

STAR Health

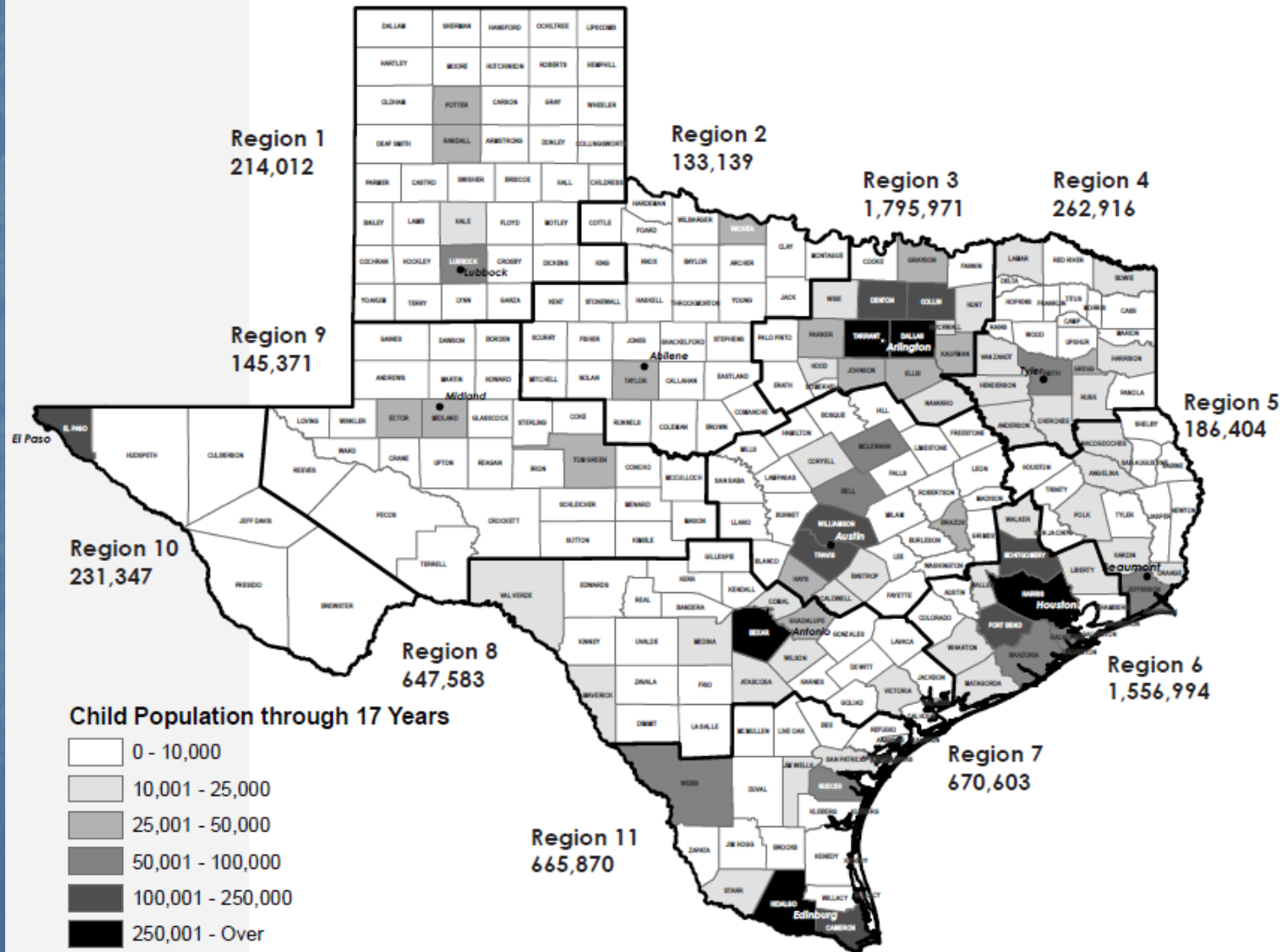


Texas Child Welfare System

- State-Administered
- 8633 staff, 8200 are direct delivery
- Texas state child population: 6,510,210
- Children, alleged victims: 283,922
- Children in confirmed investigations:
100,762
- Children removed: 12,107

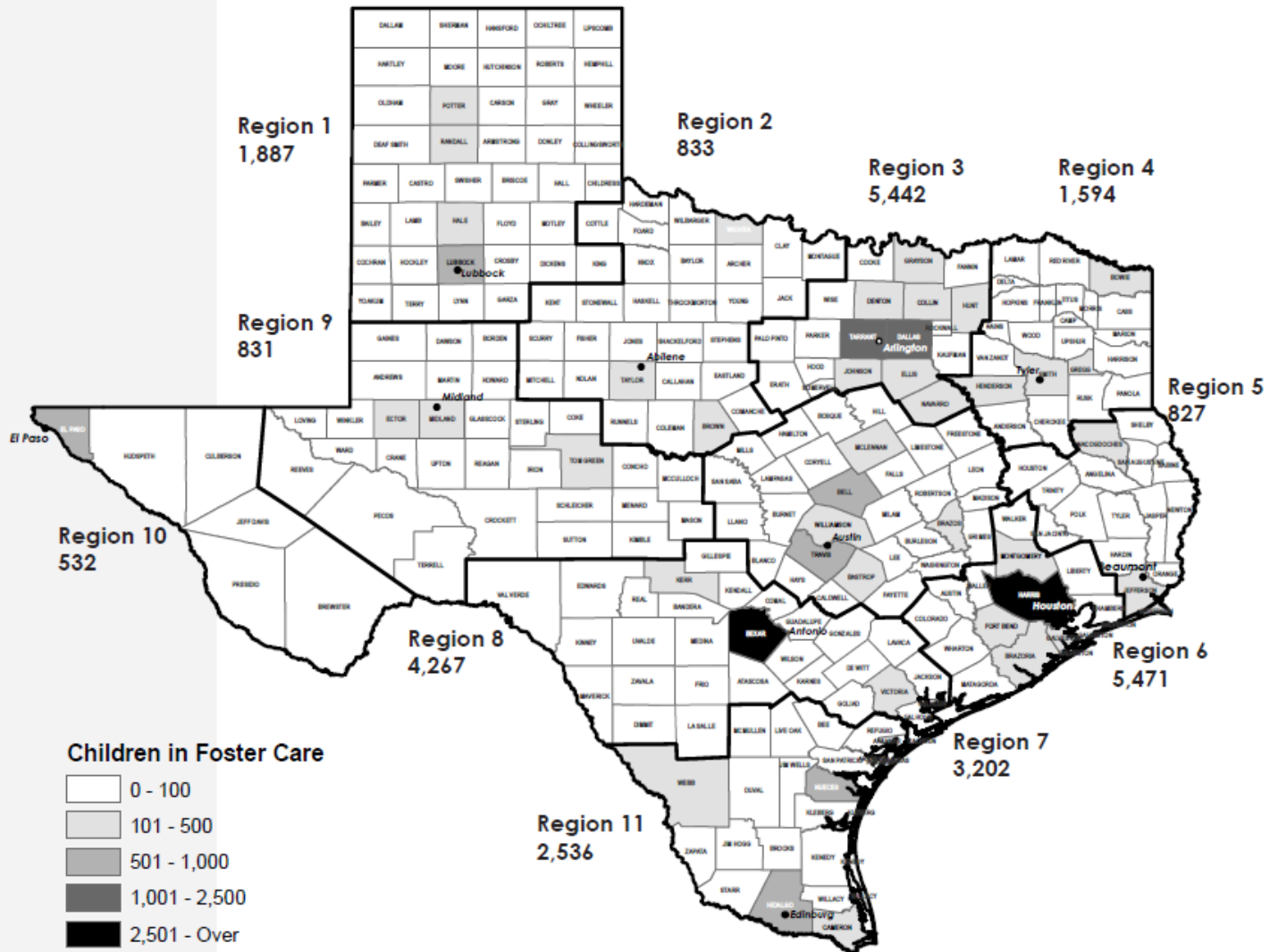
**Texas Child Population
Ages Birth through 17 Years
Fiscal Year 2009**

State Total: 6,510,210



Children in Foster Care by County During
Fiscal Year 2009

State Total: 27,422



Texas

- Issues leading to the need for STAR Health
 - Placement changes often result in medical information exchange delays
 - 23% caseworker turnover often meant medical information exchange delays, confusion over treatment needs
 - CFSR Well-Being Outcome 3 needed improvement
- Legislative action with DFPS and HHSC support
- Single vendor approved by regional CMS

STAR Health

- Managed Health Care Program developed specifically for Texas foster children
- Designed to coordinate communication among Medical Consenters, Caregivers, Members, DFPS Staff, Guardians Ad Litem, Attorneys Ad Litem, Judges, and Law Enforcement for the best interest of the child
- Provides extended support to the Member and Caregivers to request and receive health services

STAR Health Overview

- Immediate access to healthcare
- Medical home (PCP) for every Member
- Integration of physical and behavioral health
- Service Coordination and Management
- Assistance available 24/7/365
- Health Passport

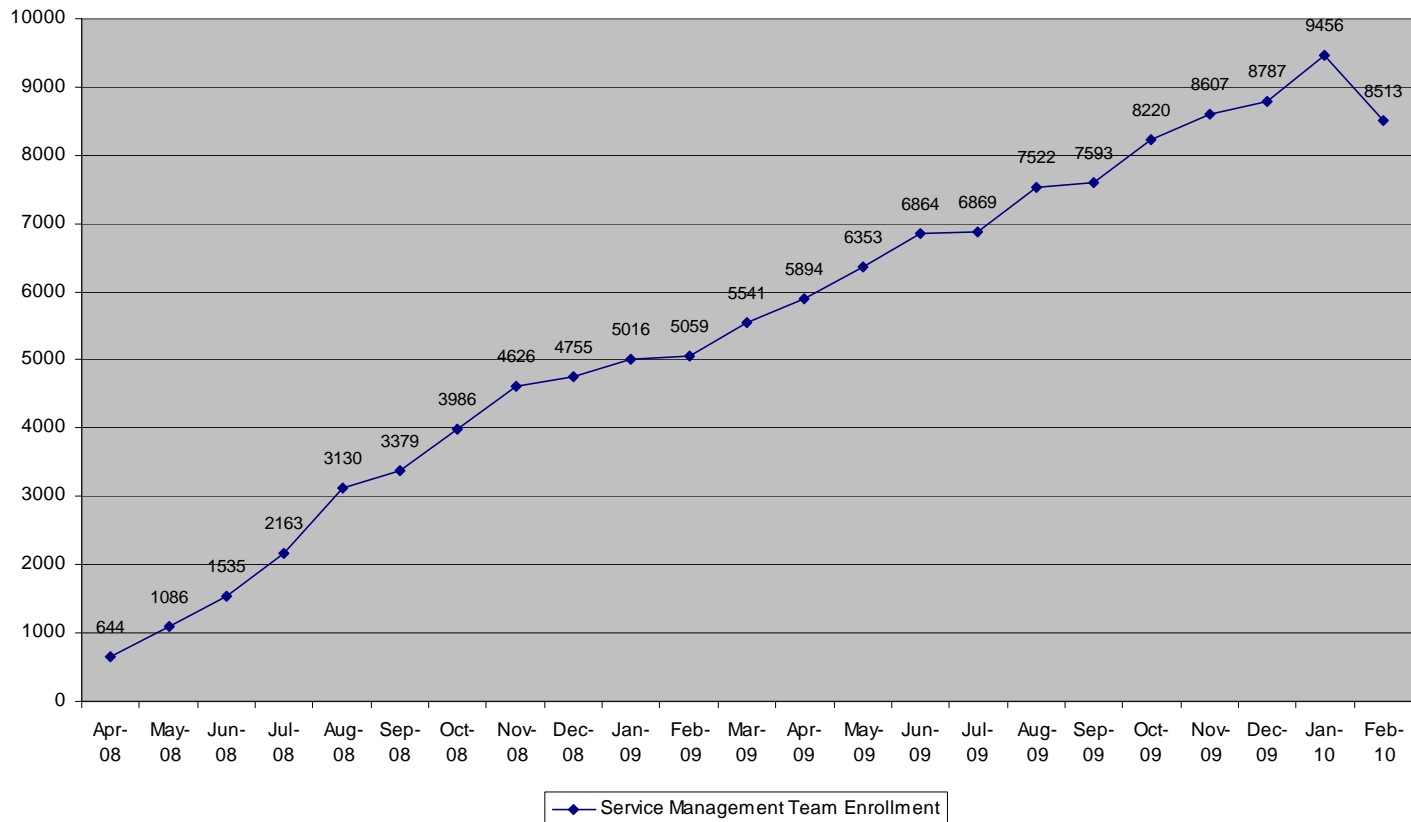
Service Coordination

- Answer questions regarding prior authorizations, pre-appeals, & appeals
- Schedule or expedite appointments (as needed)
- Ensure coordination and sharing of health information between providers and other agencies/programs
- Primary link between caseworkers and STAR Health to obtain health information necessary for court hearings

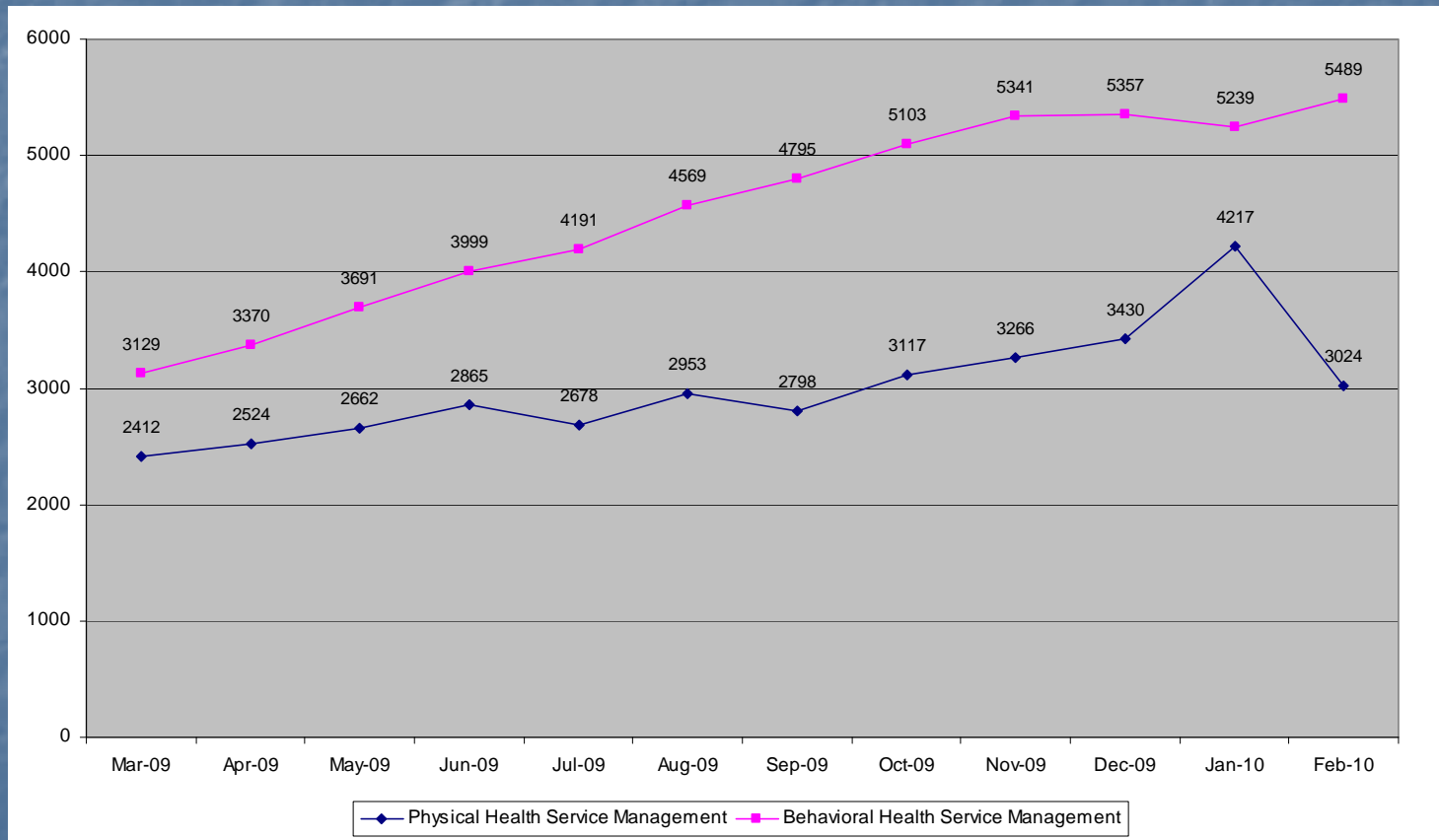
Service Management

- Develop healthcare service plan
- Monitor psychotropic medication
- Evaluate and monitor progress or lack thereof
- Emphasize additional support
- Participate in hospital pre-admission, hospitalizations and discharge planning
- Coordinate communication with treatment teams
- Ensure all medical consents are obtained when necessary
- Primary contact for case planning, case management, and participation in DFPS Family Group Conferences
- Provide health information as needed for legal reviews
- 24/7/365 hotline and on call access

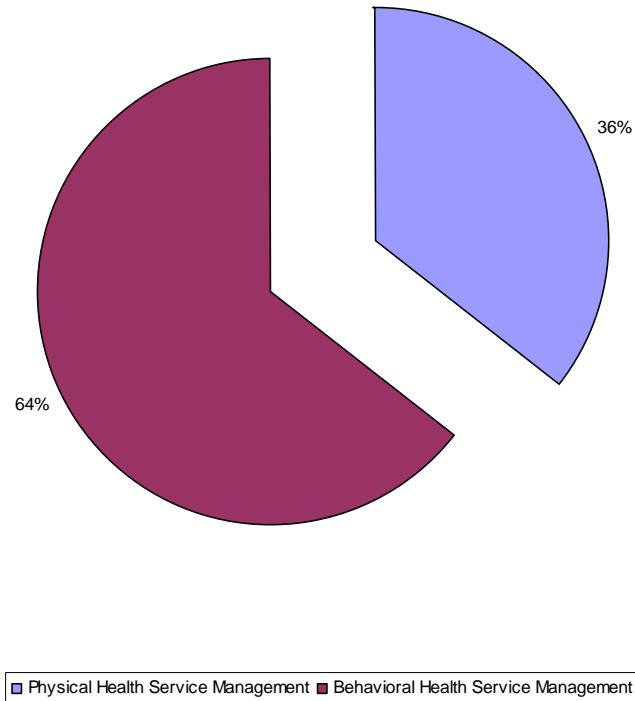
Service Management Team Enrollment



Service Management Team Enrollment by Type



Service Management Team Distribution by Type



Medical Directors

- Physical health and behavioral health staff
- Knowledge and availability to peers
- Review quality of care and medical necessity
- Ensure best practice/evidenced-based services

Health Passport

- Web Based
- Claims Based
 - Pharmacy (daily, no lag)
 - Medical, MH, Dental (daily, up to 95 days lag)
- Immunizations (monthly)
- Allergies (immediately)
- Labs (weekly)
- Forms (immediately)
- Demographics (daily)
- Does NOT interface with SACWIS

Health Passport Benefits

- Reduce duplication of services
- Connect physical health providers to behavioral health providers
- Assist in development and monitoring of health care service plan
- Health information for medical consenters, caseworkers, service management, and providers

Health Passport Usage

Physical Health Providers	2920
Behavioral Health Providers	1187
Medical Consenters/Caseworkers	4463
Internal	82
Forms Mailed/Faxed	33596
Forms Online	33652
Allergies	776

Psychotropic Medication Utilization Review



Which Foster Children are Screened for Psychotropic Medication Reviews?

SHPN/IMHS screens children who have received treatment with a psychotropic medication(s) for 60 days or more that fall into the following categories:

- All children under the age of 4 years old
- Any child who's medication regimen appears to have class polypharmacy as defined by:
 - 2 or more stimulant medications
 - 2 or more antidepressants
 - 2 or more atypical antipsychotic medications
 - 3 or more mood stabilizers
- Any child with 5 or more psychotropic medications (polypharmacy)

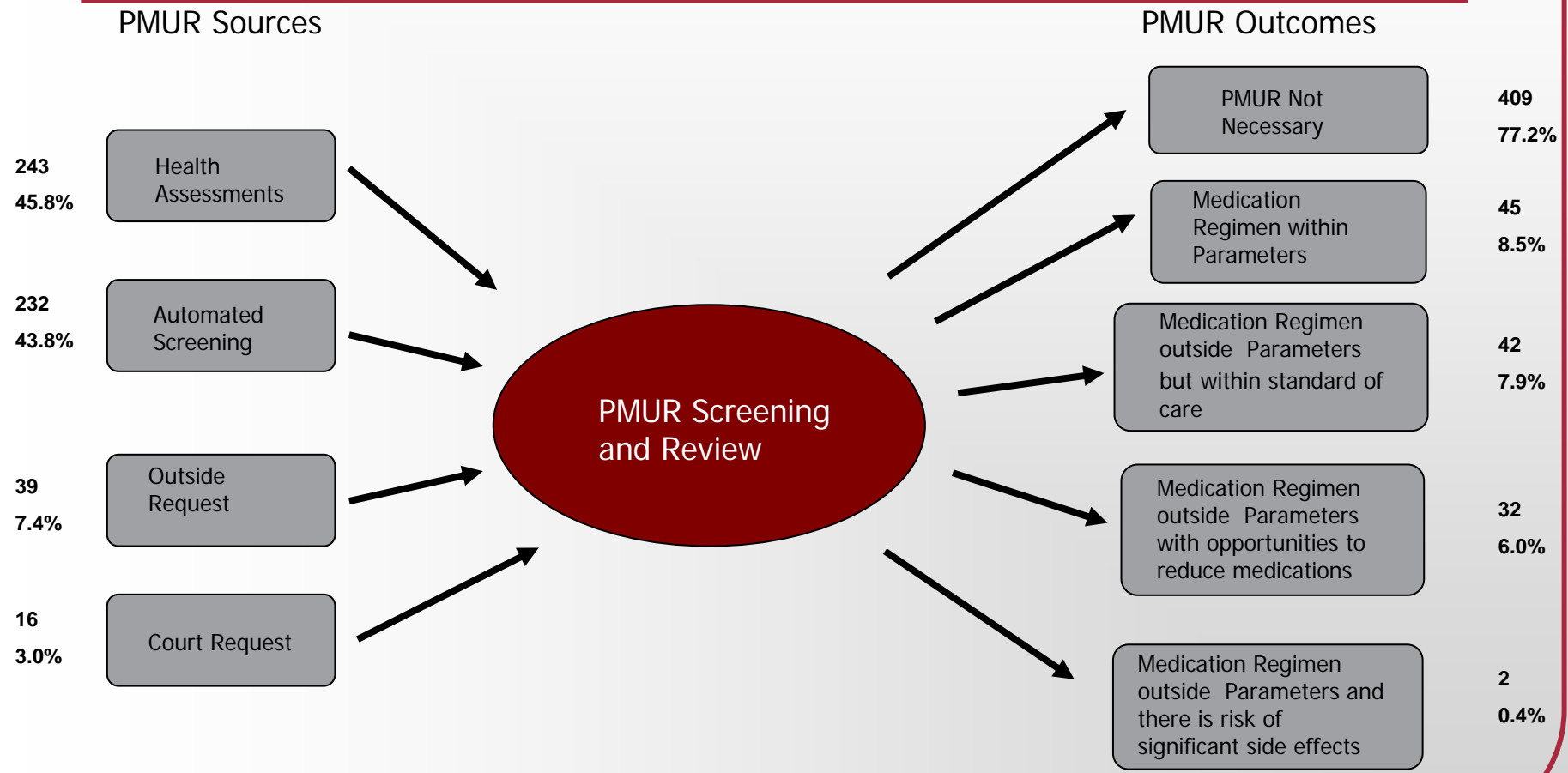


How does the Psychotropic Medication Utilization Review (PMUR) get started?

- Health assessments- SHPN/IMHS Service Managers do comprehensive health assessments on foster children and identify children who have medication regimens which appear to be outside the DSHS Psychotropic Medication Utilization Parameters
- Automated pharmacy claims screening- IMHS has collaborated with HHSC to develop an automated screening program using pharmacy claims information from Health First. This screening is run monthly to identify foster children who have medication regimens which may fall outside the DSHS Psychotropic Medication Utilization Parameters
- Outside request- CPS Nurse specialists, CPS caseworkers, CASAs, foster parents, attorneys, Child Placing Agencies (CPAs) can request a medication review
- Court Request- Family court judges can request a PMUR to answer questions about a foster child's medication regimen

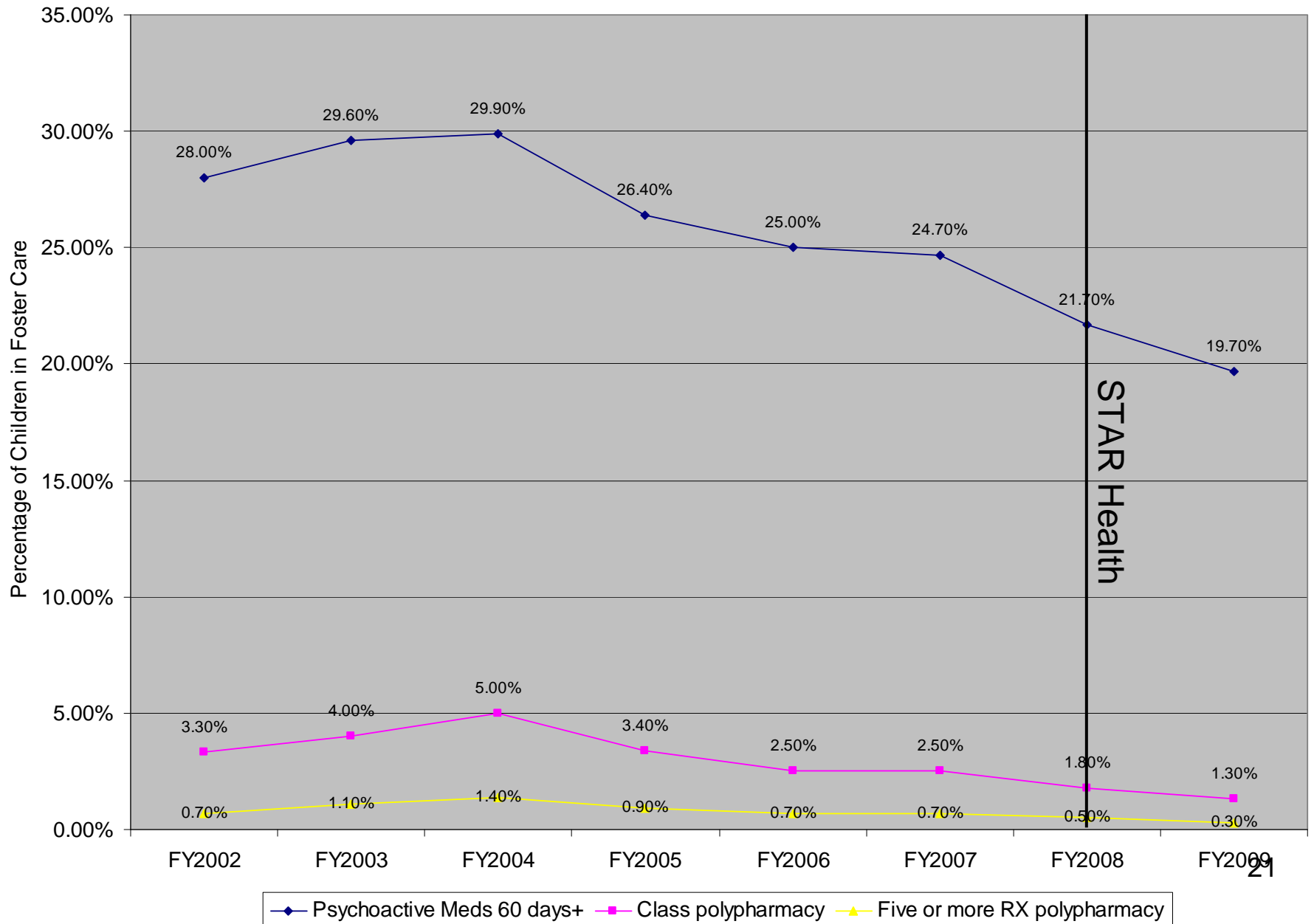


STAR Health PMUR Outcomes September-November 2009

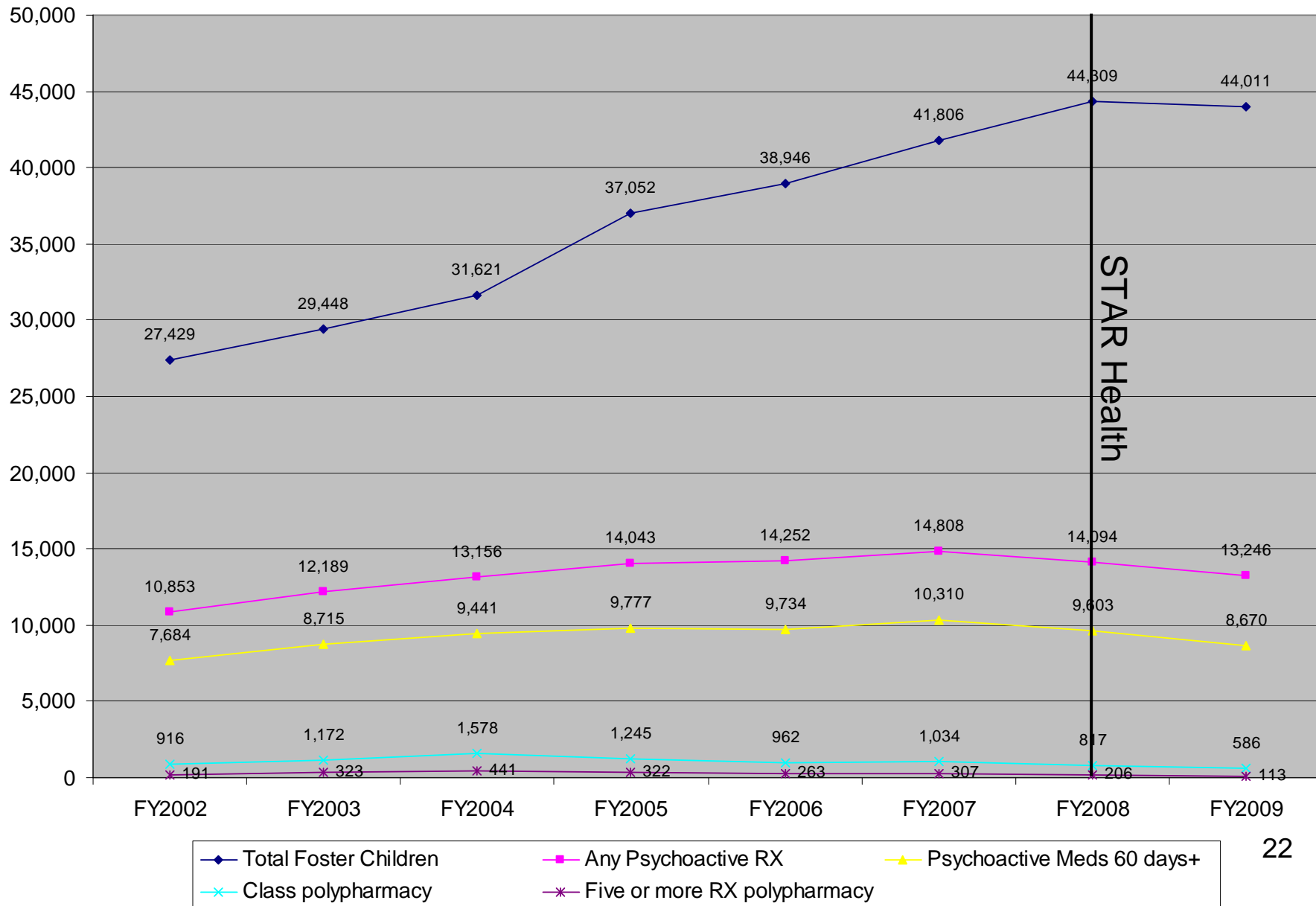


Total Assessments completed for reported quarter: 8770
Total PMUR screenings triggered for reported quarter: 530 (includes cases re-assessed by IMHS SMs)
PMURs completed for the reported quarter: 121

FY2002 to FY2009: Percentages of foster children receiving psychoactive medication for 60 days or more, two or more medications from the same class, and five or more concurrent prescriptions.



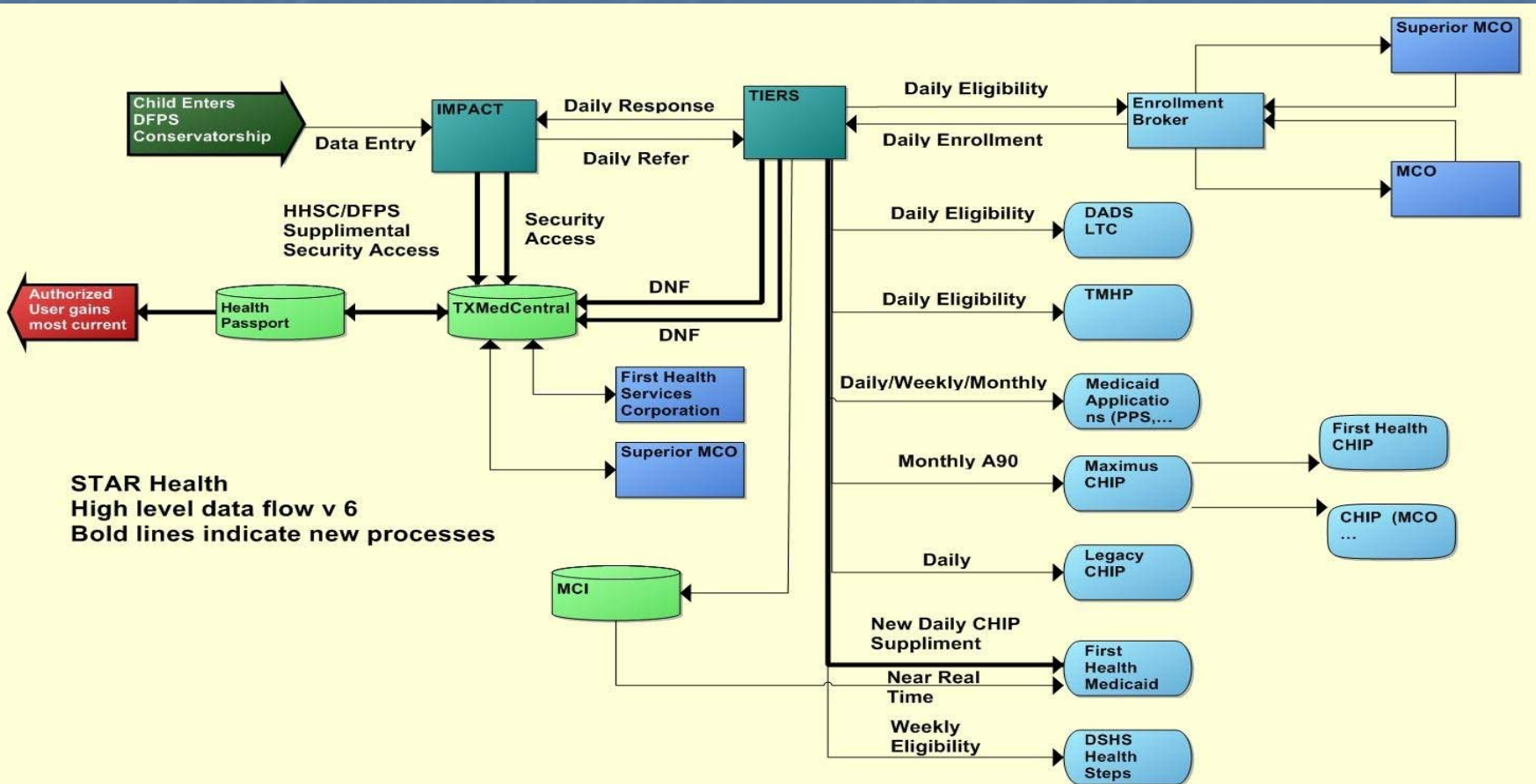
FY2002 to FY2009: Total Numbers of foster children enrolled, receiving any psychoactive medication, receiving psychoactive medication for 60 days or more, two or more medications from the same class, and five or more concurrent prescriptions.



Summary

- Data is
 - Reducing utilization of psychoactive medications
 - Reducing duplication of services
 - Connecting providers
 - Providing health information
 - Assisting in development of HCSP

IMPACT & STAR Health Data Flow Diagram



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