



TEXAS
Department of Family
and Protective Services

Evaluation of Medical Examination Requirements

Initial Medical Exam in Three Days

December 2019

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Introduction

Texas Family Code §264.1076(i) requires the Department of Family and Protective Services (DFPS) to ensure that each child who is taken into the conservatorship of DFPS and remains in the conservatorship of DFPS for more than three business days receives an initial medical examination from a physician or other health care provider not later than the end of the third business day after the date the child is removed from the child's home, if the child:

- 1) Is removed as a result of sexual abuse, physical abuse, or an obvious physical injury to the child; or
- 2) Has a chronic medical condition, a medically complex condition, or a diagnosed mental illness.

Pursuant to Texas Family Code §264.1076(i), DFPS is required to report on the statewide implementation of the medical examination, including the level of compliance with the requirements of this section in each region of the state.

72-Hour Pilot

Background

According to the [American Academy of Pediatrics](#)^{External Link}, children and youth in care have significant medical needs.

- Up to 80% of children come into care with at least one medical problem.
- 1/3 of children come into care with a chronic medical condition.
- Up to 80% of children and adolescents enter with a significant mental health need.

In fall 2016, a group of physicians, in coordination with the Children's Hospital Association of Texas, approached DFPS and the Health and Human Services Commission (HHSC) about establishing a clinic-based initiative with a goal of a child being seen by a physician within 72 hours of removal¹. The purpose of the initiative was to define, implement and evaluate the processes and use of a model which requires all children entering into foster care from a non-medical setting to receive a medical exam no later than 72-hours (three days) from the time Child Protective Services (CPS) gains physical custody of the child(ren). Two pilots were conducted: one in the Region 3 (Dallas area) and a second in Region 1 (Lubbock, with surrounding counties).

¹ Most children in conservatorship access health care through STAR Health, a Medicaid managed care program. Superior Health Plan is the single managed care organization (MCO) contracted with HHSC to deliver managed care services statewide. HHSC is the State's Medicaid agency.

Region 3 (Dallas) 72-Hour Medical Assessment Pilot Summary

Stakeholders and participating practices: Health and Human Services Commission (Medicaid CHIP Services Department), DFPS (CPS State Office and Region 3 staff), Children's Hospital, University of Texas Southwestern, Superior Health Plan, Rees-Jones Center for Foster Care Excellence (two locations), and Children's Health Pediatric Group representatives. The pilot included 22 children who met pilot criteria.

Pilot evaluation results:

- 91% of children in the pilot received a medical assessment within 72 hours of CPS gaining legal custody.
- For those not receiving an exam in 72 hours, “no appointments available” and parent-child visits conflicting with an appointment were identified as barriers.
- Only a small number of medical assessments were reported by workers as being used for any further case guidance (legal proceedings, case planning).

Region 1 (Lubbock) 72-Hour Medical Assessment Pilot Summary

Stakeholders and participating practices: HHSC (Medicaid CHIP Services Department), DFPS (CPS, State Office and Region 1 staff), Texas Tech University, Superior Health Plan, and Texas Tech Pediatrics clinics (specific locations include the Pavilion clinic, MOP clinic, Raider Clinic and Healthpoint Clinic). There were 39 children who met pilot criteria.

Of those 39 children:

- 89.7% (35) of caregivers transported the child to their medical appointment.
- 89.7% (35) of the children were seen by a clinician within 72 hours of removal.

Both pilots identified challenges related to scheduling when the 72 hours included a weekend or non-business day. Both pilots identified difficulty in obtaining sufficient background information prior to the child's appointment regarding trauma experienced or medical history. Both pilots identified challenges for transportation of the child to the medical exam. These challenges were addressed during statewide implementation by adjusting time for non-business days and additional staff for transportation support. The pilots were not concluded prior to hearings about the medical exam in the 85th Texas Legislative Session.

Implementation

After passage of the legislation, DFPS established an interagency workgroup, consisting of multiple Health and Human Services Commission (HHSC) staff, Superior Health Plan representatives, medical professionals, and DFPS employees (state office and regional staff). The workgroup met to discuss overall implementation across agencies. From this large workgroup, five sub-workgroups were created: Implementation, Communication, Protocol Development,

Training, and Medical Protocol. Throughout the implementation process, DFPS worked with HHSC and Superior Health Plan leadership to discuss project updates.

DFPS identified that the initial medical exam in conjunction with the initial Texas Health Steps checkup and the Child and Adolescent Needs and Strengths (CANS), ensured that CPS had a comprehensive assessment of a child's medical and behavioral health needs within the first 30 days of entering foster care. The Department referred to the package of three assessments as the "3 in 30." Communication and training efforts emphasized this three-pronged approach.

The "3 in 30" allowed DFPS and caregivers to understand the needs and strengths of children in care quickly and plan and provide the most appropriate services to improve outcomes for children. It provided an opportunity to reduce confusion regarding separate tools and strengthen compliance for CANS assessments and Texas Health Steps checkups.

Implementation Schedule

One of the first objectives was determining the statewide implementation schedule. The Implementation Workgroup met with stakeholders to gather necessary information to inform staged implementation across the state, develop a proposal, obtain input on the proposal, and finalize the schedule for roll out. The following factors influenced the schedule:

- Availability of a Foster Care Center of Excellence (Harris and Bexar Counties already had Foster Care Centers of Excellence established through STAR Health);
- Regional Director input regarding preference based on significant upcoming activities occurring in each region throughout the year, regional capacity, and other local issues;
- Single Source Continuum Contractor (SSCC) input from those in existence.
- Superior Health Plan network adequacy; and
- Available data. Data included removal rates, placement stability within the first 5 days post-removal, placement location, and placement type.

An implementation schedule was determined, with parameters as follows:

- The first "Go Live" date should be no earlier than April 1, 2018, due to efforts needed to prepare an area for implementation.
- Holiday schedules, which impact training and communication efforts, influenced the decision for no "Go Live" dates scheduled after November 1, 2018.
- Four separate "Go Live" implementation dates, all to begin on the first of a month and separated by at least two months, were to be scheduled.

A decision for blocks to reflect "go live" dates was as follows: April 1, June 1, August 1 (which could be pushed to September 1), and October 1 (which could be pushed to November 1). This afforded sufficient time to prepare the first area, maximized the low removal time period in the

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summer, and gave some post-implementation, stabilization time prior to the mandated statewide implementation deadline of December 31, 2018.

The final staged roll out schedule was:

- April 1, 2018 – Regions 1, 7, 9, 10
- June 1, 2018 – Regions 2, 3E, 3W
- August 1, 2018 – Regions 4, 5, 6A, 6B
- October 1, 2018 – Regions 8, 11

All regions implemented the 3-Day Exam according to schedule, resulting in statewide implementation on October 1, 2018.

Communication

The Communication Workgroup developed a communication plan to be used in each roll out area throughout the state. Communication products included internal DFPS articles on implementation and communicating with youth about their healthcare; a customized infographic for external stakeholders; and updates in the DFPS Education and Kinship newsletters. Initial and ongoing communication efforts were targeted to groups including the Texas Foster Care Association, DFPS Youth Leadership, residential providers, Children’s Hospital Association of Texas, Texas Pediatric Society, the Public Private Partnership (PPP), the Committee for Advancing Residential Practices (CARP) and DFPS Leadership. A Jurist in Residence letter was developed for and published by the Texas Supreme Court Children’s Commission. DFPS created a mailbox to answer questions about the “3 in 30” assessments. Information about the 3-Day Exam has been shared in a variety of venues, including groups that have participation by kinship caregivers, foster care providers, parents, and other stakeholders.

Protocol Development

The Protocol Development Workgroup developed guidance for completion of the initial exam, including a “3 in 30” resource guide. Protocol was to be consistent across the state, yet allow for minor variability regarding options for appointment scheduling or other local circumstances. A guidance document was created for the regions outlining suggested steps for implementation: regional leadership role in implementation, suggestions for messaging, how to access detailed information, and a suggested action plan that could be customized.

The Protocol Workgroup identified documentation steps for DFPS staff to record completion of the initial exam in IMPACT. A “3 in 30” [Resource Guide](#) was created. DFPS updated frequently used forms to reflect the initial medical exam requirement including the Designation of Medical Consenter (Form 2085B), STAR Health Quick Guide and the Removal Checklist. [CPS Handbook - Policy 6430](#) was updated to include the initial medical exam requirement.

Training

The Training Workgroup developed training for DFPS staff statewide. Training needs were required to address Investigation and CPS direct delivery staff. Medical provider training (managed by Superior Health Plan as the STAR Health Managed Care Organization) was to complement DFPS staff training. Residential provider and caregiver training was consistent with DFPS staff training in its approach.

The group worked with the DFPS Center for Learning and Organizational Excellence to create a “3 in 30” webinar that was provided live prior to each of the four implementation dates. Multiple sessions were offered over the course of a month with representation of Subject Matter Experts (Superior Health Plan and CPS Medical Services team members) participating. Investigation and Conservatorship workers and supervisors were required to attend. External training of medical providers was completed by Superior Health Plan.

Residential providers were given guidance on training foster families including an optional “3 in 30” PowerPoint presentation. In communicating with providers, DFPS consistently stated that the final responsibility for ensuring the initial medical exam is scheduled and completed lies with DFPS, but the need to work together with the caregiver to schedule and attend the appointment was vital for success.

Medical Protocol

The development of the medical protocol was coordinated by Health and Human Services Commission. Development included collaboration with healthcare professionals to develop guidelines for the medical exam based upon American Academy of Pediatrics guidelines and adjusted to comply with guidance in the legislation regarding prohibitions on immunization. HHSC has a standardized process for developing the elements of such an exam, billing codes, and exclusion criteria. The initial 3--Day medical exam was designed as a Medicaid benefit. Feedback was obtained from Texas Pediatric Society and the Children’s Hospital Association of Texas.

Superior Health Plan produced guidance for medical providers that addressed the purpose of the initial medical exam, options for locations, billing guidance and each allowable component in an exam. The protocol, training, background information and billing guidance is available at the following link:

<https://www.fostercaretx.com/for-providers/resources.html>

Data

The charts below show the proportion of children receiving 3-Day medical exams as determined using DFPS data, as well as Medicaid Encounter Data². Medicaid Encounter Data was only available through January 2019, allowing sufficient time for claims submissions and quality assurance review by Superior Health Plan and HHSC. Charts contain Statewide Compliance data, followed by individual Regional Compliance data. A map illustrating the regional boundaries is contained within Appendix 3.

The charts for each area show how the system is functioning for all children removed³, excepting those children who were in an inpatient hospital setting at the time of removal, whether medical or psychiatric hospital. Each chart includes Medicaid data, identified in the chart as HHSC Medical Exam Completed, timely and not timely.

For the types of exams which count as a medical exam, the HHSC data was not restricted to only “Three Day Medical Exam” billing codes, but included a host of other billing codes that correspond to medical care, including: 3-Day medical exams, Texas Health Steps medical exams, Other medical exam services, and certain Inpatient and Emergency Room services. The inclusion of other billing codes was used, as there has been and continues to be confusion within the medical provider community regarding appropriate billing codes to use for this new service. DFPS data was limited to exams which workers had identified as a “Physical” exam⁴.

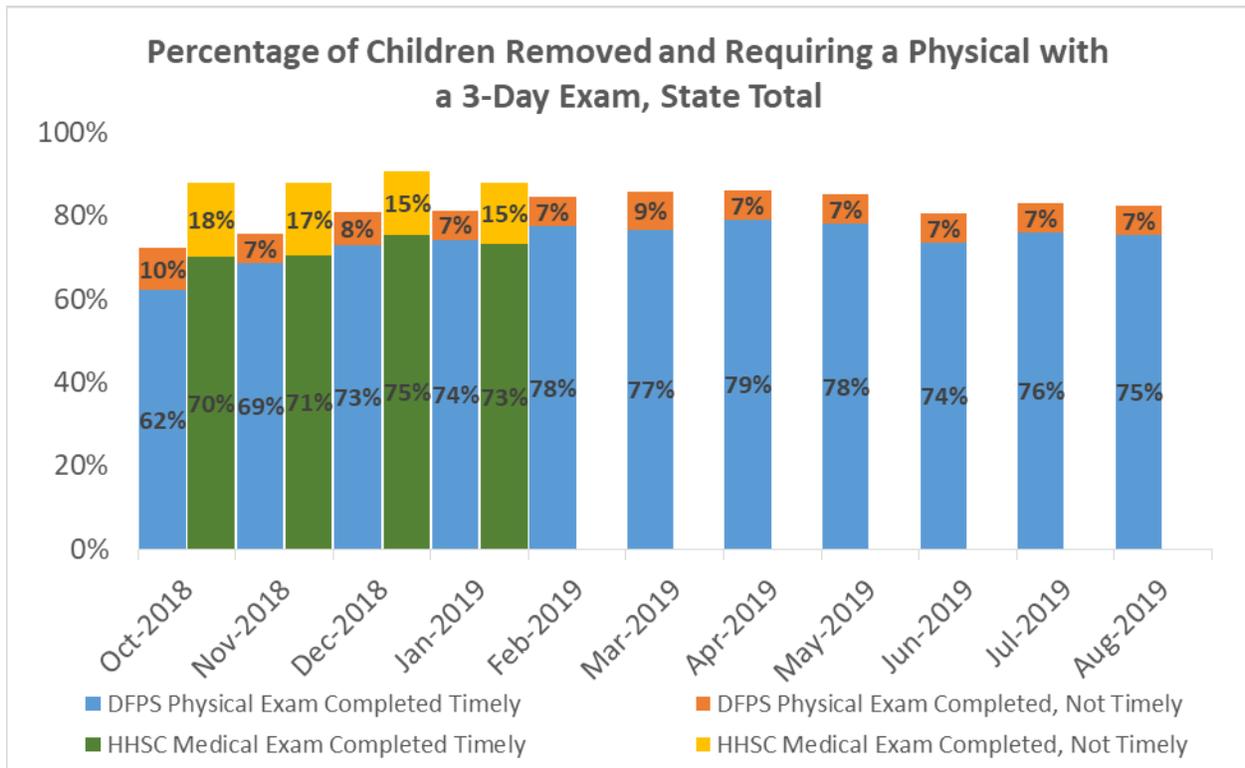
For an exam to be considered “not timely”, DFPS data looks for any “Physical” exam recorded in the IMPACT Case Management system from the fourth business day following removal through October 22, 2019. HHSC data looked at Encounter Data with certain billing codes for service dates between the 4th and 14th business day following removal. The reason the bars for “timely” and “not timely” do not sum to 100 percent is that some children did not have any medical exams which counted documented in the time period reviewed.

² DFPS Data comes from DRIT #95801. HHSC Data came from DRROC #869729.

³ “All children” refers to all children whom the Department removed from their homes, regardless of length of stay in the Department’s conservatorship. Children were excluded from the data if their worker had indicated that the 3-Day medical exam was not needed in the IMPACT system, as provided in the 3-in-30 Resource Guide.

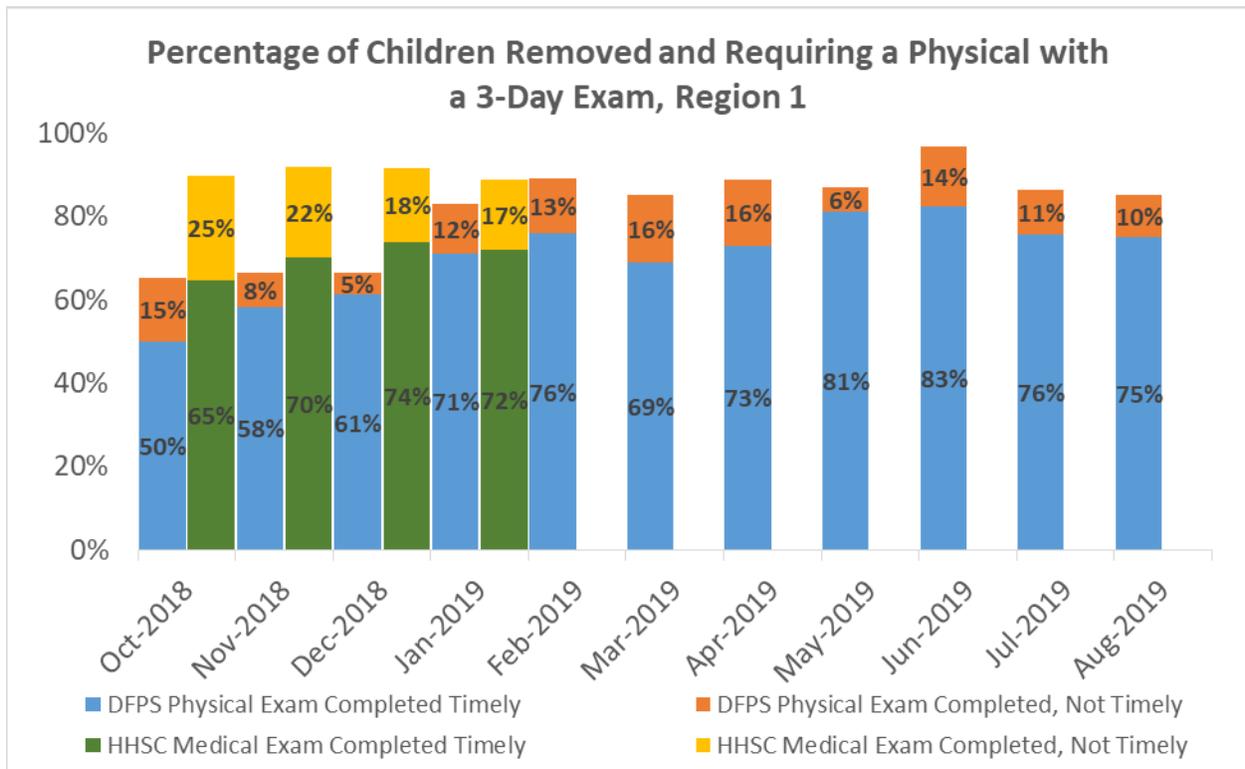
⁴ Although “Annual Medical Exams”, were not included.

Statewide Compliance

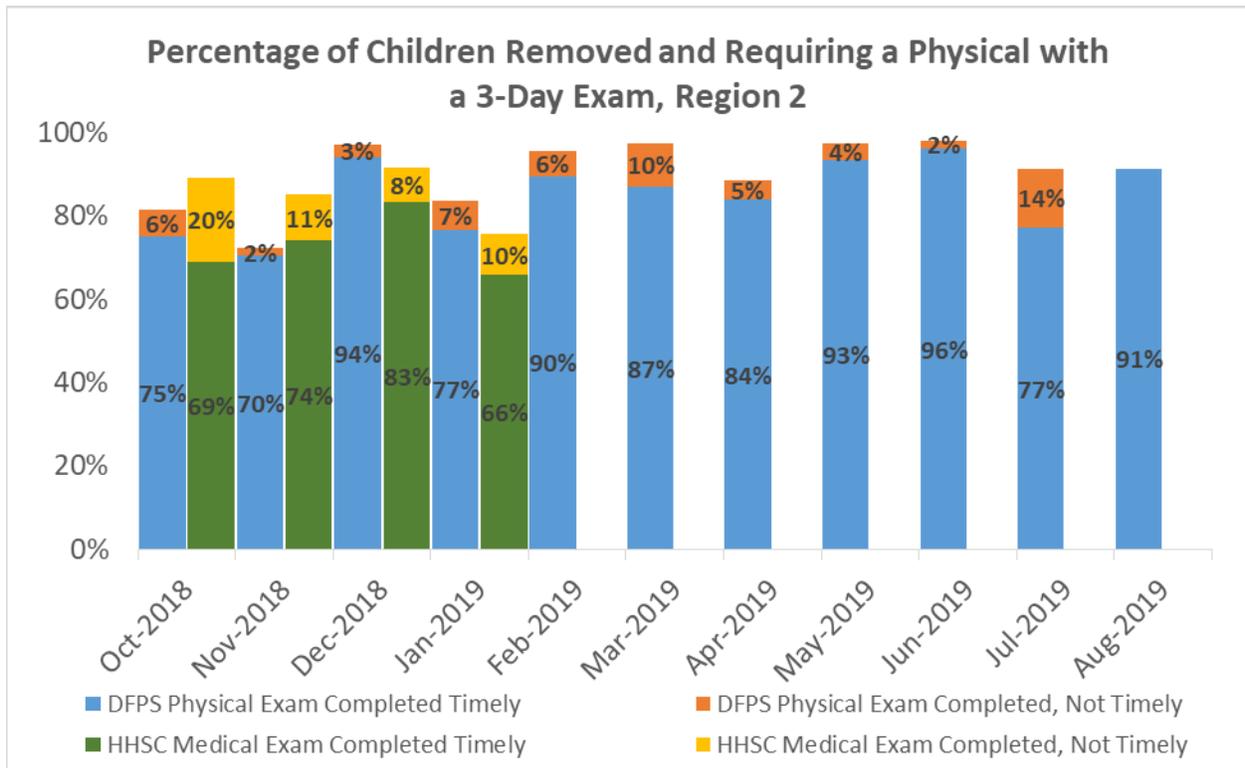


Regional Compliance

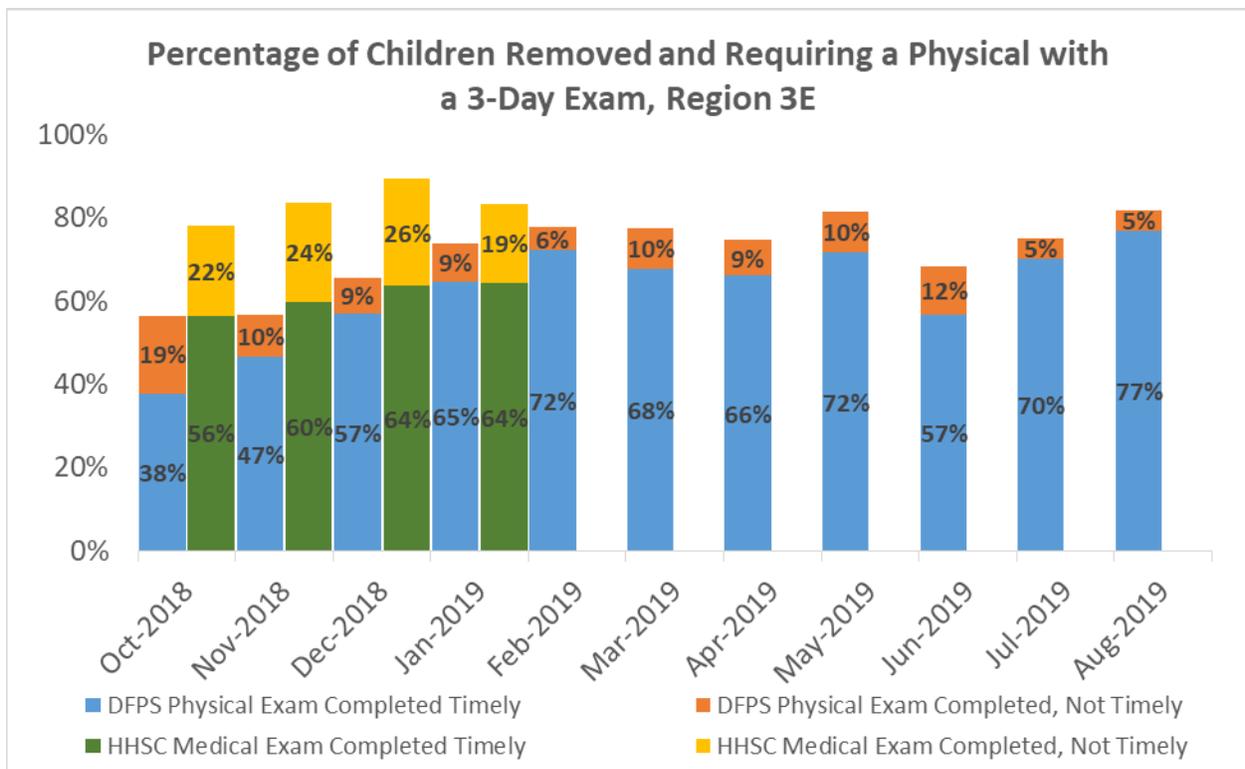
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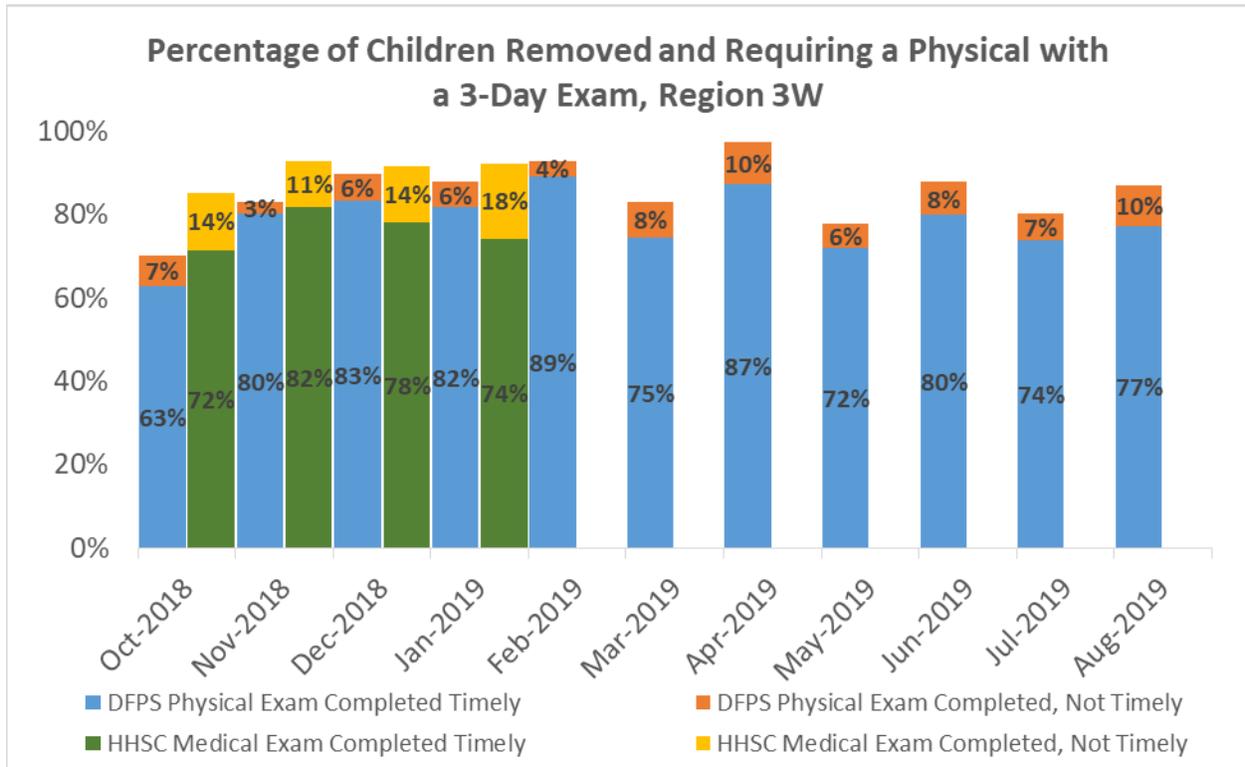
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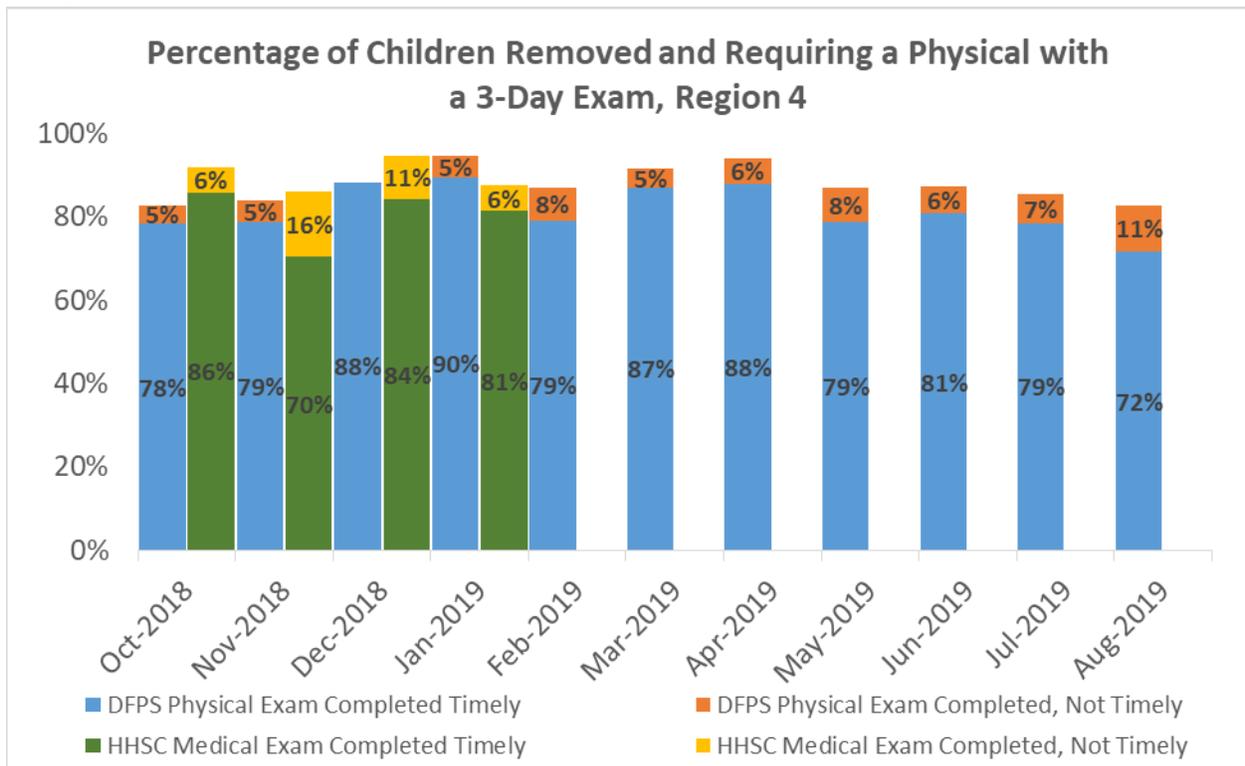
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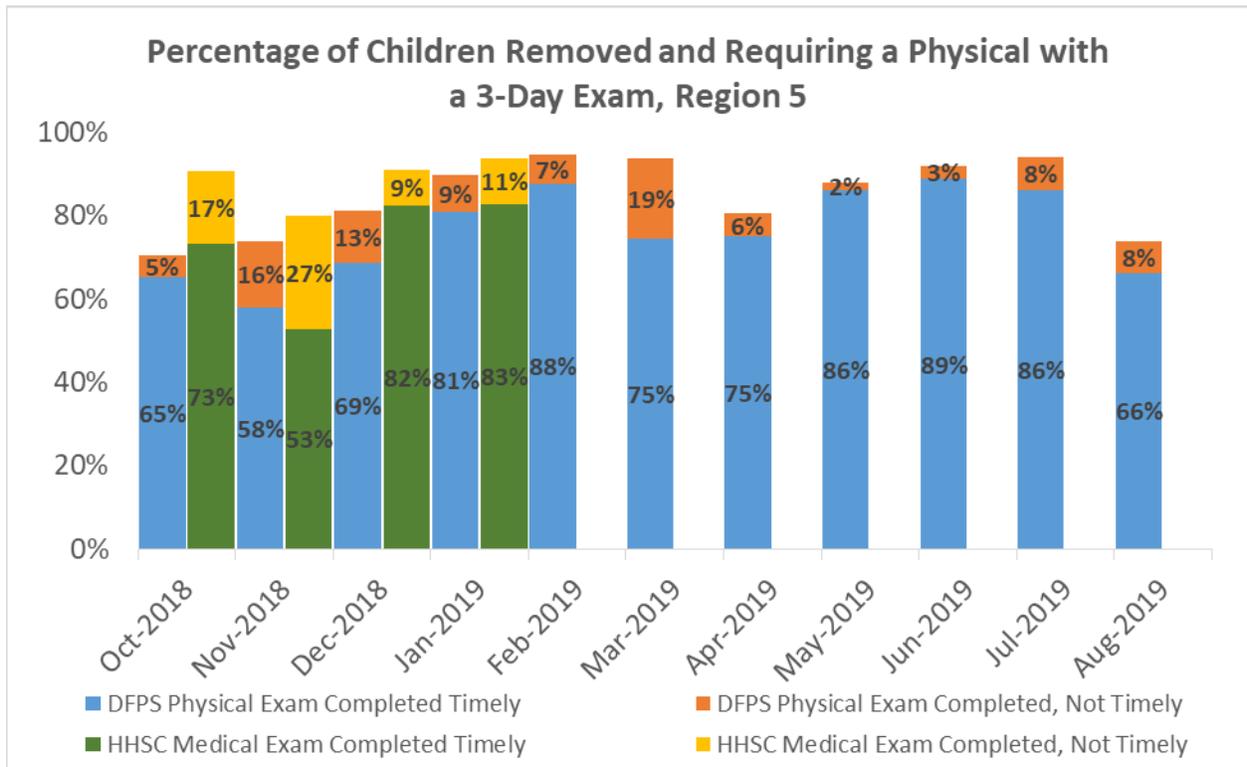
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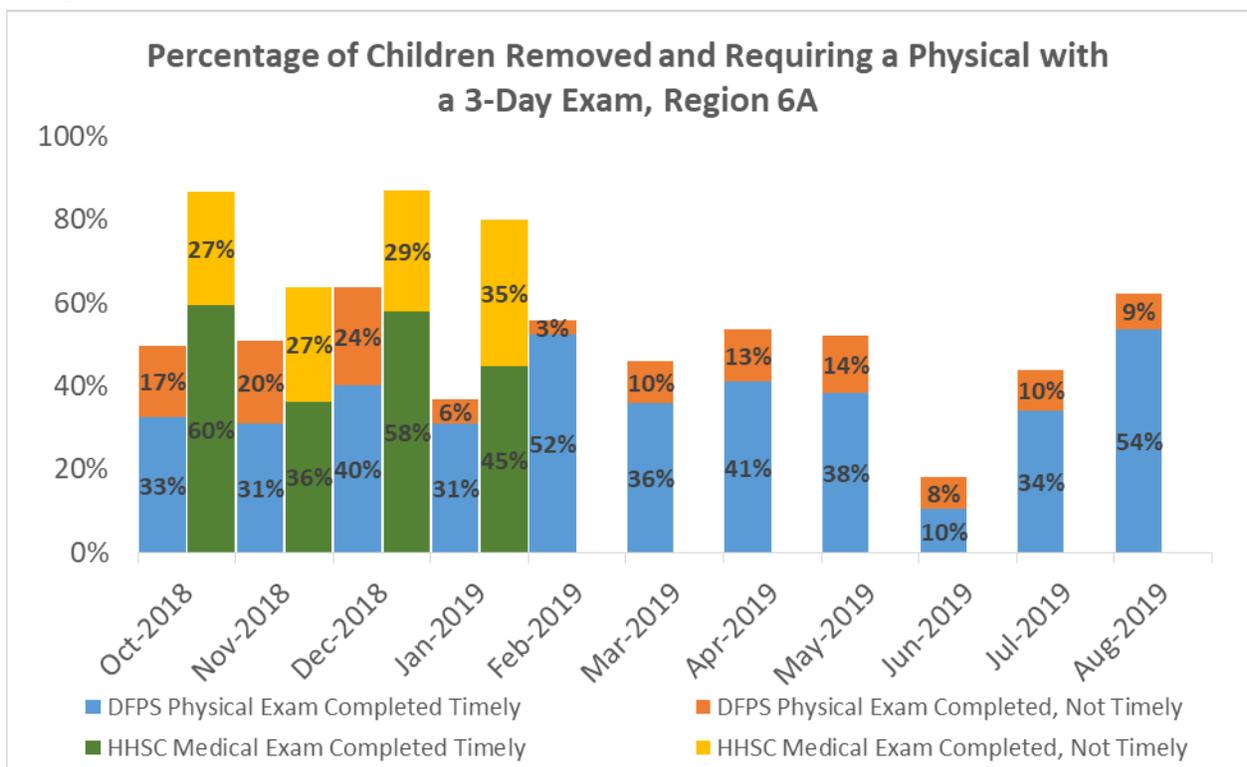
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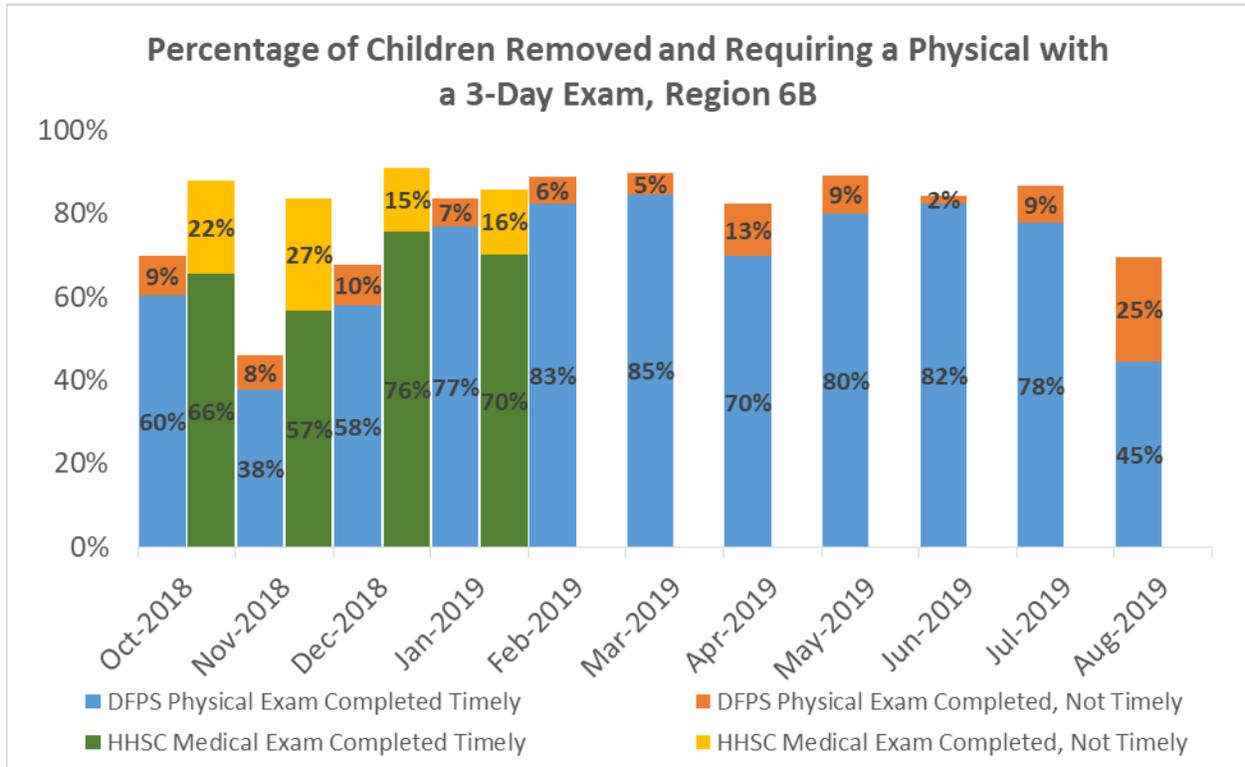
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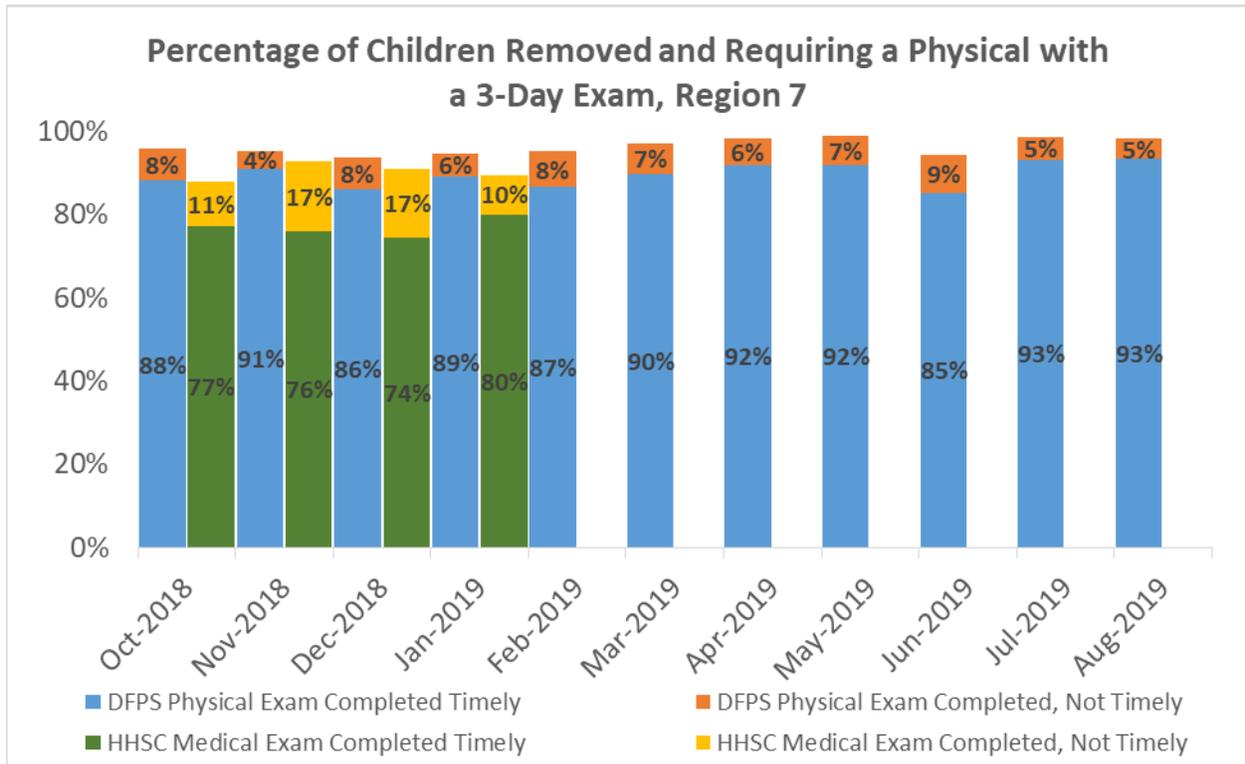
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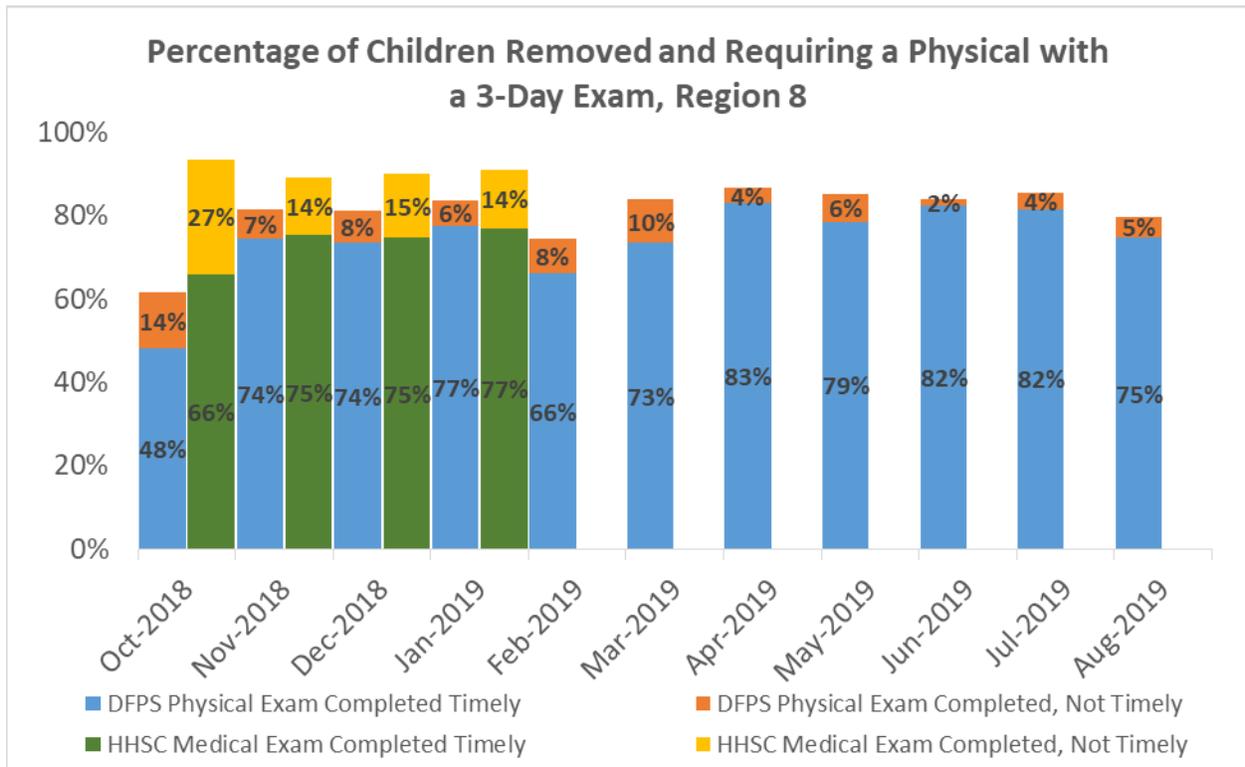
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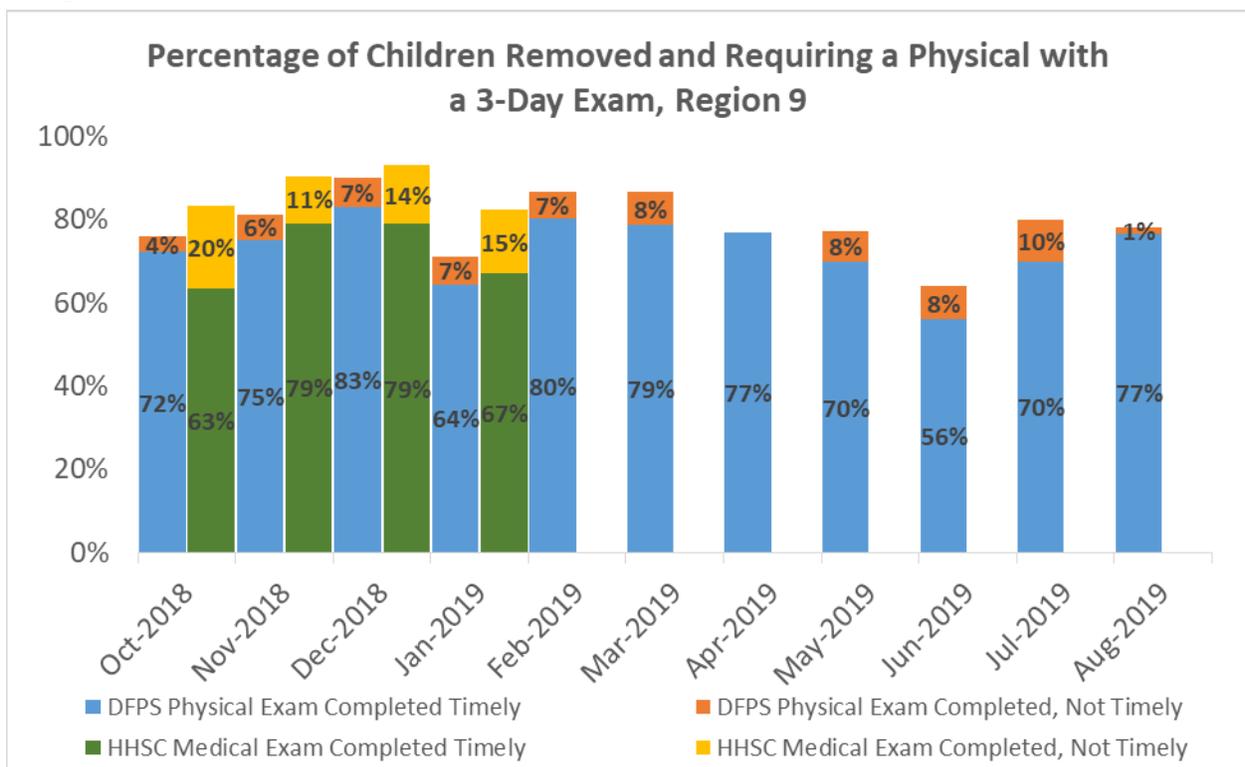
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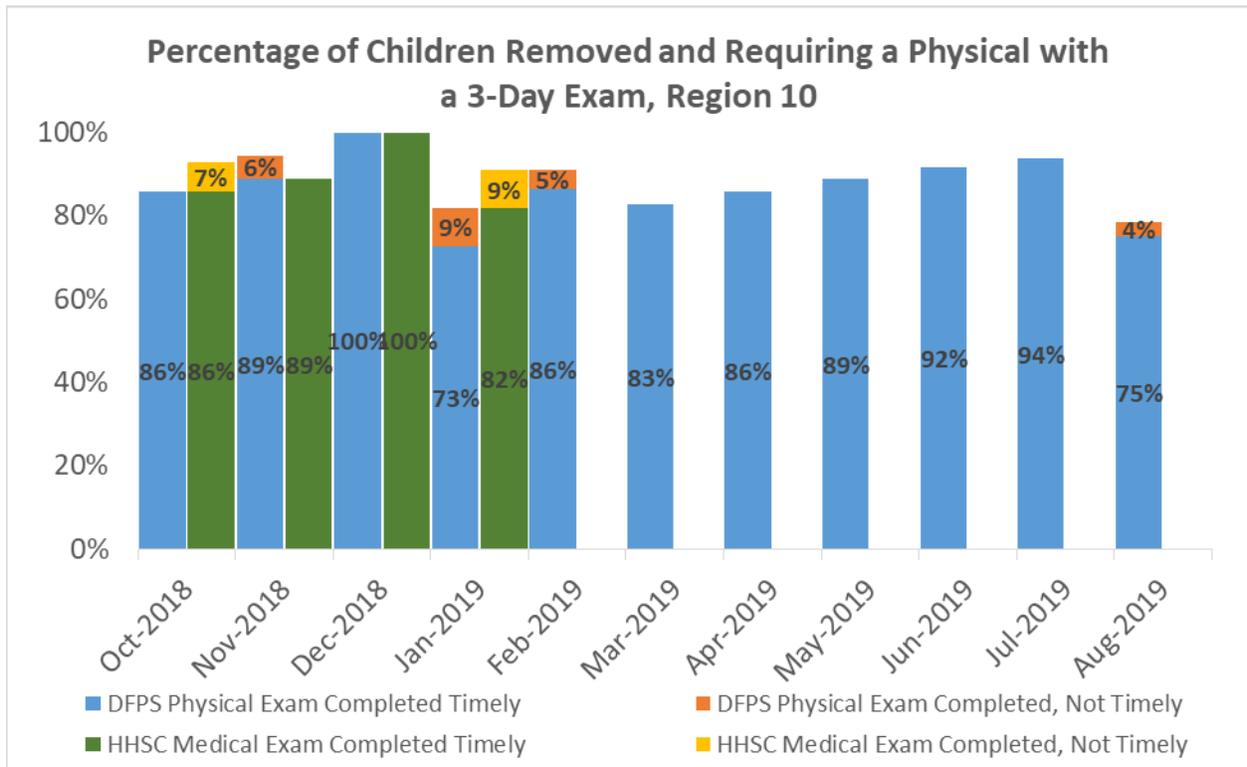
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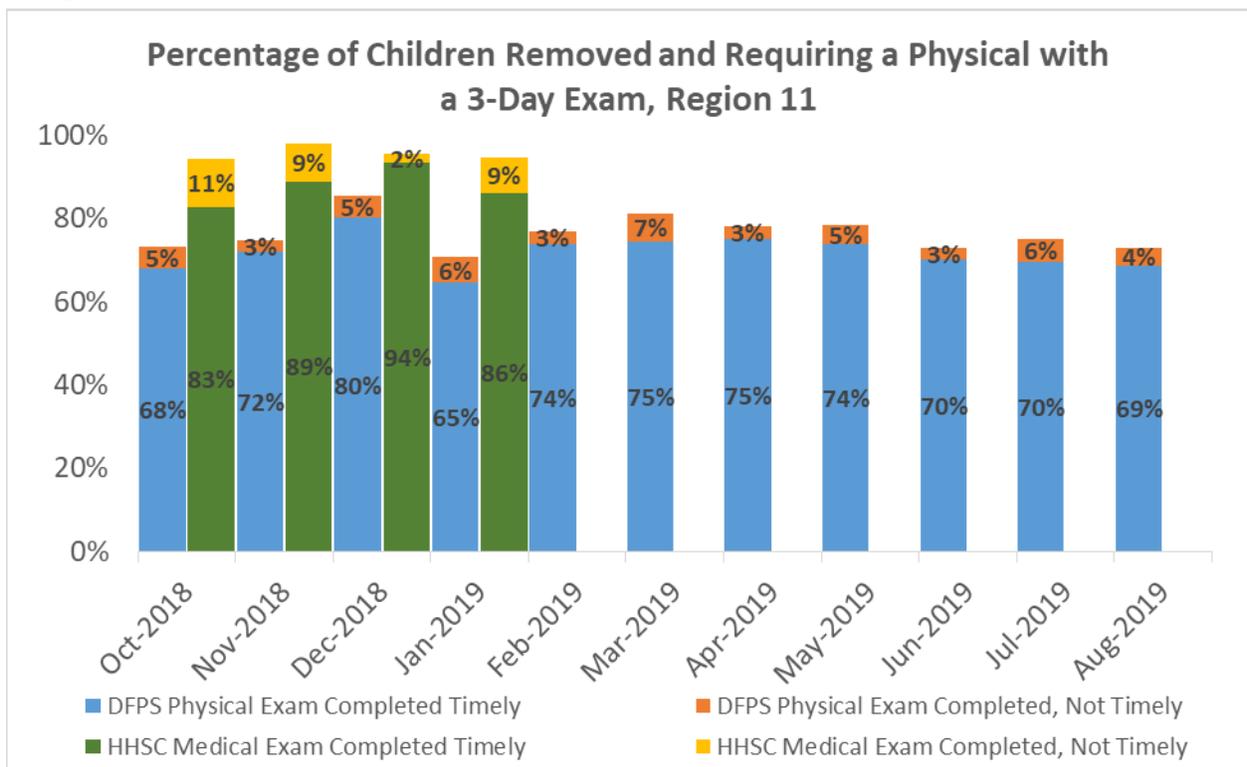
Region 9:



Region 10:



Region 11:



Improving Compliance

DFPS, Health and Human Services Commission (HHSC), Superior Health Plan and stakeholders continue to collaborate on compliance improvement. Examples of collaborative efforts include:

- Data regarding new removals and information about whether or not a 3-Day Exam has occurred is shared with DFPS regional staff on a weekly basis. The data provides child-level case information, allegations at removal, date of removal, exam completion, and other elements for “real time” regional monitoring.
- Monthly, aggregate data at the regional level are produced and shared statewide to monitor compliance.
- Monthly data are shared with HHSC and Superior Health Plan and compared with claims data.
- Targeted regional meetings have been held with regional mid- and upper-level management, state office representatives, STAR Health/Superior Health Plan, HHSC and Medical Providers.
- Conference calls with regional directors in both CPI and CPS programs have been held as needed.

Efforts were made throughout implementation to analyze trends and patterns.

- Case reviews were conducted by the CPS Division of Federal and Program Improvement Review during the first quarter of Fiscal Year 2019 to determine barriers and initial implementation compliance. The review included 90 randomly selected cases in which children were removed between 4/1 through 5/31/2018.
- A second specialized review by the CPS Division of Federal and Program Improvement was conducted on a subset of cases indicated by the CPS caseworker’s IMPACT documentation for the child to have received the initial medical exam, but no matching claim identified by Superior Health. All cases within this subset, 97 cases, were reviewed from January 2019 data. Claims data for January 2019 had completed the required billing time frames and opportunity for quality assurance review by HHSC. Findings from the specialized review indicated 21 cases had correct billing in the Health Passport, perhaps submitted outside of billing deadlines, and for 61 additional cases documentation verifying the exams was obtained from the caseworker. As 84.5% of the discrepant cases were determined to have had an exam, there is improved confidence in the IMPACT data reflecting caseworker reporting of the exam.

Strategies to address identified barriers for compliance have been developed throughout the first year post statewide implementation. Strategies have included:

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- Superior Health Plan used a one year financial incentive program for primary care physicians, beginning October 1, 2018. The program provided a financial incentive for each element of “3 in 30” that was completed timely and an additional incentive if all elements were completed timely. Superior Health Plan decided to extend the provider payment initiative through August 2020 in order to support timely utilization of “3 in 30” exams.
- The Texas Pediatric Society surveyed pediatricians to assess their understanding and identify barriers or issues to the 3-Day exam. The surveys were conducted within six to eight weeks after an area implemented the initial medical exam.
- A mailbox was created and is available to internal and external stakeholders for questions about the 3-Day Exam.
- Communication with internal and external stakeholders continues in a variety of formats: presentations, conferences, stakeholder meetings, reminders to staff, and others.
- Superior Health Plan created medical provider billing guidance to help the foster care community and provider network speak the same language during the scheduling and to promote appropriate billing. This guidance was the result of a recommendation from a placement provider made at a Committee for Advancing Residential Practice presentation on the 3-Day exam. Further analysis of billing patterns and data is underway.
- Training to address medical provider confusion is underway.