Attachment E-2

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Don A. Gilbert, M.B.A.
COMMISSIONER

BexarCare

Dear Parent/Guardian:

We are sending this letter to you because your child is enrolled in the Medicaid STAR program. We would like to know if your child has special health care needs.

Please look at the following questions:

1. Does your child need regular medical care that should not be stopped (such as wheelchair, ventilator, feeding tube)?

2. Does your child need or use more medical care, mental health or educational services than most others his/her age?

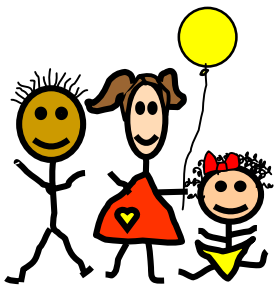
3. Does your child have medical or mental health problems that limit his/her daily activities compared to most others his/her age (play, school, work)?

If you answered "yes" to any of these questions, please fill out the survey on the back of this letter and send it to Maximus in the enclosed postage-paid envelope.

Your child's STAR health plan will be told if your child has special health care needs so the health plan can better meet your child's needs. We hope that this information will:

- Help the health plans to make sure that children with special health care needs get the right health services as soon as they are needed;
- Help health plans to help children with special needs in linking with community-based services; and
- Help parents of children with special needs to know who to contact if help is needed in getting services for their children.

All information on the survey will be kept confidential.



QUESTIONS?

Call toll-free: 1/877/847-8377

Ask for **BexarCare** Information

BexarCare Self-Administered Identification Tool

For Children with Complex Special Health Care Needs

Child's Name: _____ Medicaid ID number: _____

Address: _____ Health Plan: _____

Phone: _____ PCP: _____

1		Is your child restricted or prevented in any way in his/her ability to do the things most children of the same age can do?	YES	**NO**	
	1A	Is this because of ***ANY*** medical, behavioral or other health condition lasting or expected to last for ***at least*** 12 months?	**YES**	**NO**	
2		Does your child currently need or use any of these (check all that apply): *(Note: A YES for **ANY** of the items listed below (a-d) will qualify as a YES response for question 2.)*:	**YES**	**NO**	
		a. Medicines prescribed by a doctor other than vitamins			
		b. Mental health treatment or counseling			
		c. Physical, speech or occupational therapy			
		d. Special equipment (*for example*: to help with moving, walking, talking, hearing, breathing, feeding, personal care, etc.)			
	2A	If you checked YES to any of the choices a to d above, is this something your child needs because of ANY medical, behavioral or other health condition lasting or expected to last for **at least** 12 months?	**YES**	**NO**	**I did not check YES to any in 2 above**
3		Does your child currently have these (check all that apply): *(Note: A YES for **ANY** of the items listed below (a-d) will qualify as a YES response for question 3.)*:	YES	NO	
		a. Life-threatening allergic reactions?			
		b. A special diet prescribed by a doctor?			
		c. A learning or behavioral difficulty for which he or she receives professional treatment or counseling?			
		d. Early Childhood Intervention (ECI), Special Education or Rehabilitation services?			
	3A	If you checked YES to any of the choices a to d above, is this something your child needs because of ***ANY*** medical, behavioral or other health condition lasting or expected to last for **at least** 12 months?	YES	**NO**	**I did not check YES to any in 3 above**
4		Does your child need or use more medical care, mental health or educational services than usual or routine for most children of the same age?	**YES**	**NO**	
	4A	Is this because of ***ANY*** medical, behavioral or other health condition lasting or expected to last for at least 12 months?	**YES**	**NO**	

ADDITIONAL INFORMATION

Please provide diagnosis information, if available:

Primary: _____

Secondary: _____

Note: This tool for SB1165 CCSHCN Pilot purposes only. (Adapted from FACCT, August 13, 1999)