

 Texas Children's	Case Management for Children and Pregnant Women (CPW) Guideline	
Guideline # 11624	Categories Clinical → Care Coordination, Care Coordination – Utilization management , Medical Policies	This Guideline Applies To: Texas Children's Health Plan
		Document Owner Lisa Fuller

GUIDELINE STATEMENT: This guideline is to ensure a standardized process for authorization of Case Management for Children and Pregnant Women (CPW) services.

DEFINITIONS:

Case Management for Children and Pregnant Women (CPW): Medicaid benefit that assists eligible clients in gaining access to the necessary medical, social, educational, and other service needs related to their health condition/health risk or, for pregnant women, a high-risk condition. In reference to the federal regulation (42 C.F.R. §440.169)

Member: An individual who is eligible for Medicaid and receives services described under this guideline

Children with a health condition/ health risk: Children birth through age 20 who have or are at risk for a medical condition, illness, injury, or disability that results in limitation of function, activities, or social roles in comparison with healthy peers of the same age in the general areas of physical, cognitive, emotional, or social growth and development.

Pregnant Women with a high risk Condition: Pregnant women with medical and/or psychosocial condition(s) that places them and their fetuses at a greater risk for complications, either during pregnancy, delivery, or following birth.

Medicaid: Medical assistance program implemented by the State of Texas under the provisions of Title XIX of the Social Security Act, as amended, at 42 U.S.C., §1396, *et seq.*

GUIDELINE

1. CPW services are excluded from coverage for members covered by CHIP and CHIP Perinate.
2. All requests for prior authorization for CPW must be submitted via fax, phone, online submission, or postal service. The requests are received by the Utilization Management (UM) team and are processed during normal business hours.
3. The Utilization Management or Service Coordination (SC) staff receiving the request evaluates the submitted information to determine if the documentation is complete and supports the CPW request as an eligible service.
4. The CPW provider requesting authorization for the services must provide documentation of ALL required forms:
 - 4.1. All required forms are available on the Case Management for Children and Pregnant Women website at <https://hhs.texas.gov/doing-business-hhs/provider-portals/health-services-providers/case-management-providers-children-pregnant-women>
5. Requests for case management services that are a replication of services being provided by TCHP Service Coordination or Case Management will not be authorized for approval and a duplication of services notification will be forwarded to the CPW provider.
6. CPW will be approved when the explanation of the member's current medical needs is sufficient to support a determination by Texas Children's Health Plan's (TCHP) professionals.
7. CPW Provider Services are approved for members that meet above criteria, and:
 - 7.1. Require Face to Face/telephonic case management services, and
 - 7.2. Require Educational Advocacy, and/or
 - 7.3. Coordination with an agency that impacts child welfare and/or
 - 7.4. There is a legal impact for the member or family, and
 - 7.5. Is not a duplication of health plan service coordination services
8. The number of authorized visits will be based on the documentation provided that supports the member's level of need, level of medical involvement, and complicating psychosocial factors.
9. Initial and follow-up visits can be face-to-face or telephonic
10. A comprehensive visit with the member, parent/guardian includes completion of the family needs assessment and development of a service plan
 - 10.1 Limited to one per year unless there are significant changes in the member's health condition and/or psychosocial situation

11. Follow up visits is a visit in which the case manager reviews the complete service plan with the member, parent or guardian and needed services are provided or facilitated
12. Follow-up contacts are only billable when authorized for a member that continues to meet eligibility criteria per the following process:
 - 12.1 UM reviews authorization for each unique service requested by the CPW
 - 12.2 SC communicates through UM to approve, notification of duplication or deny the request(s) including the number of services that should be included and a good through date:
 - 12.2.1 Pregnant women: One (1) visit for each month of pregnancy remaining with a good through date 1 month greater than the expected date of delivery
 - 12.2.2 Children: Four (4) visits good for 6 months to one year, based on the complexity of the need and the CPW request
13. Requests that do not meet the criteria established by this guideline for medical necessity will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy may be followed.
14. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

RELATED DOCUMENTS:**REFERENCES:**

[Case Management for Children and Pregnant Women Rules - Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 27](#)

[Texas Medicaid Provider Procedures Manual](#)

[Health Insurance Portability and Accountability Act of 1996](#)

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