

PRESENTATION



This Texas Health Steps (THSteps) presentation will cover:

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



What is Texas Health Steps?

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

- Federal Law in 1989 - Omnibus Budget Reconciliation Act (OBRA)
- Social Security Act (SSA)
- Comprehensive Care Program (CCP)

Statutory Requirements

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



[Texas Medicaid Provider Procedures Manual \(TMPPM\)](#)
Children's Services Handbook
Appendix D: THSteps Statutory State Requirements

Compliance with Federal Legislation

HHSC complies with Health & Human Services (HHS) regulations that protect against discrimination.

All contractors must agree to comply with the following:

- Title VI of the *Civil Rights Act of 1964* (Public Law 88-352), Section 504 of the *Rehabilitation Act of 1973* (Public Law 93-112), *The Americans with Disabilities Act of 1990* (Public Law 101-336), Title 40, Chapter 73, of the TAC.
- *Health and Safety Code 85.113* as described in "Model Workplace Guidelines for Businesses, State Agencies, and State Contractors" on page G-2.

Scope of THSteps Services

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

Texas Health Steps Medical Checkup



THSteps Checkup Scheduling

Selecting a provider

- **Checkups** - In fee-for-service (FFS) Medicaid, clients have freedom of choice when choosing a THSteps checkup provider. In managed care, a client needs to contact their health plan to determine how to access THSteps checkups.
- **Treatment (If non PCP)** - Referral may be required through PCP for evaluation and/or management of conditions identified during a THSteps medical checkup.

THSteps Checkup Scheduling

New Medicaid Clients:

- For FFS - Should receive a THSteps checkup within 90 days of receiving their Medicaid eligibility.
- For Managed Care - Should receive a THSteps checkup within 90 days of enrollment in Managed Care Organization (MCO).
- Allowance to 90-day requirement can be made if the provider has documentation of a previous checkup and child is current/not due for a checkup.

THSteps Checkup Scheduling

- Checkups should be scheduled based on the ages indicated on the *THSteps Medical Checkup Periodicity Schedule*. [Publication E03-13634]
- Families should be encouraged to schedule as soon as the child becomes due for a checkup.

THSteps Checkup Scheduling

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

THSteps Checkup Scheduling

This allows:

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

Checkup Timeliness for Managed Care

New Members-

- Newborns within 14 days of enrollment.
- No later than within 90 days of enrollment for all other eligible children.

Existing Members-

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

THSteps Checkup Timeliness

Children less than 12 months of age

- Checkups in this age group occur within two weeks of due date based on child's date of birth.

Children 12 months of age or older

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

Medical Home

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

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



THSTEPS CHECKUP REQUIRED COMPONENTS

Medical Checkup Requirements

Federally Mandated Components-

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

State Requirement-

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

THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING * 11 THROUGH 20 YEARS OF AGE																						
* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at: http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx . Find current Periodicity Schedule online at http://www.dshs.state.tx.us/thsteps/providers.shtm .																						
AGE	History	Nutritional Screening	Mental Health: Psychosocial/Behavioral Health Screening	PSC-35, Y-PSC, PHQ-9, or CRAFFT	TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	MEASUREMENTS				VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS				Health Education/Anticipatory Guidance	
							Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing			Dyslipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test		
Years	11	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	12	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	13	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	14	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	15	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	
	16	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	17	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	18	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
	19	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
20	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	

LEGEND OF SYMBOLS	
■	Mandatory at this age.
■	If a component is not completed at the required age, it is mandatory for the provider to complete at the first opportunity if age-appropriate.
■	When symbols appear at the same age for developmental, mental health, vision, or hearing screening, perform the most appropriate-level screen.
■	Risk-based.

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: www.dshs.state.tx.us/thsteps/providers.components.shtm. For free online provider education: txhealthsteps.com.

Complete THSteps Checkup

Complete only if it includes:

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

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

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

Comprehensive Health History

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

Nutritional Screening

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



Developmental Surveillance

Review of Milestones

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

Screening

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

Developmental Screening Required Screening Tools

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

Developmental Screening

The provider must complete a standardized developmental or autism screening:

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

Developmental Screening

Referrals - If delay or suspected delay is identified:

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

Mental Health Screening

- Mental Health Screening for
 - Behavioral,
 - Social, and
 - Emotional Development.
- Required at each visit.



Mental Health Screening Adolescent Requirement

Required once per lifetime between the ages of 12 through 18 years using one of the four validated and standardized mental health screening tools listed below - (Use procedure code 99420)

- Pediatric Symptom Checklist (PSC-35)
- Pediatric Symptom Checklist (Y-PSC)
- Personal Health Questionnaire (PHQ-9)
- Car, Relax, Alone, Friends, Forget, Trouble (CRAFFT)

*Download forms from the
[Bright Futures Materials & Tools page](#).*

TB Screening

Administer the THSteps TB Questionnaire annually beginning at 12 months of age.

The questionnaire is available at:

www.dshs.texas.gov/thsteps/forms.shtm

Administer a Tuberculin Skin Test (TST) (CPT code 86580) if risk for possible exposure is identified.

A follow-up visit (CPT code 99211) is required to read all TSTs.

TB Screening

Positive TST:

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

Contact the TB Services Branch at

512-533-3000 for more information.

Physical Examination

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

Physical Examination

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



Use age-appropriate growth graph to identify significant deviations.

Physical Examination

Sensory Screening



VISION

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

HEARING

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

Dental Referral

An oral health exam and dental referral is a key part of the THSteps checkup.

A referral depends on the result of the oral exam:

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

Immunizations



Each medical checkup-

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

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

Immunizations

THSteps ages birth through 18 -

- Vaccine available through TVFC.
- Reimbursement covers administration fee.

THSteps ages 19 and 20 -

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

Laboratory Services

G-THSTEPS (September 2016)

- Specimen submission form for THSteps only

 <p>Specimen Acquisition: (512) 776-7598</p>		<p>G-THSTEPS (SEP 2016) Specimen Submission Form CAP# 3034401 CLIA #45D0660644 Laboratory Services Section, MC-1947 P. O. Box 149347, Austin, Texas 78714-9347 Courier: 1100 W. 49th Street, Austin, Texas 78756 (888) 963-7111 x7318 or (512) 776-7318 http://www.dshs.texas.gov/lab</p>		<p><i>***For DSHS Use Only***</i> Place DSHS Bar Code Label Here</p>	
FOR TEXAS HEALTH STEPS SPECIMENS ONLY !!!					
IS THIS LABORATORY SUBMISSION PART OF THE THSTEPS MEDICAL CHECKUP OR FOLLOW-UP VISIT? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>The specimen submission form <i>must</i> accompany <i>each</i> specimen. The patient's name listed on the specimen <i>must</i> match the patient's name listed on the form. Specimen must have two (2) identifiers that match this form. If the Date of Collection field is not completed, the specimen will be rejected.</p>					
Section 1. SUBMITTER INFORMATION – (** REQUIRED)			Section 4. ORDERING PHYSICIAN INFORMATION – (** REQUIRED)		
Submitter/TPI Number **		Submitter Name **		Ordering Physician's NPI Number **	
NPI Number **		Address **		Ordering Physician's Name **	
City **		State **	Zip Code **		Section 5. PAYOR SOURCE – (** REQUIRED) 1. Reflex testing will be performed when necessary and the appropriate party will be billed. 2. If the patient does not meet program eligibility requirements for the test requested and no third party payor will cover the testing, the submitter will be billed. 3. If the Medicaid number is not provided or is inaccurate, the submitter will be billed. 4. Please write the Medicaid number in the space provided below. <input checked="" type="checkbox"/> THSteps (1) Medicaid #: ** _____
Phone **		Contact			
Fax **		Clinic Code			
Last Name **		First Name **	MI		
Address **			Telephone Number		
Section 6. HL					
<input type="checkbox"/> Hemoglobin (Hb)					

Laboratory Services

Newborn Screening

- 1st screen collected at 24-48 hours of age
- 2nd screen collected at 7-14 days of age
- Up to 12 months if no record of testing
- Special circumstances, such as adoption

DSHS **NBS Clinical Care Coordination** will:

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

Laboratory Services

Accessing Newborn Screening Results

- All results reported to the submitting facility via mail, fax, HL7, or web application.
- Additional copies can be accessed as follows:
 - Sign up as a registered user of the Texas Newborn Screening Web Application and access reports online, or
 - Contact DSHS Laboratory Reporting
Monday-Friday
8 a.m. to 5 p.m.
 - Send a fax request to 512-776-7533 or
 - Call 512-776-7578

Laboratory Services

Texas Newborn Screening Web Application How to Sign up - 3 Easy Steps

1. Download forms from:

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

2. Fill out:

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

3. Submit:

- Fax: 512-776-7157, Attn: Remote Lab Support, L357.1
- Or email: remotelabsupport@dshs.state.tx.us

For help, call 1-888-963-7111 extension 6642 or 6030

Laboratory Services

Lead Screening and Testing

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

Initial screening:

- Venous or capillary specimen.
- Send specimens to DSHS Laboratory, or
- Provider may use point-of-care testing.

Laboratory Services

Lead Screening and Testing

Point-of-care testing:

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

Laboratory Services

Lead Screening and Testing

Follow-up

- Blood lead level of 5/mcg/dL or greater
- Venous specimen
- Laboratory of provider's choice

<http://www.dshs.texas.gov/lead/child.shtm>

Laboratory Services

Lead Screening and Testing

Risk assessment may be addressed as part of anticipatory guidance

- Using the questions on the back of the Child Health Record forms (**optional**).
- Using Risk Assessment for Lead Exposure questionnaire, Form Pb-110 (**optional**).
- or
- Discussion of risk factors or other methods of education.

<http://www.dshs.texas.gov/thsteps/forms.shtm>

Laboratory Services

Lead Screening and Testing

Follow up assistance:

- Contact MAXIMUS Special Services Unit at
1-877-847-8377
OR
- Complete THSteps Provider Outreach Referral Form and Fax to **1-512-533-3867**
Attn: Special Services Unit

Laboratory Services

Lead Reporting

- Must submit results to Childhood Lead Poisoning Prevention Program (CLPPP)

<http://www.dshs.texas.gov/lead/child.shtm>

- Report all results

Laboratory Services

Anemia Screening

- Mandatory according to the *THSteps Medical Checkup Periodicity Schedule*
- Required at 12 months of age
- DSHS Laboratory

Laboratory Services

Dyslipidemia

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

Type 2 Diabetes

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

Laboratory Services

Gonorrhea and Chlamydia Screening

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

Syphilis

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

Laboratory Services

HIV:

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

Provide information that testing for HIV is-

- Routinely available, confidential.
- Completely anonymous by choice.

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

Completing the Checkup – Anticipatory Guidance



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

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

During THSteps medical checkup for ages 6 through 35 months-

- Limited oral evaluation
- Fluoride varnish application
- Referral to dental home

Provided by trained and certified-

- Physicians
- Physician Assistants
- Advanced Practice Registered Nurses

<http://www.dshs.texas.gov/thsteps/OEFV.shtm>

Exception to Periodicity

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

Exception to Periodicity

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

Modifiers in table shown below indicate the reason for exception.

	Modifier
1) a. Medically necessary (developmental delay or suspected abuse). b. Environmental high-risk (sibling of child with elevated blood level).	SC
2) To meet state or federal requirements for Head Start, daycare, foster care, or pre-adoption.	32
3) Dental services provided under general anesthesia.	23

THSteps Follow-up Visits

A return visit may be required to complete necessary procedures-

- Reading the Tuberculin Skin Test (TST).
- Immunizations.
- Specimen collection for a laboratory test.
- Completion of a component.
- Separate reimbursement may not be available.

CPT code **99211** with-

- THSteps provider identifier, and
- THSteps benefit code.

THSTEPS DOCUMENTATION

THSteps Documentation

All components must be documented in the medical record:

Quality review activities include:

- Random chart review, and
- Focused studies of THSteps medical checkup completeness.

THSteps Documentation

A component may be omitted due to:

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

May also omit specific screening tools if:

- A related condition has been identified, and
- Child is currently receiving treatment.

Documentation must include the rationale for the omission.

THSteps Child Health Record

Forms - *Optional*

- Age-specific
- Reflect current THSteps policy

Available online at:

<http://www.dshs.texas.gov/thsteps/childhealthrecords.shtm>

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

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

Signature/title _____	Signature/title _____
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CHILD HEALTH RECORD

12 MONTH CHECKUP

THSteps Documentation

Tuberculosis (TB) Questionnaire

The only required form for a THSteps checkup.

Ways to document the questionnaire:

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

THSteps Documentation

Other *Optional* Forms:

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

THSteps Documentation

For all electronic, online, or web-based tools:

Consent/release of information may be needed for:

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

THSteps Documentation

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

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

Documentation must include:

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

THSteps Billing

- The Current Procedural Terminology (CPT) codes are available in the Texas Medicaid Provider Procedure Manual (TMPPM).
- Providers, including Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) should contact:
 - The appropriate medical or dental managed care plan, or
 - TMHP for patients with fee-for-service coverage.
- RHCs and FQHCs receive an all-inclusive encounter rate.

THSteps Billing

ICD-10-CM Coding for Texas Health Steps

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

<http://www.tmhp.com/Pages/CodeUpdates/ICD-10.aspx>

THSteps Quick Reference Guide (QRG)

Texas Health Steps Quick Reference Guide

Remember: Use Provider Identifier • Benefit Code EPI • Diagnosis Code Z00121 or Z00129

THSteps Medical Checkup Billing Procedure Codes

THSteps Medical Checkups				
99381	99382	99383	99384	99385
99391	99392	99393	99394	99395

THSteps Follow-up Visit
Use procedure code 99211 for a THSteps follow-up visit.

Oral Evaluation and Fluoride Varnish
Use procedure code 99429 with U5 modifier.

Developmental and Autism Screening
Developmental screening with use of the ASQ, ASQ:SE or PEDS is reported using procedure code 96110.
Autism screening with use of the M-CAT is reported using procedure code 96110 with U5 modifier.

Tuberculin Skin Testing (TST)
Use procedure code 86580 for TST. Procedure code 86580 may be reimbursed on the same day as a checkup.

Point-of-Care Lead Testing
Use procedure code 83655 with QW modifier to report that an initial blood lead level screening test was completed using point-of-care testing.

Immunizations Administered	
Procedure Codes	Vaccine
90632 or 90633* with (90460/90461 or 90471/90472)	Hep A
90636 with (90460/90461 or 90471/90472)	Hep A/Hep B
90644	Hib-MenCY
90647* or 90648* with (90460/90461 or 90471/90472)	Hib
90649* or 90650* with (90460/90461 or 90471/90472)	HPV
90630, 90654, 90655*, 90656*, 90657*, 90658*, 90685*, 90686*, 90687* or 90688* with (90460/90461 or 90471/90472) or 90660* or 90672* with (90460/90461 or 90473/90474) or 90661 or 90673 with (90471/90472)	Influenza
90670* with (90460/90461 or 90471/90472)	PCV13
90680* or 90681* with (90460/90461 or 90473/90474)	Rotavirus
90696* with (90460/90461 or 90471/90472)	DTaP-IPV
90698* with (90460/90461 or 90471/90472)	DTap-IPV-Hib
90700* with (90460/90461 or 90471/90472)	DTaP
90702* with (90460/90461 or 90471/90472)	DT
90703 with (90460/90461 or 90471/90472)	Tetanus
90707* with (90460/90461 or 90471/90472)	MMR
90710* with (90460/90461 or 90471/90472)	MMRV

* Indicates a vaccine distributed by TVFC

Immunizations Administered	
Procedure Codes	Vaccine
90713* with (90460/90461 or 90471/90472)	IPV
90714* with (90460/90461 or 90471/90472)	Td
90715* with (90460/90461 or 90471/90472)	Tdap
90716* with (90460/90461 or 90471/90472)	Varicella
90721 with (90460/90461 or 90471/90472)	DTaP-Hib
90723* with (90460/90461 or 90471/90472)	DTap-Hep B-IPV
90732* with (90460/90461 or 90471/90472)	PPSV23
90733 or 90734* with (90460/90461 or 90471/90472)	MPSV4
9074* or 90744* with (90460/90461 or 90471/90472)	Hep B
90748* with (90460/90461 or 90471/90472)	Hib-Hep B

Modifiers			
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Performing Provider			
Use to indicate the practitioner who is performing the uncloned physical examination component of the medical checkup.			
AM	SA	TD	U7

Exception to Periodicity			
Use with THSteps medical checkups procedure codes to indicate the reason for an exception to periodicity.			
23	32	SC	

FQHC and RHC	
Federally qualified health center (FQHC) providers must use modifier EP for THSteps medical checkups. Rural health clinic (RHC) providers must bill place of service 72 for THSteps medical checkups.	

Vaccine/Toxoids	
Use to indicate a vaccine/toxoid <i>not available</i> through TVFC and the number of state defined components administered per vaccine.	
U1	Vaccine/toxoid privately purchased by provider when TVFC vaccine/toxoid is not available

Vaccine Administration and Preventive E/M Visits	
Use with THSteps preventive visit checkup procedure codes to indicate a significant, separately identifiable E/M service that was rendered by the same provider on the same day as the immunization administration.	
25	Significant, separately identifiable evaluation

Condition Indicator Codes		
Use one of the indicators below if a referral was made.		
Condition Indicator	Condition Indicator Codes	Description
N	NU	Not used (no referral)
Y	ST	New services requested
Y	S2	Under treatment

THSteps Quick Reference Guide

THSteps medical checkup CPT codes:

- **New Patient:**

- 99381, 99382, 99383, 99384, 99385

- **Established Patient:**

- 99391, 99392, 99393, 99394, 99395

Follow Up visit: 99211

Immunizations

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

THSteps Quick Reference Guide

Additional requirements:

THSteps Benefit Code EP1

Identify the provider completing the physical examination-

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

Condition indicators-

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

THSteps Quick Reference Guide

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

- Developmental screening (CPT code 96110).
- Autism screening (CPT code 96110 with U6 modifier).
- Mental health screening in adolescents (CPT code 99420).
- Tuberculin Skin Test (TST) (CPT code 86580).
- Point-of-care lead testing (CPT code 83655 with QW modifier).
- Immunizations administration (Individual MCOs may require the use of a modifier).
- Oral Evaluation & Fluoride Varnish (CPT code 99429 with U5 modifier).

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

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

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

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

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

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

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

Contact the MCO or TMHP for claims filing information.

- Appropriate diagnosis code
- Appropriate evaluation and management code

TEXAS HEALTH STEPS DENTAL CHECKUP

THSteps Dental Services

THSteps dental services are benefits of Medicaid eligible children from birth through 20 years of age.

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



THSteps Dental

THSteps dental providers may provide medically necessary dental services:

- Emergency
- Diagnostic
- Preventive
- Therapeutic
- Orthodontic

First Dental Home

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

Goals

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

First Dental Home

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

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



First Dental Home

Benefits

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

First Dental Home

First Dental Home providers must complete training and certification from DSHS.

Link to the online training at <http://www.txhealthsteps.com> and click on “Course Listing”, scroll down to Oral Health and then click on First Dental Home.

For more information on First Dental Home, link to <http://www.dshs.texas.gov/thsteps/FDH.shtm>

THSteps Dental

Dental checkups and visits may be scheduled:

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



THSteps Dental

Exceptions to six-month periodicity for dental checkup services-

- Medically necessary.
- Required to meet federal or state requirements.
- Patient requests second opinion or service provider change.



THSteps Dental

Some services may require prior authorization.

Contact-

- The appropriate dental managed care organization, or
- TMHP for further information.

Emergency and Trauma services-

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

Carries Risk Assessment (CRA)

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

Caries Risk Assessment (CRA)

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

Caries Risk Assessment (CRA)

THSteps requires [caries risk assessment](#) and documentation to be included in all dental exams. Reimbursement for dental exams on or after January 1, 2016, will be denied by Medicaid unless a caries risk assessment has properly been conducted, documented, and coded.

DSHS offers training with step-by-step guidance about conducting and documenting caries risk assessment for patients ages 6 months through 20 years. Take the First Dental Home (FDH) training module for children 6 through 35 months old; and, the Promoting Oral Health through Caries Risk Assessment and Dental Anticipatory Guidance (OHCRA) for children 3 through 20 years old. **Both trainings provide links to all caries risk assessment forms and include documentation and billing information.**

To access the training modules, link to <http://www.txhealthsteps.com/cms>, select Find a Course>>, then scroll down to Oral Health.

RELATED PROGRAMS

Texas Vaccine for Children (TVFC)

- THSteps providers are strongly encouraged to enroll in TVFC.
- Vaccines available at no cost to providers.

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



Texas Vaccine for Children (TVFC)

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

- Medicaid eligible
- Uninsured
- American Indian or Alaskan Native
- Underinsured
- Enrolled in CHIP

Texas Vaccine for Children (TVFC)

UNDERINSURED

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

- Coverage does not include vaccines;
- Insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only); or,
- Insurance caps vaccine coverage at a certain amount. (TVFC-eligible after amount reached)

ImmTrac Texas Immunization Registry

- Free Service.
- Child's immunization information is stored electronically.
- One centralized system-
 - Consent is during birth registration process.
 - or**
 - Completion of consent form.



Case Management for Children and Pregnant Women

Services

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



Case Management for Children and Pregnant Women

Eligibility

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

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

Case Management for Children and Pregnant Women

Who are Case Management Providers?

- Registered Nurses
- Licensed Social Workers

Where do they work?

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

Case Management for Children and Pregnant Women

What Are Case Management Services?

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

Case Management for Children and Pregnant Women

Identifying Strengths and Challenges-

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

Empowering clients-

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

Case Management for Children and Pregnant Women

Assist with Accessing, Advocating for, and Coordinating -

- Durable medical equipment and supplies.
- Referral to developmental and mental health services.
- Education/school services.

Case Management for Children and Pregnant Women

How does it differ from other CM programs/Care Coordination?

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

Making a Referral

The screenshot shows the Texas Department of State Health Services website. The top navigation bar includes 'Home', 'About Us', 'News', 'I am a...', 'I want to...', 'Resources', and 'Find Services'. The left sidebar contains a list of links: 'Case Management Home', 'Find out more about Case Management', 'Find a Case Manager', 'Make a Referral' (highlighted with an orange arrow), 'Find Resources', 'Personal Care Services (PCS)', 'Questions and Answers', 'For Providers', and 'Contact Us'. The main content area features a breadcrumb trail: 'Home > Case Management for Children and Pregnant Women > Case Management for Children and Pregnant Women'. Below the breadcrumb is a video player with a play button and the title 'Case Management for Children and Pregnant Women'. A second video player below it has the title 'Administración de Casos para Niños y Mujeres Embarazadas'. At the bottom, there are links: 'Learn about Case Management', 'Más información sobre la administración de casos', and 'Find a case manager or make a referral' (highlighted with an orange arrow).

<http://www.dshs.texas.gov/caseman/>

Call THSteps at 1-877-847-8377

or

Fax CM Referral form to 512-533-3867



CM-Referral
08/12

REQUEST FOR CASE MANAGEMENT INFORMING FOR CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

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

CLIENT INFORMATION

Case Management Referral Pad

- Designed for providers to make referrals for Case Management
- Order publication number 05-13916 at <http://www.dshs.texas.gov/thsteps/THStepsCatalog.shtm>
- Two-sided pads have 50 referral forms



Personal Care Services (PCS)

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

and

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

Personal Care Services (PCS)

Who can receive PCS?

Individuals who are:

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

Personal Care Services (PCS)

ADLs

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

IADLs

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

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

Personal Care Services (PCS)

The following needs of the responsible adult are also considered:

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

Personal Care Services (PCS)

Client Referrals

- A client referral can be provided by anyone who recognizes a client need for PCS including, but not limited to, the following:
 - Client or family member.
 - A primary practitioner, primary care provider, or medical home.

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

PCS Referral Line: 1-888-276-0702

Community First Choice (CFC)

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

To be eligible for CFC services a client must:

- Be eligible for Medicaid

Require an institutional level of care, e.g.:

- A nursing facility
- An institution of mental disease
- An intermediate care facility for individuals with an intellectual disability or related condition

Community First Choice (CFC)

Services

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

Children with Special Health Care Needs (CSHCN)

Benefit Summary

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

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

The program helps clients with their:

- Medical, dental and mental health care
- Drugs
- Special therapies
- Case Management
- Family Support Services
- Travel to health care visits
- Insurance premiums



Children with Special Health Care Needs (CSHCN)

Eligibility Summary

The program is available to anyone who-

- Lives in Texas (includes undocumented residents).
- Is under 21 years old (or any age with cystic fibrosis).
- Has a certain level of family income.
- Has a medical problem that
 - is expected to last at least 12 months.
 - will limit one or more major life activities.
 - needs more health care than what children usually need.
 - has physical symptoms. (This means that the program does not cover clients with only a mental, behavioral or emotional condition, or a delay in development.)

Children with Special Health Care Needs (CSHCN)

Contact the CSHCN Services Program-

Mailing Address:

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

Ask questions by phone:

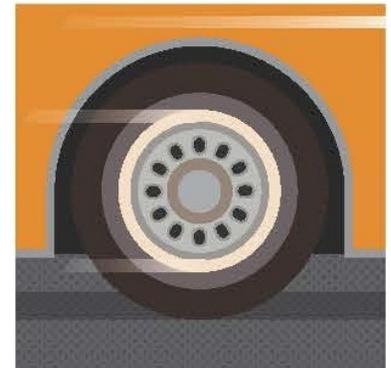
CSHCN Inquiry Line toll free at 1-800-252-8023
512-776-7355 Austin
512-776-7565 Fax

Medical Transportation Program (MTP)

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

Clients can request transportation services by calling toll free:

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



RESOURCES

THSteps Provider Outreach Referral Service

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

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

THSteps Provider Outreach Referral Service

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

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

Successfully contacted patients are:

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

THSteps Provider Outreach Referral Service



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

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

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

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

Patient #1 Information			
Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead			
<input type="checkbox"/> Other:			
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:		<input type="checkbox"/> Assistance needed scheduling appointment.	
<input type="checkbox"/> Follow-up appointment for additional lead testing.		<input type="checkbox"/> Provide updated patient address (Case Management Only)	
<input type="checkbox"/> Assist with transportation to appointment.		<input type="checkbox"/> Other, see comments.	
Comments:			

Outreach Services Results (SSU Use Only)			
<input type="checkbox"/> Appointment scheduled, date/time:		<input type="checkbox"/> Patient provided education about appointment etiquette.	
<input type="checkbox"/> Patient assisted with transportation to appointment.		<input type="checkbox"/> Patient will contact provider directly.	
<input type="checkbox"/> No action taken; patient declined assistance.		<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.	
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.		<input type="checkbox"/> Other:	
Comments to Provider:			

Patient #2 Information			
Patient Name:		Date of Birth:	Medicaid ID:
Appointment Type: <input type="checkbox"/> THSteps Checkup <input type="checkbox"/> THSteps Followup <input type="checkbox"/> Sick Visit <input type="checkbox"/> Lead			
<input type="checkbox"/> Other:			
Reason for referral (check all that apply)			
<input type="checkbox"/> Patient missed appointment, date:		<input type="checkbox"/> Assistance needed scheduling appointment.	
<input type="checkbox"/> Follow-up appointment for additional lead testing.		<input type="checkbox"/> Provide updated patient address (Case Management Only)	
<input type="checkbox"/> Assist with transportation to appointment.		<input type="checkbox"/> Other, see comments.	
Comments:			

Outreach Services Results (SSU Use Only)			
<input type="checkbox"/> Appointment scheduled, date/time:		<input type="checkbox"/> Patient provided education about appointment etiquette.	
<input type="checkbox"/> Patient assisted with transportation to appointment.		<input type="checkbox"/> Patient will contact provider directly.	
<input type="checkbox"/> No action taken; patient declined assistance.		<input type="checkbox"/> No action taken; patient no longer eligible for Medicaid.	
<input type="checkbox"/> Unable to locate patient; letter mailed to patient.		<input type="checkbox"/> Other:	
Comments to Provider:			



TEXAS HEALTH STEPS
PROVIDER OUTREACH REFERRAL SERVICES

FAX COVER SHEET

DATE: _____

TO: SPECIAL SERVICES UNIT

PHONE: 877-847-8377

FAX: 512-533-3867

FROM: _____

PHONE: _____

FAX: _____

TOTAL PAGES INCLUDING COVER SHEET: _____

COMMENTS:

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

THSteps Provider Outreach Referral Service

THSteps provider may submit the referral form by fax to the THSteps Special Services Unit (SSU) at:

512-533-3867

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

Contact name and information can be found at:
<http://www.dshs.texas.gov/thsteps/regions.shtm>

Online Provider Education (OPE)

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

THSteps Online Provider Education system offers tutorials and modules on a variety of topics for health care providers **FREE** of charge.

The screenshot displays the Texas Health Steps website interface. At the top left is the logo, and at the top right are links for Register, Sign In, and Help. A central banner features the text "Looking for pediatric and adolescent CME?" with a "View our course listing" button. Below this, there are sections for "Free Online Continuing Education Courses" and "Ethics-Accredited Courses". On the right side, there are three vertical panels: "Find a Course" (with a link to view more than 40 CE-accredited courses), "Resource Center" (with a link to access the latest references and resources 24/7), and "News" (with a link to learn about a pertussis outbreak in Texas).

Online Provider Education (OPE)

- Each online module offers continuing education credit for health professionals at no charge.
- All courses are accredited by: Texas Medical Association (TMA), American Nurses Credentialing Center (ANCC), National Commission for Health Education Credentialing (CHES), and Texas State Board of Social Worker Examiners (TSBSWE).
- Select courses are approved by: Accreditation Council of Pharmacy Education (ACPE), UTHSCSA Dental School Office of Continuing Dental Education (UT Dental School), Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Marriage and Family Therapists, Texas Academy of Nutrition and Dietetics, International Board of Lactation Consultant Examiners, Texas Department of State Health Services Promotor(a)/Community Health Worker Training and Certification Program, and the Texas Academy of Audiology.

Online Provider Education (OPE)

- Specific classes are available in face to face formats with CE credits offered. For more information, contact your THSteps Provider Relations Representative.
- Each course has a multitude of resources accessible online, even when not currently enrolled in a course.



THSteps Resource Catalog

THSteps offers brochures, posters and other outreach resources, at no cost to Medical and Dental Providers, Schools, Community Based Organizations (CBO's), Case Managers and other THSteps Partners.

Materials cover a variety of topics, including:

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

<http://www.dshs.texas.gov/thsteps/THStepsCatalog.shtm>

THSteps Resource Catalog

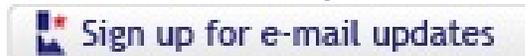
Email a request to txmailhouse@maximus.com to receive a log in/password to place an order, or call 512-533-5116.

Include the following information:

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

Sign up for THSteps Alerts

You can sign up for email notifications that will let you know when information, forms, and/or documents on the THSteps internet have been updated. To begin receiving notifications, go to the THSteps internet home page and click on:



After entering your email address, a page will open asking you to select topics you are interested in receiving email updates on.

Select: Texas Health Steps

QUESTIONS?



Contact Information:

Name: **DENEICE PRYOR, RN**

*Texas Health Steps (THSteps) Provider Relations
Department of State Health Services (DSHS)*

Phone: **512-789-2156**

Email: **deneice.pryor@dshs.state.tx.us**