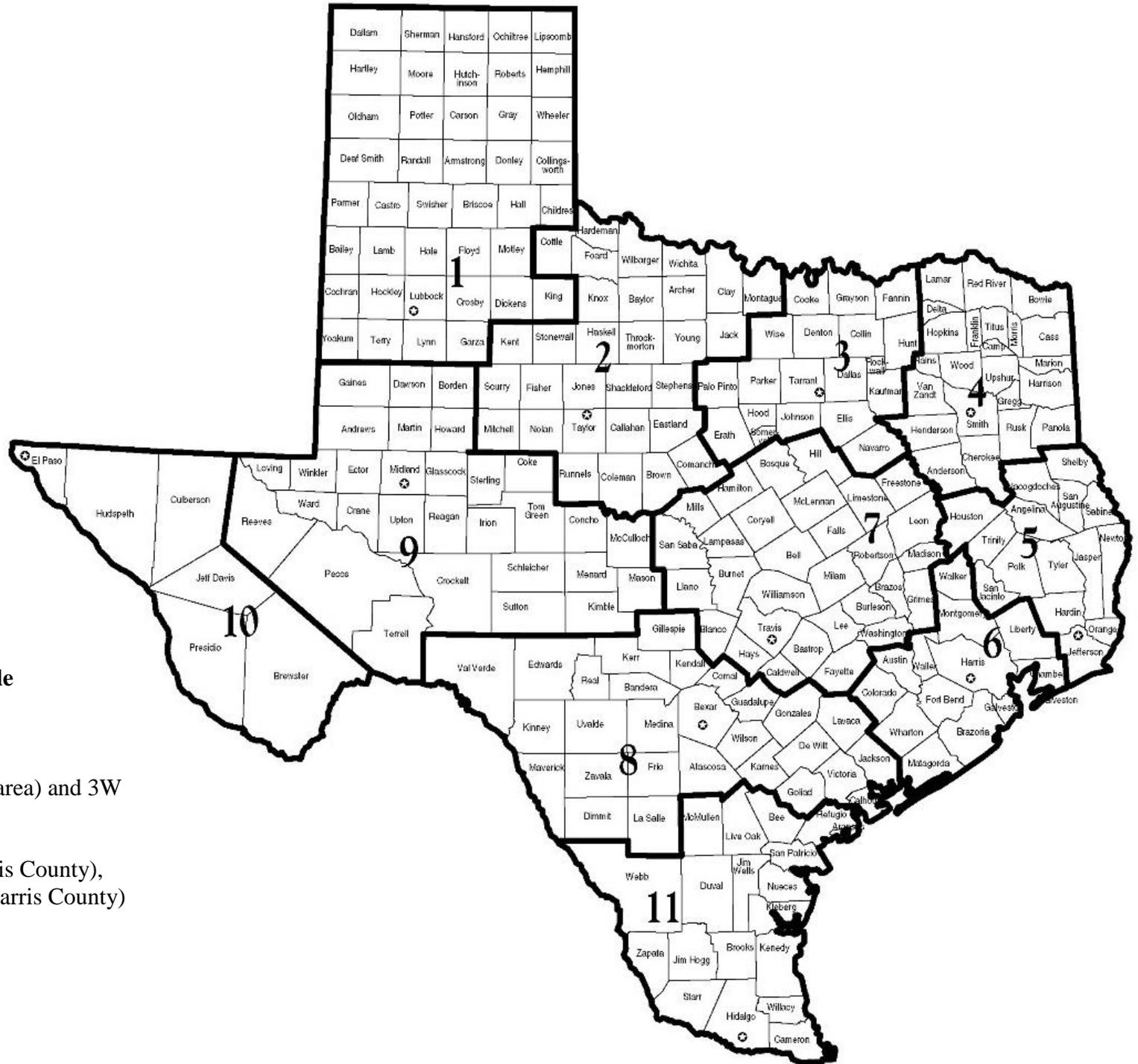
In 30 days, children must see a Texas Health Steps doctor for a complete check-up with lab work.

This makes sure:

- » Medical issues are addressed early.
- » Kids are growing and developing as expected.
- » Caregivers know how to support strong growth and development.

To learn more about 3 in 30, register today for a webinar by visiting, <https://www.SuperiorHealthPlan.com/providers/training-manuals/provider-training-calendar.html>. For more information or questions, please contact your Superior Account Manager.

**SuperiorHealthPlan.com**



**3-Day Exam Rollout Schedule**

April 1, 2018:

Regions 1, 7, 9 and 10

June 1, 2018:

Regions 2, 3E (Dallas area) and 3W (Fort Worth area)

August 1, 2018:

Regions 4, 5, 6A (Harris County), and 6B (surrounding Harris County)

October 1, 2018:

Regions 8 and 11

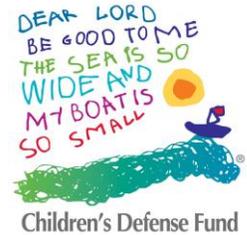
**3-Day Exam Rollout Schedule April 1, 2018:**

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Regions 8 and 11



# The Family First Prevention Services Act

## Historic Reforms to the Child Welfare System will Improve Outcomes for Vulnerable Children

February 2018

*On February 9, 2018, President Trump signed into law the landmark bipartisan Family First Prevention Services Act, as part of Division E in the Bipartisan Budget Act of 2018 (H.R. 1892). Family First includes long-overdue historic reforms to help keep children safely with their families and avoid the traumatic experience of entering foster care, emphasizes the importance of children growing up in families and helps ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. Family First builds on the original version of the bill passed in the House of Representatives in June 2016 (H.R.5456).*

*In 2016, more than 437,000 children were in foster care. After years of decline, the number of children in foster care has risen steadily since 2012, with anecdotal evidence and expert opinion linking this increase to the parallel rise in opioid addiction and overdoses. Family First provides struggling and overburdened child welfare agencies with the tools needed to help children and families in crisis, including families struggling with the opioid epidemic.*

**The Family First Prevention Services Act redirects federal funds to provide services to keep children safely with their families and out of foster care, and when foster care is needed allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with emotional and behavioral disturbance requiring special treatment. Family First includes:**

- **Long overdue federal investments in prevention for children at risk of foster care.** The act provides federal funds under Title IV-E of the Social Security Act, beginning in FY2020, to support evidence-based prevention efforts for 1) mental health and substance abuse prevention and treatment services and 2) in-home parent skill-based services. The services may be provided for not more than 12 months for children who are at imminent risk of entering foster care, their parents and relatives to assist the children, and pregnant or parenting teens.
- **Federal funds targeted for children in foster family homes, or in qualified residential treatment programs, or other special settings.** Federal funding is limited to children in family foster homes, qualified residential treatment programs, and special treatment settings for pregnant or parenting teens, youth 18 and over preparing to transition from foster care to adulthood, and youth who have been found to be – or are at risk of becoming – sex trafficking victims. The act requires timely assessments and periodic reviews of children with special needs who are placed in qualified residential treatment programs to ensure their continued need for such care. After FY2020 (unless the state opts to delay until 2022), Title IV-E reimbursement will be provided only for administrative costs for children in other group care settings, and not for room and board.
- **The new dollars for preventing children from entering foster care and restricting federal funds for group care take effect in FY2020 (or states may choose to delay until no later than 2022) so states can make necessary accommodations.** The act recognizes adjustments will be needed to establish prevention services to keep children safely in families and in care that meet their special treatment needs. States have flexibility in defining the safety services they provide to children and families, and how they will ensure quality residential treatment for children with emotional and behavioral needs.

### **Additional investments to keep children safely with families**

- Offers additional support for relative caregivers by providing federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them, and requiring states to document how their foster care licensing standards accommodate relative caregivers.
- Allows Promoting Safe and Stable Families Program funds to be used for unlimited family reunification services for children in foster care and an additional 15 months of family reunification services for children once they return home.
- Extends for five years the Stephanie Tubbs Jones Child Welfare Services Program and the Promoting Safe and Stable Families Program, including the Court Improvement Programs grants.
- Requires states to have statewide plans to track and prevent child maltreatment fatalities.
- Establishes a competitive grant program to support the recruitment and retention of high quality foster families to help place more children in these homes, with special attention to states and tribes with the highest percentage of children in non-family settings.

### **Helps address opioids and other substance abuse**

- Reauthorizes and updates the Regional Partnership Grant program, which funds state and regional grantees seeking to provide evidence-based services to prevent child maltreatment related to substance abuse as an important step in addressing the recent spike in requests to child welfare systems due to opioids and other drugs.

### **Supports youth transitioning from care**

- Extends the John H. Chafee Foster Care Independence Program's independent living services to assist former foster youth up to age 23 (currently available to youth between ages 18-21) and extends eligibility for education and training vouchers for these youth to age 26 (currently only available to youth up to age 23).

### **Promotes permanent families for children**

- Establishes an electronic interstate case-processing system to help states expedite the interstate placement of children in foster care, adoption or guardianship.
- Extends the Adoption and Legal Guardianship Incentive Payment program for five years, which allows states to receive incentive awards for increasing exits of children from foster care to adoption or guardianship.
- Takes steps, including requiring a GAO Report, to ensure states are reinvesting in post-adoption services state dollars freed up by making additional children eligible for Title IV-E Adoption Assistance payments. To help pay in part for these new reforms, a federal income eligibility requirement for the adoption assistance payments for children under age two was established.



# Children's Health Innovations

***Matt Moore***

*Vice President*

*Government & Community Relations*

August 17, 2018

# Children's Health: Technology & Innovation

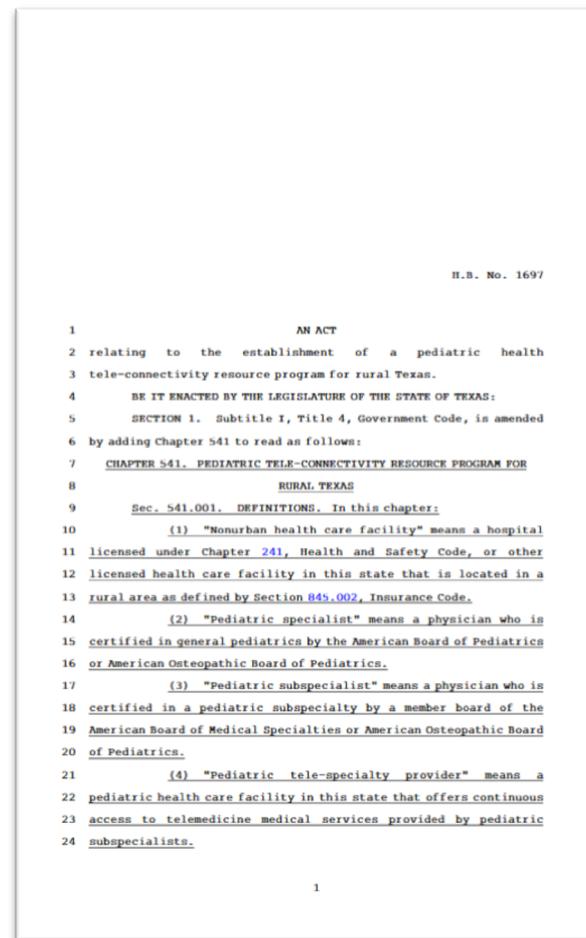
- **Telemedicine in schools**
  - 102 schools; 13 school districts; 11,000+ encounters
  - 72 percent would have visited an emergency room or urgent care center
- **Tele-Behavioral Health**
  - 4,000 children served across 36 sites, including 14 community-based clinics and 6 high schools
- **Tele-Specialty Programs**
  - 12 TeleNICU connections; 12 Tele-ER connections
  - 53 percent of TeleNICU patients remain at home hospitals; each averted transfer saves \$116,400
  - 64 percent of Tele-ER consults retained in home hospital



# HB 1697

## Pediatric Tele-Specialty Resource Program

- **Purpose:** Expand access to pediatric specialty services like neonatology and emergency medicine
- **Interim Implementation:** Technology, criteria, credentialing and data collection
- **Budget rider:** \$5 million would allow approximately 30 rural hospitals to participate



# Addressing the Effects of Trauma from Family Separation

Caroline Plapinger  
Legislative Director  
for Rep. Mary González  
(HD 75)



# Background:

After the July 26th deadline for reunification of immigrant families, approximately **650** children still remain separated from their families. Many parents have since been **deported** with their children still in detention centers.

Family separation and placement in detention centers inflicts **trauma** and has negative mental and physical health impacts on children and families. Studies show that even short periods of detention can cause trauma and negatively impact a child throughout their lifetime.

# Mexican American Legislative Caucus: Recommendations on Family Separation Crisis



## **RECOMMENDATIONS ON FAMILY SEPARATION CRISIS**

**Immigrant Family Separation, Detention Centers, & the  
Zero-Tolerance Policy**

July 24, 2018

### **MALC Working Group**

Representative Mary González, Chair

Representative Diego Bernal | Representative Jessica Farrar | Representative Gina Hinojosa |

Representative Tracy King | Representative Lina Ortega | Representative Eddie Rodriguez |

Representative Ramon Romero | Representative Armando Walle

### **MALC Executive Board**

State Representative Rafael Anchia, Chair

State Representative Mary Gonzalez, Vice Chair

State Representative Armando Martinez, Secretary

## Recommendation #1

The state should reject any policy to prolong the detainment of children.

- Effects of detainment for any amount of time include:
  - difficulty adjusting to routine, behavioral issues, onset of urinary incontinence, crying, self isolation, sleep troubles, and loss of appetite.

Enforce minimum standards for contact with parents for all children detention facilities in Texas.

## Recommendation #2

- **Increase** and universalize the **minimum number of phone calls permitted**
- Federal facilities currently require **two calls per week** between separated parents and children, only 10 minutes per call.
- Immigration and childcare advocates have reported instances in which facility operators do not ensure this contact occurs, or charge money for phone calls.

Improvement of medical care standards in facilities with children staying for longer than a few days.

## Recommendation #3

- The medical care standards must be improved with consultation from pediatricians including mental and physical health evaluations, as well as follow-up appointments.
- The state must collaborate with the federal government to secure resources, even in pro-bono volunteer capacity. This would include allowing licensed individuals to provide resources within facilities such as child therapists, licensed pediatricians, etc.

## Recommendation #4

Require that all facilities operating in Texas conduct a trauma-informed care training for all medical professionals and staff working in facilities.

- This is currently not required by facilities in Texas.

# Rep. Mary González & MALC's Visit to Tornillo 'Tent City'

- ~170 children currently incarcerated
- Repeating 30 day renewal of contract. September 13th new closing date.
  - Potential contract with Florida company to expand services for up to 4,000 children
- MALC and allies working to:
  - Halt the increase of licensing facilities
  - Intensify internal investigations into federal and state government agencies.
  - Maintain vigilant

# Concluding Remarks

- The United States is the only country in the world to incarcerate children for immigration status.
- Child Incarceration: causes major risk of mental health problems later on in life compared to children in intact households
- BOTH child incarceration in immigrant detention centers and family incarceration risks inherent trauma on a child
- Given that the majority of facilities are on federal land, there is limited state oversight to look into abuses, health care, investigate matters and other abilities.
- Overall lack of transparency, lack of movement. In Tornillo 'Tent City,' children could be reunited in a week if government made quicker progress.
- Manufactured, intentional chaos which in turn makes protection of children difficult.

# HHS Office of the Ombudsman Update

Presented to  
CHC Coalition  
August 17, 2018



**TEXAS**  
Health and Human  
Services

# Total Ombudsman Contacts for September 2017 – July 2018

- ◆ Complaints – 24,568
- ◆ Inquiries – 49,124

# Contact Volumes and Top Three Reasons for Contact by Program Type September 2017 - July 2018

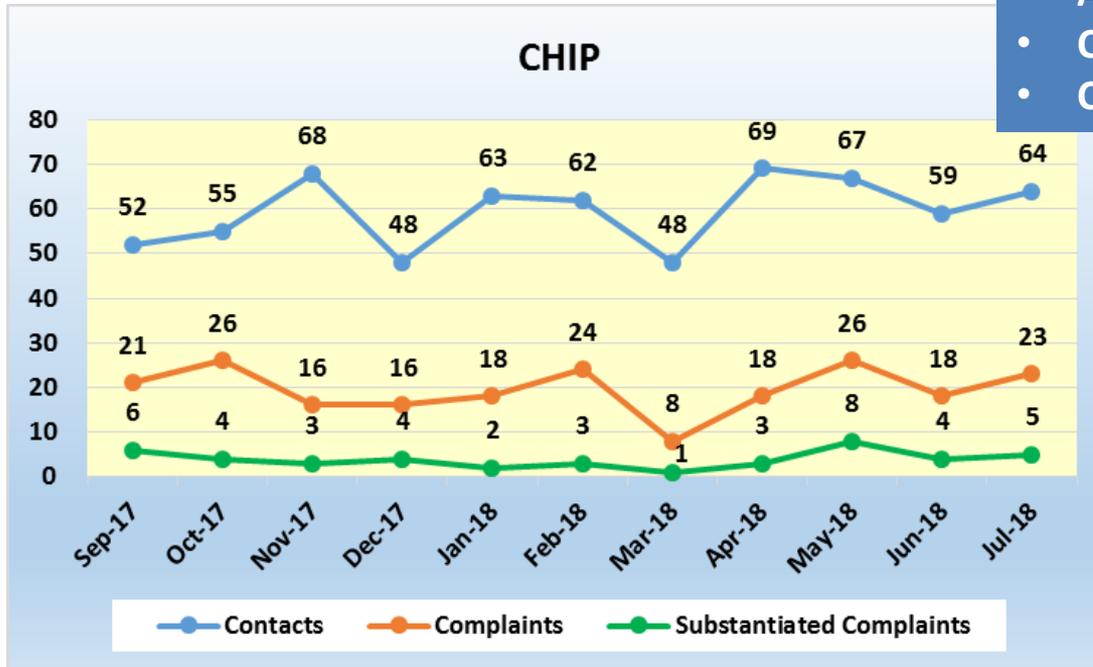


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# Contact Volumes by Program Type

## September 2017 - July 2018

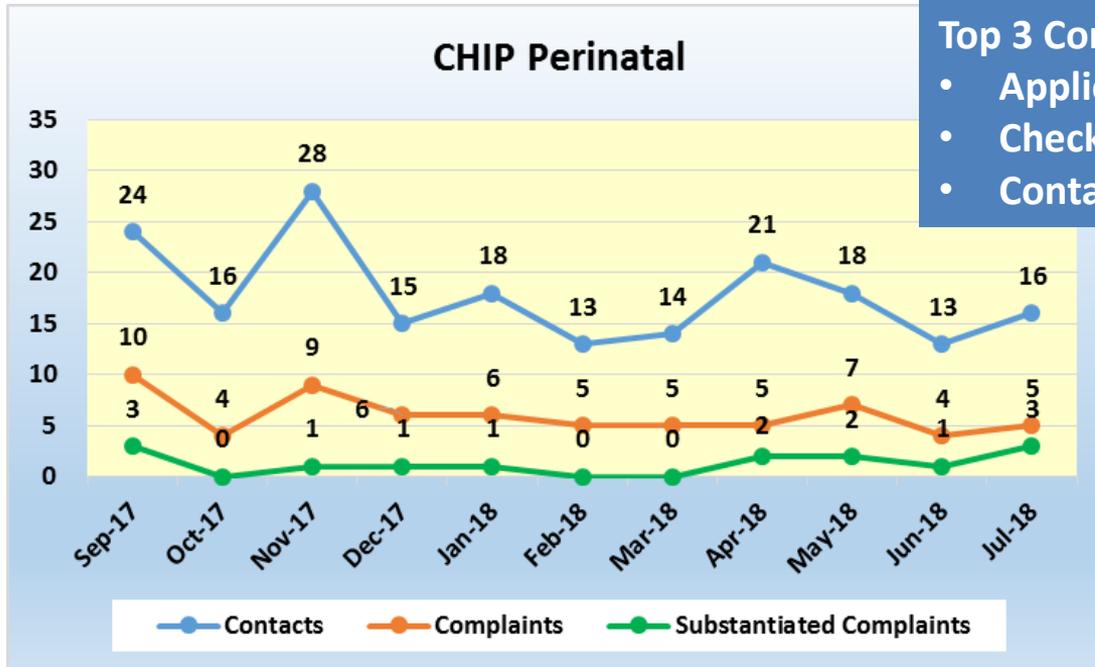
- Top 3 Contacts – CHIP
- Application/Case Denied
  - Check Status
  - Contact Info Request



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# Contact Volumes by Program Type

## September 2017 - July 2018



### Top 3 Contacts – CHIP - P

- Application/Case Denied
- Check Status
- Contact Info Request



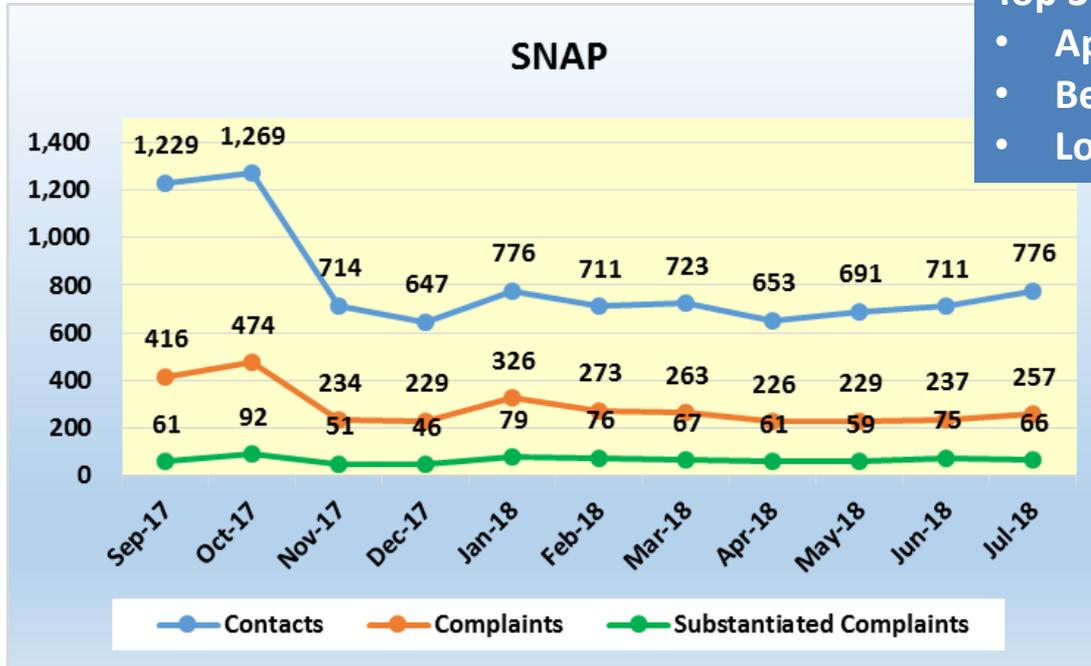
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# Contact Volumes by Program Type

## September 2017 - July 2018

### Top 3 Contacts – SNAP

- Application/Case Denied
- Benefit Amount
- Lone Star Card Issue



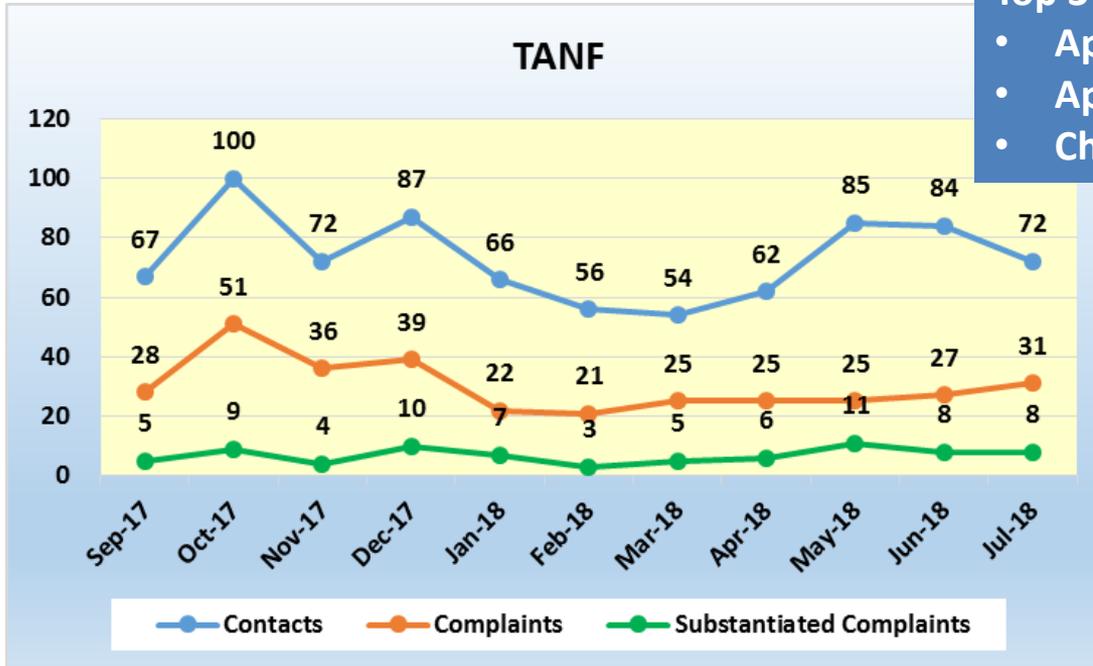
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# Contact Volumes by Program Type

## September 2017 - July 2018

### Top 3 Contacts – TANF

- Application/Case Denied
- Application Not Completed
- Check Status



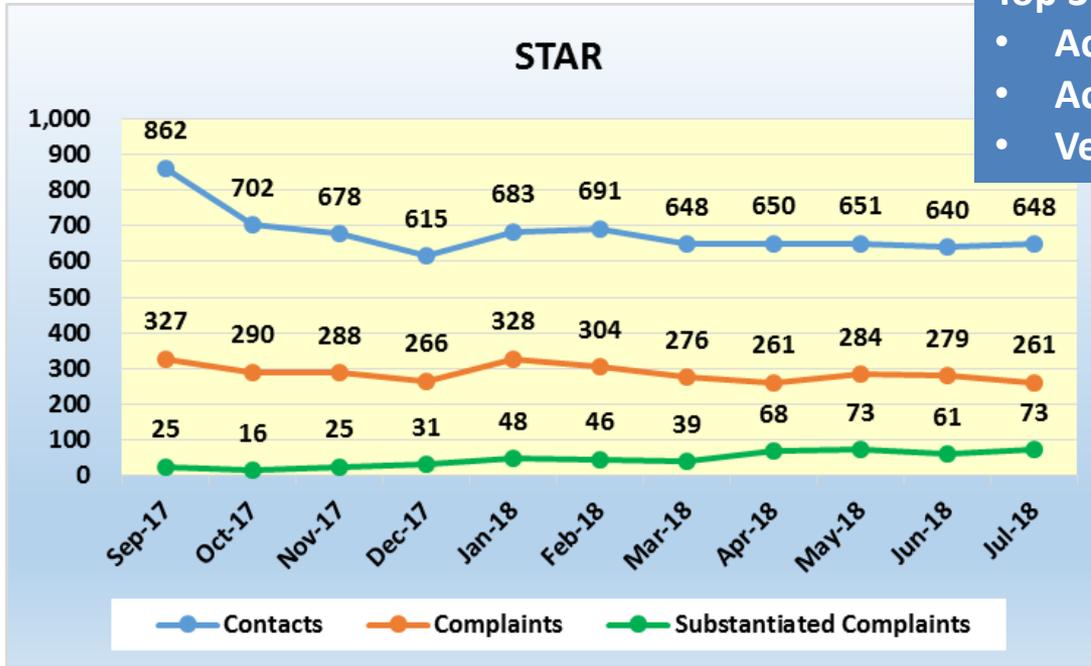
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# Contact Volumes by Program Type

## September 2017 - July 2018

### Top 3 Contacts – STAR

- Access to Prescriptions
- Access to PCP/Change PCP
- Verify Health Coverage

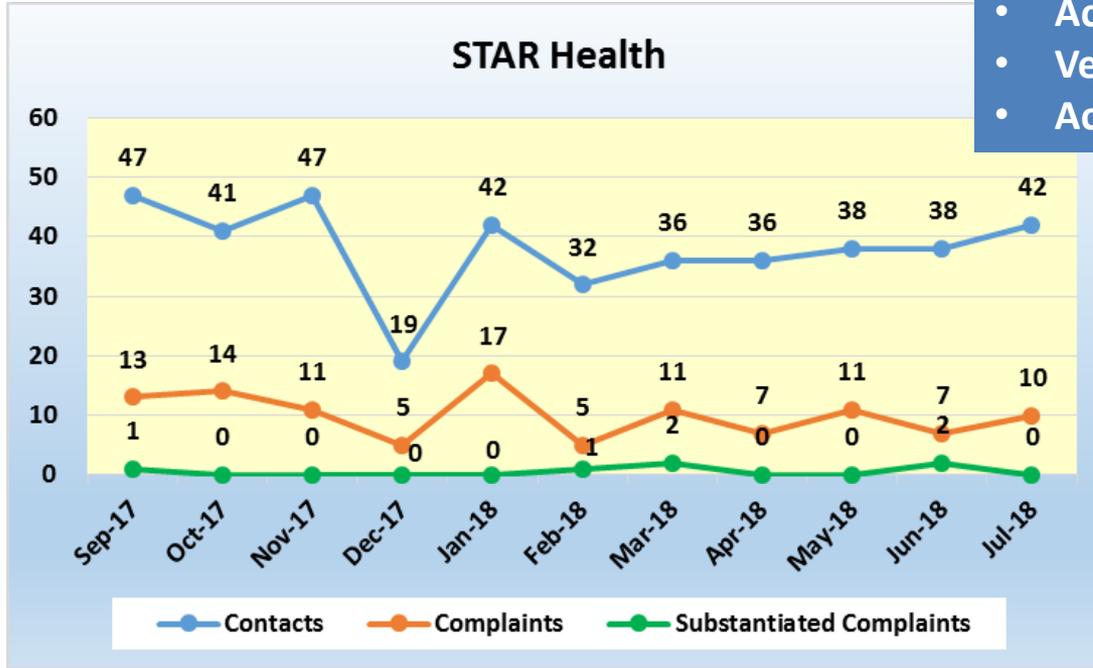


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# Contact Volumes by Program Type

## September 2017 - July 2018

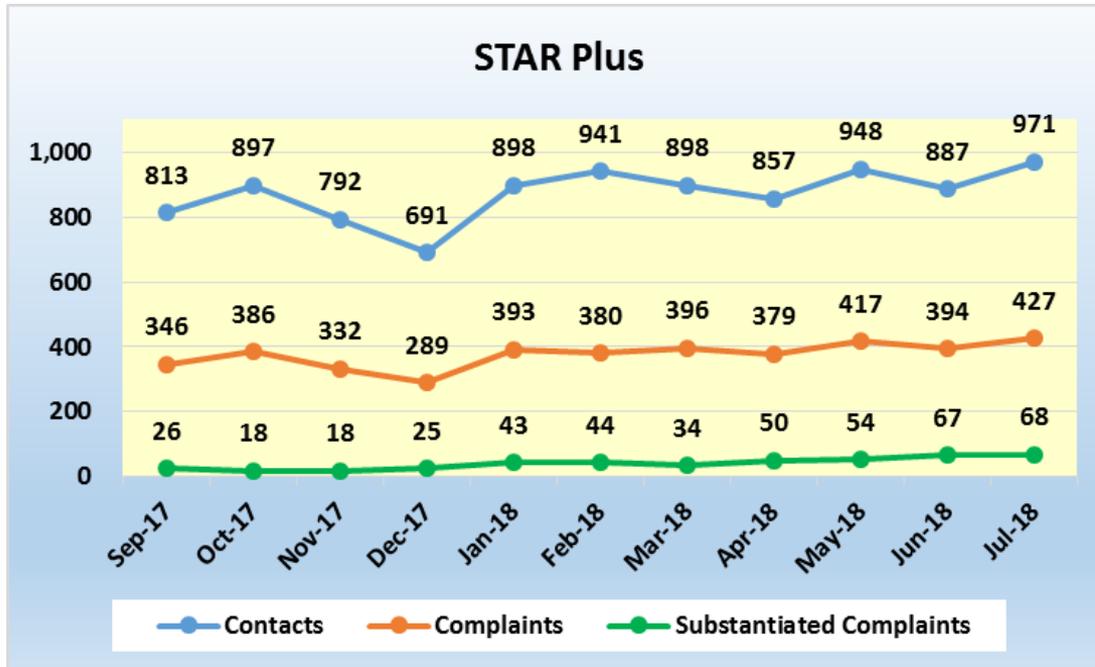
- Top 3 Contacts – STAR Health
- Access to PCP/Change PCP
  - Verify Health Coverage
  - Access to Specialist



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# Contact Volumes by Program Type

## September 2017 - July 2018



### Top 3 Contacts – STAR Plus

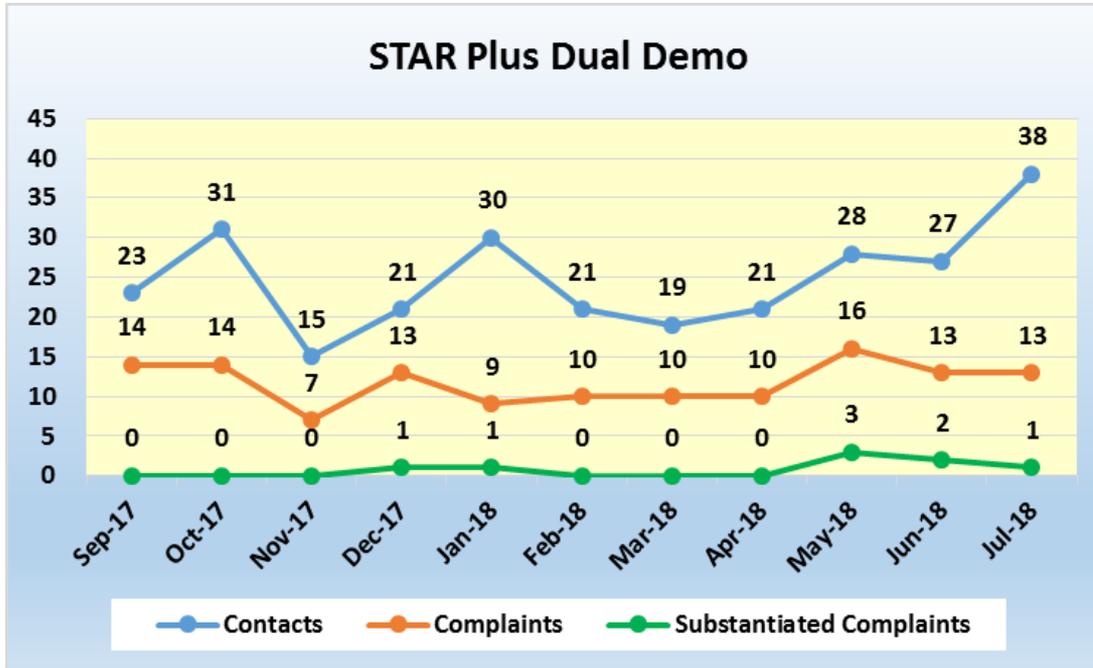
- Access to Long Term Care
- Access to Prescriptions
- Billing Issues



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# Contact Volumes by Program Type

## September 2017 - July 2018



### Top 3 Contacts – STAR Plus Dual Demo

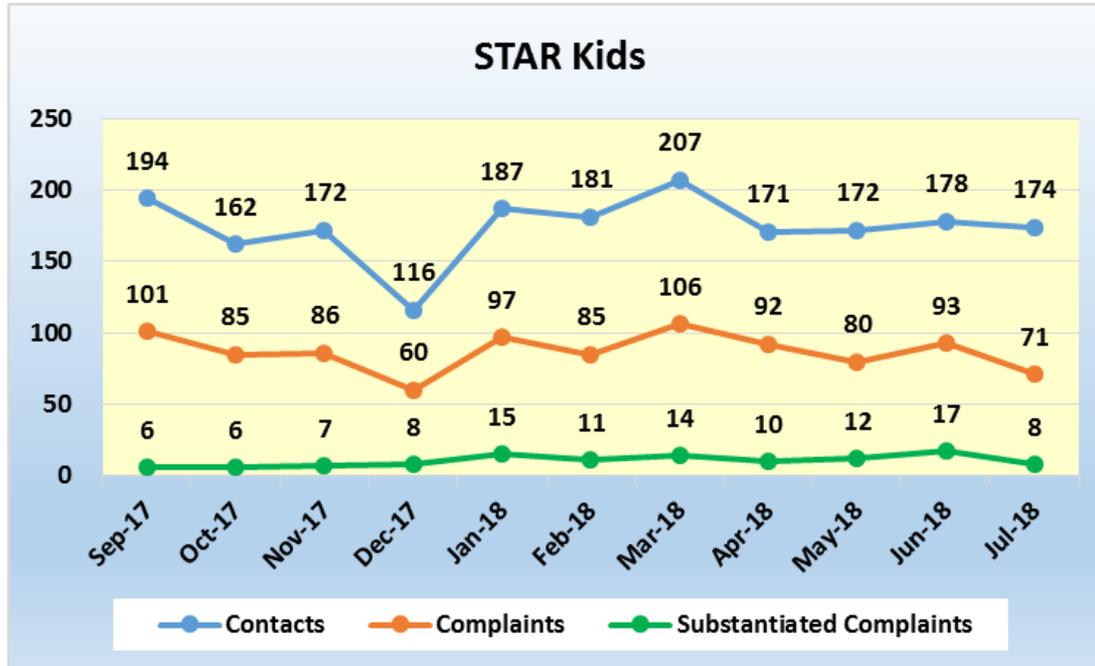
- Access to Long Term Care
- Verify Health Coverage
- Billing Issues



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# Contact Volumes by Program Type

## September 2017 - July 2018



### Top 3 Contacts – STAR Kids

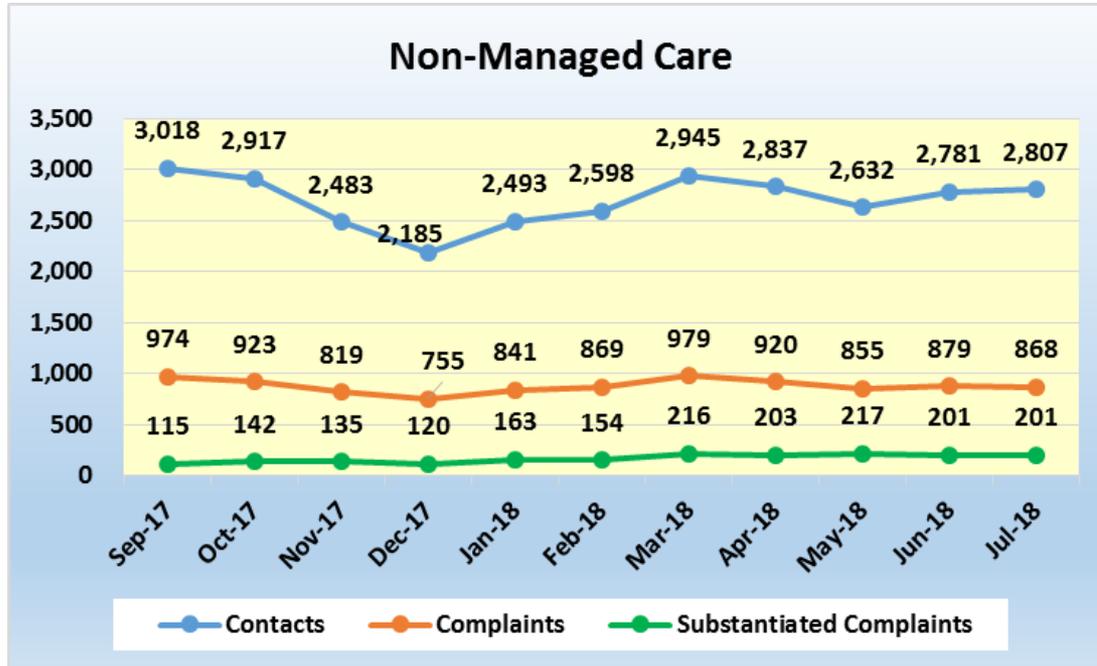
- Access to Prescriptions
- Access to Long Term Care Services
- Access to PCP/Change PCP



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# Contact Volumes by Program Type

## September 2017 - July 2018



### Top 3 Contacts – Non Managed Care

- Access to Prescriptions
- Verify Health Coverage
- Application/Case Denied



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# FOSTER CARE OMBUDSMAN



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## Foster Care Ombudsman Program September 2017 - July 2018

### Contact Volume September 2017 - July 2018

Foster Care Youth	213 (39%)
Total Contacts	542

### Top Three Reasons for Contact September 2017 - July 2018

Rights of Children and Youth in Foster Care

Not all facts documented in IMPACT

Caseworker not responding to phone calls

#### Information Shared

- Preparation for Adult Living (PAL)
- Court Appointed Special Advocates (CASA)
- Department of Family Protective Services (DFPS)



# Ombudsman Managed Care Assistance Team

## UPDATE

- Problem Trends
- Managed Care Support Network
- Additional Assistance for Dual Eligibles

# Contact us

## Phone (Toll-free)

Main Line: 877-787-8999

Managed Care Help: 866-566-8989

Foster Care Help: 844-286-0769

Relay Texas: 7-1-1

## Online

[hhs.texas.gov/ombudsman](https://hhs.texas.gov/ombudsman)

## Fax (Toll-free)

888-780-8099

## Mail

HHS Ombudsman

P. O. Box 13247

Austin, Texas 78711-3247



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