

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

Coordination and Referrals for CPW Services

Background:

Case Management for Children and Pregnant Women (CPW) services are a Medicaid benefit for children aged 20 or younger who have a health condition or health risk, and pregnant women of any age with a high-risk condition. Independent CPW providers assist eligible clients in accessing necessary medical, social, educational, and other services, and include registered nurses, licensed social workers, community health workers, and doulas. CPW providers at Federally Qualified Health Centers may also deliver CPW services.

House Bill (H.B.) 133, 87th Legislature, Regular Session, 2021, required the transition of CPW services from fee-for-service (FFS) to a managed care delivery model. This transition took place in September 2022. In the two years since, CPW providers have been required to work with managed care organizations (MCOs) to provide CPW services for members.

H.B. 1575, 88th Texas Legislature, Regular Session, 2023, directed HHSC to develop standardized screening questions to identify nonmedical health related needs for pregnant women in Medicaid. The screening tool developed by HHSC includes questions designed to identify needs such as those listed below, as well as follow-up questions affirming whether the member wants assistance with an identified need.

- Food security
- Transportation availability – for daily activities as well as attending appointments
- Housing security and environment – including issues such as utilities, pests, and environmental toxins
- Childcare availability

Key Details:

The purpose of this notice is to 1) clarify continuity of care requirements for CPW services and 2) clarify HHSC expectations for MCO referrals for CPW services to CPW providers.

Continuity of Care

For members transferring from FFS to a new MCO that receive CPW services while in FFS, the new MCO must allow the member to continue to receive CPW services from the CPW provider in the same amount, duration, and scope, even if the CPW provider is out-of-network, until the member's case management needs are met and/or the service plan developed by the CPW provider has been completed. The new MCO's obligation to reimburse the member's existing out-of-network CPW provider for CPW services provided to the member extends until the member's case management needs are met and/or the service plan developed by the CPW provider has been completed. MCOs must follow all applicable managed care contract requirements, rules, and regulations regarding payment for out-of-network providers.

As required in the Uniform Managed Care Manual, Chapter 16.1, Section 16.7.5.20, *Case Management for Children and Pregnant Women Services and MCO Service Coordination*, MCOs must evaluate and assess the member's case management needs for duplication of services between MCO service coordination and CPW services.

CPW Referrals

As required in the managed care contracts and in the Uniform Managed Care Manual, Chapter 16.10, *Non-Medical Needs Screening for Pregnant Members*, the MCO must make a best effort to conduct and complete a non-medical needs screening for all pregnant members within 30 days of enrollment with the MCO or after the MCO identifies a pregnant member. Additionally, MCO efforts to provide CPW services include making referrals to and from CPW providers.

HHSC will also require an MCO to share the results of the non-medical health related needs screening with the CPW provider when referring a member to the CPW provider for CPW services or when they are notified when a CPW provider is conducting an intake for the member.

In addition to the non-medical screening results, HHSC recommends that the following information be shared in the initial referral:

- Member's name, date of birth, and Medicaid ID number
- Urgency of referral
- Description of reasons for referral
- Initial health needs screening results
- Any other relevant screening and/or evaluation results
- Any relevant historical data for the member

This information is important for the CPW provider to determine CPW eligibility and most effectively address the member's needs without having to unnecessarily repeat questions or screenings.

Resources:

[Uniform Managed Care Manual, Chapter 16.1, Section 16.7.5.20, Case Management for Children and Pregnant Women Services and MCO Service Coordination](#)

[Uniform Managed Care Manual, Chapter 16.10, Non-Medical Needs Screening for Pregnant Members](#)

Questions?

Please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.