



## Texas CHIP Coalition

### Meeting Minutes

*February 19, 2016*

Present:

- Stephanie Rubin, Texans Care for Children
- Adrianna Kohler, Texans Care for Children
- Leah Gonzalez, Healthy Futures of Texas
- Will Francis, NASW
- Tanya Lovelle, Easter Seals CTX
- Sonia Lara, TACHC
- WyKisha McKinney, CDF-TX
- Grace Chimene, LWV
- Caitlin Machell, CDF-TX
- Jessica Cassidy, Texas Legal Aid
- Clayton Travis, TPS
- Danielle Kailing, CPPP
- Kathy Eckstein, CHAT
- Clayton Travis, TPS
- Anne Dunkelberg, CPPP
- Helen Kent-Davis, TMA
- Juanita Gutierrez, CommUnity Care
- Melissa McChesney, CPPP
- Stacy Wilson, THA
- Rachel Cooper, CPPP
- Laura Guerra Cardus, CDF
- Maryim Bujanda, Bujanda Assoc.
- Susan Murphree, Disability Rights Texas
- Rona Statman, Every Child
- Elizabeth Tucker, Every Child
- Shannon Lucas, March of Dimes

On the phone:

- Greg Hansch, NAMI-TX
- Alanna Boulton, Central Health
- Lilian Gomez, Central Health?
- Kit Abney, Seton
- Betsy Coates, Maximus
- Sister J.T. Dwyer, Daughters of Charity
- Johnna Carlson, Texas Children's Hospital
- Claudia Calderon, Texas Children's Health Plan
- Graciela Camarena, CDF

Chair: Helen Kent Davis, TMA  
Minutes Scribe: Julia Von Alexander, Center for Public Policy Priorities  
Next meeting: March 11, 2016

**I. STAR Kids** (*Susan Murphree, Disability Rights Texas & Elizabeth Tucker, STAR Kids Advisory Committee*)

- Recommendations in 2014 (**see handout**)- children with SSI eligible for the Medically Dependent Children's Program (MDCP), are eligible automatically get waiver services in STAR Kids (parity issue). 40-50% of children have SSI that are on the MDCP waiting list. Would reduce the waiting list a lot. This was done for adults with SSI for nursing facilities when they were transferred to STARPlus.
- What kinds of diagnoses fall into this? Children on SSI or Medicaid waiver will get acute services through managed care. Letters to families in Aug. will have a choice of 2 MCOs in their area.
- MDCP- children who met eligibility criteria (medical necessity) for nursing facility-some degree of skilled nursing that they need on a regular basis. Within this waiver: Primary service is respite service for their family (nurse or personal care assistant). Minor home modifications. Flexible family supports (teen/approaching adulthood). Adaptive technology. Transition assistance services. Employment assistance/supported employment. Waiver only serves up to 21.
- If on waiting list, must look at placing children outside of the home (entitlement for nursing care for children, but not for services to prevent having to go to one). Agency works to reduce number of kids in nursing homes. Many children from other states in these nursing facilities.
- Currently, will still be a waiting list for MDCP - 5 years, 19,000-20,000 kids right now (not all are eligible). Critical services, but small array of services, low cost cap & there is budget certainty.
- Children's policy council will be putting forward this recommendation in their legislative report→any indication HHSC will put forward as a rec? Not to their knowledge. Will need an outside edu/push.
- Why? Expense? Lack of providers? No formal rationale as of now, just told that they will not be doing this. But believe it is because of expense. Any exceptions or guidance? No. Cost estimate? Unknown, HHSC has run it though.
- Would still have a waiting list for above SSI if this policy proposal went through. But SSI (not making much money) - can't say parents should be able to support not using Medicaid dollars.
- Other SSI kids that go into other waivers b/c they are more specific (e.g. long term care, class, multiple disabilities). Many children are eligible for all waivers and other waivers aren't being rolled into STAR Kids now. YES waiver isn't rolling into star kids (children w/ mental health condition). Other waivers only last till 12/13. Varied issues for MDCP (quickest and best way)
- Who is responding? Not DADS, mostly Commissioner Traylor/Assoc. Commissioner Jessee
- Haven't discussed this with the House Human Services, or legislators yet. Past Champion- Sen. Zaffarini. TX Tribune interested in profiling a family? Equity/on interest list. Will consider this idea
- Bring this issue up if testifying on LAR issues. Coordinate w/ Susan & Elizabeth on this.
- Requesting legislative appropriation ideas.
- Problem- calling this Medicaid expansion. Push the equity idea (same thing for adults). Package of supports in the waiver is fairly small.
- If turning 21 soon, must go into program? Cutoff date? Met with HHSC and asked that use reasonable judgement (thought shouldn't have to go into 1 managed care system only to transition in a year. HHSC wasn't sure about that long, but thought 6 months possible. Haven't responded w/ certainty)
- CHIP coalition members are invited to join STAR kids advisory meetings. (next was 3/2)
- New MCOs for STAR Kids. Service coordination might be a really good thing for children and their families. Network adequacy concern- many providers aren't in the service area where the family lives.

## II. Updates on Therapy rates

- Last legislative session's reaction to utilization patterns of therapy services. Part of Medicaid cost containment rider-provisions on therapy services (\$50 million GR/year through rates, \$25 million GR/yr through policy)
- 9/2015 rate reductions effective released lower reductions. 9/2015 suit filed and temp injunction
- Policy side moved forward- TMHP put out new provisions on therapy policies that are in effect 5/2016. Draft policy changes (last Aug) key changes- differentiating between acute and chronic therapy services; strengthen medical necessity criteria (limit); define services that require a skilled professional (not included if non-medical professional can provide); prior authorization for many services; time periods laid out; chronic care standard assessment to pass to be eligible; modifier to procedure codes (services from therapy assistant) - might be a precursor to rate reduction.
- Broader use through home/hospice for therapy- home/hospice care trial to proceed April 25
- ECI advisory committee- collecting ECI data and will produce policy statements/research summaries when this rate cut announcement comes out.
- Early education should be interested in ECI. Thought of as Medicaid payer, but ECI is a mix of Medicaid & Part C (federal special ed program, w/ state match. Reduced federal money recently) and other payers (including families).
- Concerns: Policy pushes people from getting services in the home. Lowers ability to get therapy to just maintain what they have (i.e. must improve). (Lower frequency of services)
- Need a timeline showing various cuts money for people who need these services.
- Susan M. to come back to discuss Children's First Choice.

## III. CHIP Coalition Discussion

- **See PowerPoint.** Change is somewhat necessary per poll. Some interest in changing the name.
- Top names (in order of ranking): Children's Health Coverage Coalition; Children's Health Coalition; Health Coverage for All Children
- We do have brand recognition and staffers understand what we do. Tradeoff, but hard to tell how hard to get new recognition.
- Tend to like CHIP a little better than Medicaid at the legislature. Opportunity- b/c people like new things and it gets attention.
- Will need to make a real effort for do a rebranding.
- Thoughtful about our distinct role. How do we make sure that we stay education (specifically eci)?
- Next step: subcommittee to discuss name/tagline and make a recommendation to re-poll with the top 3 or to simply choose the name.
- Input from media/communications important and will ask our communications resources.
- Briefing in late fall of this year and one in late Jan/early Feb. & pair rebrand with this
  - Medicaid/chip 101 in fall
  - Policy issues next year
  - Internal press briefing- to educate the media on Medicaid & CHIP
- Next Human Services Hearing on Medicaid Managed Care (**March 8, 9am, E2.030**) CHIP coalition there for testimony? Phone call for those planning to testify- who will cover what? Laura can help to coordinate this call.

## IV. Marketplace Enrollment (*Melissa McChesney, CPPP*)

- **See slides.**
- Numbers are as of 12/26. Will send out updated numbers when available. Just know how many signed up for entire period (not who, but proportions should be similar)
- No matter age, subsidies increase to stay affordable based on income
- Cliff after 250%- not meaningful subsidies
- Premiums have increased (e.g. Travis Co.), but overall in TX went down 8%. Varies state by state. 2014-2015 increase of 5% from same report, so basically back down to original premiums. Tracking benchmark plan, not a specific one health plan from year to year.
- Not as large of an enrollment increase between 2015 & 2016. Anticipate will continue increase as tax penalties increase. Last year special enrollment period for those who had a tax penalty- not this year.
- 120,655 kids in the marketplace as of the end of December.
- TX see a growth in key 18-25 and 26-34? Think so, will follow up. Similar to that reported overall?
- Unable to get data on demographics by plan.

#### **IV. Former Foster Care Kids Update** (*Mary Christine Reed, Texas Foster Youth Justice Project, Stephanie Stephens & Gina Perez, HHSC*)

- **See slides and handouts.**
- Access to Medicaid for aged out foster youth. Many kids have health issues; need mental health medications. Can't go on parent's health plan to get care.
- Former foster care children's (FFCC) program (started with ACA): 18-26; broader eligibility under 21 (same as for children). Youth leaving foster care have green card at least and be eligible up to 21. After must become a U.S. citizen or have 40 quarters.
- Age out in another state aren't eligible for TX program. Some states do allow this.
- Main group that ages out of care (18) and not covered is those who are in jail. Can include in Medicaid for transitioning foster care youth (only up to 21).
- Up to 21 under STAR Health (Medicaid program for kids in foster care) can opt to go into STAR instead. At 21 must go into STAR (and pick MCO). Lack of pediatric providers for STAR Health and can choose to leave this service but is difficult.
- Youth aged out and were being denied benefits; large new group of people over 21 who don't know they were eligible. Told no insurance for aged out foster youth.
- Issues: Required to provide extensive documentation. System didn't seem to recognize that person was in foster care and in Medicaid at 18. Long and confusing denial letters. 211 didn't understand and referred to DFPS. YourTexasBenefits- hard to verify (b/c of moves and account set up by someone else). Lots of info not there b/c of special confidentiality requirements in place. Renewal letters asked for things that they didn't need to provide. HHSC would help w/ individual cases; but no general changes.
- Letter to HHSC outlining concerns meeting in mid-December. HHSC treating seriously. Many reps there from HHSC, DFPS and advocates. Review and worked to fix identified mistakes.
- Routing of apps and 211 escalation to specialized staff is in the works. Want to be sure 211 will work before referring people.
- Want to be as simple as possible; next step- short renewal letter; self-verification (just need to be a TX resident), with denials explaining why not eligible for the specific program. Access to YourTexasBenefits and case info. Outreach to group over 21. Working on this.
- **HHSC: see slides!**
- DFPS to automatically put on Medicaid. But those who already aged out- weren't sent through the interface. (Issues- don't self id or the worker isn't specialized and processed incorrectly).

- Match w/ DFPS- everyone who had been in foster care 18-25 (could have been eligible). Most who had applied did receive some type of Medicaid. Made corrections for those who hadn't received it and should have. 25% hadn't applied b/c had already aged out when no program in existence. Will do the match on a monthly basis to check where they are in the system. Trying to automate so can see if someone received Medicaid when in foster care before 2017.
- Returned mail- call individual, then check with MCO to get address and will be checking w/ DFPS
- YourTexasBenefits- problems are w/ what info they can see; will be fixing this w/ system changes.
- Immigration status and residency are the only things that could come up in renewals; working on renewal forms for all groups. Must do a pre-populated form (per ACA); working to streamline renewal for all groups.
- Working to schedule a follow up meeting for stakeholders
- **Stephanie Muth is the point of contact for cases.**
- Aged out foster youth from other states- we used to do this, should reconsider this decision. Want to encourage mobility for work and extended family. This is a federal option- decision when implemented ACA was to cover required groups. Wouldn't have to change TX statute, just state plan.
- Recertification- send email, but text might be the best. Getting youth signed up for text reminders might be good for outreach. Can we make those reminders opt out? No. Entire confirmation process that requires and opt in.
- Will foster care kids who are aging out have access to YES waiver services? Unsure, will check.
- Issues- moving from STAR Health after turn 21 include continuity of care & finding mental health providers. STAR Health is specific for pediatric mental health not good for 18-21 year olds. YES waiver services, is mental health carved out of STAR health? No, but not sure how.
- Enrollment assister networks could help with outreach for those kids that qualify. Applications routed to centralized benefits services if correctly identified (2 places on app where can id that you are former foster care youth). Routed based on program you chose.
- Community partner training- improve in short term that should check that box.
- STAR Health are new infants covered? When in foster care covers infant; if 18-21 and not in foster care- baby goes into regular STAR program. Pregnant mom who is aged out is in FFCC.

## **V. OTA Meeting & Update from HHSC Office of Social Services, Policy Strategy, Analysis, and Development Division**

### ***OSS and the Office of the Ombudsman***

- See slides.

*Minimum Essential Coverage Reporting* (Stephanie Stephens, Valerie Eubert, Gina Perez, Deborah De La Cruz, HHSC)

- Will start mailing clients 1095-B in Feb. Deadline to receive forms is March.
- Issue with 1095 B and reconciliation- Marketplace to Medicaid plan. Retroactive Medicaid (even if overlaps with receipt of tax credit)- don't have to pay tax credits back.
- Must figure out what if any of their months on 1095 B were potentially retroactive Medicaid. Instructions in IRS identify this issue, but not clear. Where could they go to figure that out (which months are retro Medicaid)? HHSC will get back to us on this issue. Specific to retro? Yes, overlap allowed for retro but not in general. Have plans to send out updates, but can continue to apply for retro Medicaid through the end of March. Month of app plus retro.

#### *Account Transfers and SB200 (Stephanie Stephens):*

- No outcome data yet. Has made systems and policy changes to implement SB200 and will present the proposed rules at the HHSC Council Meeting on 2/26. (*This meeting was canceled*)
- Proposed rules are everything (i.e. in compliance for parole and system)? No, just updates to align with the language in SB 200 (i.e. individuals are no longer disqualified). Working with DPS to get electronic data on violations but will take additional time.
- Felonies- adult or juvenile? Could be for anyone applying for SNAP. Conviction- 17 or older.
- HB3987- removing children's savings accounts from qualifying for SNAP?- have reached out to TEA about the school based savings programs to understand breadth and how they would know that someone would have one of those accounts. Trying to develop a general policy. Rachel to follow up with HHSC to try to help.

#### *Presumptive Eligibility (Kate Volti)*

- Implemented just over a year ago. Not much of a change in participation since December.
- Know how many can hit the accuracy threshold? And can you share the data? Yes, preliminary data.

#### *Community Partners Program*

- A little over 1400 sites
- Many new staff- training specialist and other support.
- Working on infrastructure and thinking about supporting community partners.
- Goals: more opportunities for face to face interactions with community partners; updates to old training materials/guides; more materials in Spanish; new strategies to support and retain partners (e.g. train the trainer models, peer support); different ways to recognize partners; survey to community partners (future and past); recruitment tailoring; support for different types of partners; geographic holes/rural strategies; attributes of strong partner to seek more

#### *Time determination access to care for pregnant women (Gina Perez & Rudy Villareal)*

- 15 business days to process the application and no interview required for pregnant women. Only have to verify the identity (everything else is based on statement)
- Pend for actual verification (until 30 days after application, then give advance notice for denial- have 1 month for services before denied)
- If not eligible for Medicaid, test for CHIP-P. 15<sup>th</sup> workday deadline for this too.
- 2015 average days to determine eligibility: for pregnant women (7.47 days); CHIP P (9.1 days). Improvement from 2014.

#### *MCO Requirements (Rudy Villareal)*

- Consumer determined eligible- notice of app to Maximus
- Maximus outreaches the next business day (mail and then telephone calls). 15 days to outreach and ask consumer to pick a plan (or consumer is defaulted into a plan).
- Daily file sent to the health plan notifying them of pregnant women joining the plan so they can do that outreach (welcome phone call/assessment)

- DSHS shares with MCO- if pregnant mom had a preterm birth before, is flagged for health plan (high risk pregnancy). New process not much feedback from MCOs on how useful. Per March of Dimes(?) useful data (hypertension; diabetes). Lots of positive feedback so far. Looking to see if there is other data that would be useful. (i.e. newborn screenings)
- Previously enrolled in a plan and same market? Back in that plan; algorithm- prior provider; w/in proximity of residence.
- When does file go to Maximus? When determined eligible- i.e. during expedited process.
- % of those denied? HHSC can get that data.
- Need to fill out application as much as possible, so it won't delay the certification.
- How often lose eligibility and have to re-apply b/c of verification issue? Type of verification that is driving that loss?
- PRAMS data- women who didn't want prenatal care until later on vs. women who wanted earlier care and couldn't. Will share that data. Data is lumped together- hard to disentangle.
- Have 2 extra weeks after approved to choose/get plan. HHSC Working on a project to do enrollment at point of eligibility. Could be worth piloting with pregnant women. Need to negotiate w/ federal partners. Problem- fewer people doing outreach (b/c fewer in enrollment)
- Relationship w/ WIC and sharing client info/referrals? No formal relationship; health plans must know resources like WIC and refer to WIC. Does WIC help enroll clients into Medicaid? No.
- Community partners-use WIC for identifying early on. March of Dimes work –outreach with WIC on 17P (steroid that decreases chances of second preterm birth)
- Classify anybody in 2<sup>nd</sup> term as late (week 14 lumped in w/ 30) moving forward track what week is better indication of what progress.
- Policy- haven't provided start and end date for pregnancy- pend app? Yes, need to know one of them. How often is that not provided? Not sure. Instructions show it must be filled out by provider. But can self-attest. If not provided, phone call first or pend? Usually do a phone call. Some women won't guess if haven't seen a doctor yet. May need more education in this area. Is there a website to calculate due dates for women who are unsure and could you add the link to it? Also, need to let people know that their MD will need to be updating the due date.
- Will ask for MCD to come back for more information

#### *Counting Social Security for Children (survivors) Benefits*

- Eligibility workers not aware and people are getting caught because Marketplace says they are eligible for CHIP. Is there a short term solution?
- No updates, looking at additional guidance from CMS conversations & IRS on how the rules apply.

#### *MCOs & Network Adequacy (Rudy Villareal)*

- Provider network adequacy- Maximus is limited to enrollment and must outreach.
- MCOs are supposed to connect w/ the consumer.
- Using same network adequacy standards from 1993 (original). Default to TDIs requirements. Minimal requirements. Part of reason- consumer choice is at the managed care level. Beyond that for children must have 2 providers in 20 mi. For adults- 1 PCP/30miles. 1 Acute care hospital/30miles.
- Acknowledge that it is time to change that.

- Online directories must be accurate. Concerned about low income consumers (Medicaid and Marketplace). Access to reliable information is important.
- MCOs are working on this more. Providers are complaining about calls. Secret shopper policies to flesh out provider directories and to make sure that providers are honoring contract requirements.
- Randomized challenge screen process- provider logs into bill and must verify address/phone/plans accepted. Taking this step but physicians complaining that are tying up staff resources.
- Medicaid managed care consumer protection working group- might follow up to get more depth on challenges for physicians and how we can advocate to make it easier.
- Ideas for retired/passed away- i.e. provider hasn't billed in x amount of time? Current process: haven't billed in 1 year or more do start taking steps to end Medicaid number (through fee-for-service), but check managed care 1<sup>st</sup> as most providers only bill it. Can implement the same process but haven't.

*Office of the Ombudsman (Paige Marsala)*

- Top 3 complaints haven't changed (accessing prescriptions, information on case/case denied, information on services/benefits)
- Pregnant women and eligibility determinations- haven't received any contacts.
- Former foster youth- only 3 contacts since December; in part because probably don't know about OO
- Not just complaints/inquires. Look for systemic problems/trends. Work w/ agencies to address issues. Trying to be as proactive as possible to resolve systemic problems when identify.
- TMHP- help line for clients w/ erroneous other insurance on case that causes issues w/ accessing services. Help line w/in the help line (HMS)- just for prescriptions. Clients were being told had to work with their health plan by a new recording. Put up b/c were getting a lot of unrelated contacts. OO asked that TMHP and the drug vendor program change the recording.
- Molina STAR Plus health plan was showing active Medicare (not on agency side). Had a system issue and worked w/ HHSC to fix the files.
- New staff- April Ferrino-Managed Care planner, Barbara Fountain-Community Liaison, Rick Castillo Program Liaison
- Project for developing health care literacy.
- 2 other positions looking to hire and bring on by the summer- higher level staff for complex issues (e.g. that involve other agencies)

Diane Rhodes of TDA will chair on March 11, which is a regular 2 hour meeting.



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November 11, 2015

**By Certified Mail No.: 7015 0640 0004 9673 6097**

Commissioner Chris Traylor  
Executive Commissioner  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316

**By Certified Mail No.: 7015 0640 0004 9673 6080**

Gary Jessee  
State Medicaid Director  
Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316

**Re: Former Foster Care Children Medicaid Program Access Problems**

Dear Commissioner Traylor and Mr. Jessee:

Texas foster youth who age out of the Texas foster care system are entitled to receive Medicaid until they turn 26 years old. (42 U.S.C.A §1396a(1)(10)(A)(i) (IX)) However, on a regular basis aged out Texas foster youth are being wrongly denied Medicaid, and the Texas Health and Human Services Commission (HHSC) continues to fail to address the systematic issues causing these improper denials. The Texas Foster Youth Justice Project provides legal representation to current and former Texas foster youth. Since the implementation of the Former Foster Care Children (FFCC) Medicaid program in January 2014, we have represented many young adults whom have experienced difficulty obtaining FFCC Medicaid. While a few HHSC employees have been responsive to addressing the individual concerns of our clients, we continue to see clients who, for inexplicable reasons, are denied FFCC, despite the fact that they have indicated on their application they were in foster care and it should be evident from their prior Medicaid records. In addition, many of them seem to not even been provided with a denial notice. Problems with both HHSC computer systems and eligibility staff cause these denials. Unfortunately, we do not have enough information to pinpoint exactly what HHSC must do. But it is clear something must be done as many eligible young adults continue to be denied FFCC

Medicaid and not all of them obtain our assistance in addressing those denials. Aged out foster youth should not need a lawyer to obtain the health insurance Texas is obligated to provide them.

Our client Jasmine Johnson was inexplicably denied Medicaid, despite the fact that 'she submitted applications on 1/20/2015, 3/16/2015, and 04/08/2015 which were all denied even though the application indicated that she had been in foster care in Texas on her 18th birthday. In reviewing the case comments and documents, the applications were not routed to CBS for processing." This summary of what happened comes directly from HHSC case comments our office obtained pursuant to a public information request; we've enclosed a copy of that document. Jasmine finally obtained FFCC on June 1, 2015. A review of the applications in Jasmine's records show she completed a different application form on June 3, 2015. Instead of completing the standard, current H1010 form, Jasmine completed the H1011 form, Application for Youth Transitioning from Foster Care. This form is no longer in use by HHSC and the version Jasmine used was from December, 2010. But this was the form that she was able to get routed to Centralized Benefits Services (CBS). Jasmine obtained this form from Angel Reach, a program in Conroe, Texas, that provides services to aged out foster youth. Jasmine is a resident of an Angel Reach transitional program. Sandra Carpenter, Executive Director of Angel Reach, indicated that she provides this form to any young adults in her program who are applying for FFCC because when they use the online application or current H1010 forms, they are not being enrolled in Medicaid, while with H1011 they are enrolled. She regularly makes additional copies of the blank form to hand out to youth in her program as it is no longer publicly available. In Jasmine's case, she completed the H1011 on 5/27/2015 and per the HHSC Comments "[s]he submitted an application on 06/03/2015 which was processed by CBS staff and she was certified for FFCC effective 06/01/2015." We have enclosed a copy of her application. In addition, our project has advised foster youth since the early days of the FFCC program that they should not attempt to apply for any other benefits when they apply for FFCC because it makes it much more likely their application will be wrongly denied. Aged out foster youth should not need to track down an out of date, inaccessible form to obtain the health insurance Texas is obligated to provide them.

There are additional concerns related to Jasmine's incorrect denial in January, March and April, 2015. Jasmine was on FFCC Medicaid until 12/31/2014 when her certification ended and she did not return her renewal packet. Jasmine likely did not return the renewal packet because she moved to Conroe around that time. However, she reapplied within 20 days of her certification ending and it should have been clear in the HHSC system that she had FFCC Medicaid shortly before she applied to resume coverage. Unless she had turned 26 or moved out of Texas, once she reapplied, there should be no reason to not put her back on the FFCC Medicaid. Aged out foster youth frequently move and often experience homelessness. It is an unfortunate by-product of aging out of foster care. It is not uncommon for our clients to have lost their coverage due to not updating their address. But we have seen youth after youth struggle to get back on FFCC once they realize their coverage ended. HHSC systems and staff appear to be

incapable of recognizing something that should be obvious in their system: that they previously qualified for FFCC and should be reinstated. It is also not clear why applications where someone answers the question *Were you in foster care at age 18 or older?* are not flagged by the system for automatic consideration of FFCC and Medicaid for Transitioning Foster Care Youth. Based on the frequent denials and the TIERS comments made about those denials, it appears it is up to individual workers to remember the existence of the program and consider the applicant's eligibility for it. Rather than provide a critical resource to those that age out of Texas Foster care system to help support them as they transition to adulthood, HHSC's system places barriers to accessing that resource.

We have had several other clients who were inexplicably denied coverage. Here are the stories of a few of the more recent cases.

██████ applied several times by calling in and online, with the assistance of her grandmother. She was told she was not eligible. It appears from the documents that we obtained from our public information request that eligibility staff did not take into account that she had been in foster care, even though this was indicated on the applications. ██████ did not have Medicaid until our program contacted Glennell Strawn of HHSC. Ms. Strawn has been very helpful in assisting individual clients obtain FFCC coverage, but in ██████'s case it took a long time because an "IT fix" was needed and we were told no timeframe to correct the problem could be obtained. In the meantime, ██████ continued to be without health insurance.

██████ reapplied for FFCC around June, 2014, after she realized her coverage had ended. When our office contacted Claire Middleton at HHSC in November, 2014, to find out why she had been denied, HHSC staff reprocessed her application from five months earlier and certified her back to the original application date; we were not given an explanation as to why she had been denied.

Angelica Gutierrez applied in December, 2014, for FFCC after her SSI benefits and accompanying Medicaid coverage ended; records support that she indicated she had been in foster care when she turned 18 on her application. She was interviewed in January 2, 2015, by an HHSC eligibility worker who told her she was not eligible. The case comments from the TIERS System, received from a public information act request, indicate the worker noted Angelica had been on FC Medicaid (presumably foster care Medicaid), was unemployed, goes to school, and is not pregnant and that she was denied because she was not eligible. Over the next several months Angelica made repeated efforts to find out why she was being denied, and even visited an HHSC office in person. Our office

contacted Glennell Strawn of HHSC in May, 2015, and Ms. Strawn had her application reprocessed to consider her eligibility for FFCC, and she was approved with coverage beginning on her original application date of 12/18/14. We were told she had been denied because her HHSC eligibility worker did not consider her eligibility for FFCC. Clearly the worker in this case was not familiar with the FFCC program and Angelica's case was not flagged for possible FFCC eligibility despite her repeatedly indicating she had been in foster care and wanted the aged out foster youth Medicaid. A copy of the case comments is enclosed.

[REDACTED] filed an online application for FFCC in October, 2015, with the assistance of our project's paralegal. They selected the option to indicate he was not available to go in person for an interview. He received a notice that an in person interview was scheduled and he needed to bring extensive documentation about his income, assets and other resources that are not relevant to FFCC eligibility. It appeared he was being considered for the wrong Medicaid program and we notified Glennell Strawn who indicated she was reviewing it with eligibility staff. In the meantime our client called 2-1-1 in an effort to find out why an interview was needed and could he schedule it for a phone interview if it was necessary. He was transferred around repeatedly and none of the options were what he needed and he was unable to reach a live person. Later in the day, information on YourTexasBenefits.com indicated he had been approved for Medicaid and the information about the scheduled interview was removed from the interview tab.

These cases indicate there continue to be problems with the proper processing of applications for FFCC; they are not isolated incidents. For every aged out foster youth who seeks out our services, there are likely many more who have given up on receiving the promised health care benefits.

Beyond these issues, there are several more we have repeatedly brought to the attention of HHSC regarding online access to YourTexasBenefits.com by aged out foster youth on the FFCC Medicaid program. When a foster youth contacts us seeking legal assistance in accessing FFCC benefits, the first step of assistance we provide is assisting them in logging into YourTexasBenefits.com to review information in their account. Unfortunately, the information for Medicaid for our aged out foster youth clients is incomplete, incorrect and inaccessible. In February, 2015, I emailed a list similar to the enclosed list of online access problems that we had raised in multiple prior communications to Claire Middleton and was told that HHSC was reviewing our concerns and would respond as quickly as possible. I followed up in June, 2015, with an email to Claire Middleton and Glennell Strawn and noted "I am convinced that there are serious flaws in the HHSC system that are preventing many young adult aged out foster youth from obtaining their Former Foster Care Children's Medicaid. They are applying and being

incorrectly rejected due to problems in the computer system and ignorant HHSC eligibility staff. After almost two years there should not be these kinds of barriers to access to the FFCC Medicaid program. We have repeatedly reported problems to HHSC and while individual clients are often then put on FFCC, the same problems persist and HHSC has not provided any response about what they will do to correct these grave problems and the timeline.” I never received a response to my inquiries. Given the continued issues aged out foster youth encounter with the processing of their applications for FFCC, the lack of knowledge on the part of many involved in processing applications of the FFCC benefit, and the heavy reliance of HHSC for applicants and recipients to use YourTexasBenefits.com, these problems are creating huge barriers for the aged out foster youth community.

HHSC needs to take immediate steps to:

- 1) Identify and correct flaws in the systems that are causing these routine improper denials.
- 2) Designate an employee, who has ample authority, to lead and oversee the identification and correction of these flaws.
- 3) Require that the Information Technology Department prioritize resolution of those matters that require their participation.
- 4) Update the YourTexasBenefits.com system to address the problems we have highlighted and provide aged out foster youth meaningful access to information regarding their applications for their promised health insurance and their actual insurance benefits.
- 5) Provide additional training to eligibility staff to educate them regarding the FFCC Medicaid program and establish direct lines of communication to FFCC designated staff for addressing issues with establishing eligibility for the insurance.

We also request that you meet with us to further discuss our concerns. This is an issue of major importance to aged out foster youth in Texas, and our efforts to work with HHSC so far to satisfactorily resolve them have not been successful. While our individual clients have had their eligibility established once we contact HHSC, we do not believe the necessary resources have been devoted to diagnosing and rectifying the ongoing issues. Having assisted many clients with accessing FFCC Medicaid, we have valuable insight to offer into the problems that seem to plague our foster youth client community’s access to this vital benefit. We would rather work collaboratively to address these concerns, as we have often done with the Texas Department of Family and Protective Services, rather than address them in a courtroom, which is a path we will need to take if we don’t make significant progress in resolving these issues.

As we were preparing the final draft of this letter we were contacted by HHSC Open Records [REDACTED] about two requests we had recently filed for clients who had been denied FFCC. [REDACTED] told us that we had to contact the Texas Department of

Family and Protective Services for the records because their Medicaid was through the foster care system. This was puzzling as we have filed several prior similar requests with HHSC and received records. [REDACTED] directed us to Shari Nichols, an attorney with HHSC. We explained to Ms. Nichols that we were filing these requests because we had too many clients being inexplicably denied FFCC and, while Glennell Strawn helped us obtain the coverage for individual clients, there was no indication that the underlying problems were being addressed. On November 9, 2015, Ms. Nichols indicated she would look into the concerns, review the list of recent cases we supplied her, and would contact program management. It also is our understanding that our HHSC record request will be reviewed again and processed. We appreciate this effort but determined that we should proceed with addressing our concerns further with you as we are concerned that this has gone on far too long already with no actual improvements in sight.

Young adults, whose parents have private health insurance, can remain on a parent's insurance up to age 26. Young adults, who age out of foster care, are supposed be able to remain on their parent's insurance until the age of 26 as well; their parent is the State of Texas. Access to health insurance is critical for aged out foster youth; they are at an elevated risk for chronic mental and physical illnesses as a result of their stressful upbringing. In addition, they lack the family support and resources that other young adults have as they transition through early adulthood. It is unfortunate that their parent, Texas, rather than provide them assistance in accessing an important resource, instead routinely improperly denies them that resource. Sadly, most aged out foster youth just accept the denial of FFCC Medicaid. They have grown up in a foster care system where they moved from home to home, to facility, to shelter, their biological families have failed to come through for them, and they have had to rely on dozens of caseworkers, CASAs, attorneys, foster parents, facility staff, PAL workers, aftercare workers and countless others who all too often have not done what they said they would or were supposed to do. When they are told they do not qualify for Medicaid, even if it is contrary to what they learned about after foster care benefits, most don't see the point in pursuing what seems to be a futile process. It is just yet another instance of a wrongful denial that their time in foster care taught them they needed to just accept as it is too emotionally draining to not do so. Steps are needed to fulfill Texas' obligation to their young adult children and provide them easy access to FFCC Medicaid coverage.

We hope we will hear from you soon about meeting to further discuss these vital concerns and the steps needed to correct the problems. I can be contacted at 512-374-2729.

Sincerely,

TEXAS FOSTER YOUTH JUSTICE PROJECT



Mary Christine Reed  
Attorney at Law  
Director Texas Foster Youth Justice Project

MCR:klg  
Enclosures

cc: **By Certified Mail No.: 7015 0640 0004 9673 6103**  
John Speicia, Jr.  
Commissioner of Texas Department of Family and Protective Services

File #: 19-221087



These are some questions that, in my view, still need clarification. There are likely more, but I wanted to thank you for and respond to seeking additional feedback and questions following the webinar.

- What is the relationship between the 8510 CFC assessment and the ICAP?
- Since nurse delegation is a required CFC service option, wouldn't a person with a g tube or other delegable tasks be able to get additional CFC supports if the nurse has delegated to a qualified, trained CFC provider? Has this been addressed in other trainings or training materials.
- Since CFC now substitutes for Personal Care Services for individuals under 21 years of age, what training on PCS Core Requirements has been done or will be done for both CFC assessors and DADS UR. Here are a few of the PCS Core responsibilities that must apply to CFC for children. This list is not exhaustive, but includes important highlights.

As specifically and exactly stated in the settlement agreement related to Personal Care Services:

- "The Agency will authorize all requested medically necessary Personal Care Services that are required to meet all of the Beneficiary's personal care needs over the span of time the needs arise, as the needs occur over the course of a 24 hour day."
- (This span of time concept, versus tallying up minutes per task, is critical and will be unfamiliar to CFC assessors and waiver providers for both children and adults.)
- "The Agency will not establish or apply a cap on the amount of medically necessary nursing or personal care services available to Beneficiaries."
- "The Agency will not arbitrarily deny authorization of personal care services or reduce the number of requested hours of services based solely upon the diagnosis, type of illness, or condition of the Beneficiary."
- "The Agency will make available to Beneficiaries and Providers all processes, tools, and grading scale used to prior authorize nursing services and personal care services, by publishing them on the Agency's website and in the Texas Medicaid Provider Procedures Manual. When prior authorizing nursing or personal care services, the Agency and its Contractor will use only tools, grading scales and processes made available to Beneficiaries and Providers."
- "The Agency will provide all medically necessary nursing services and personal care services to Beneficiaries in the most integrated setting appropriate to the needs of the Beneficiary, in accordance with *Olmstead v. L.C.* 527 U.S. 581 (1999), so that these Beneficiaries will not have to enter an institution to receive all medically necessary nursing services or personal care services."
- Although CFC will include both personal care services and habilitation, assessors for IDD waivers will need to understand more about what personal care services means for children.
- The Alberto N. person care services definition says, "Personal care services are support services provided to Beneficiaries who require assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs) and health related functions due to physical, cognitive, or behavioral limitations related to their disability or chronic health condition. ADLs include, but are not limited to, eating, toileting, grooming, dressing, bathing, transferring, maintaining continence, positioning, and mobility. IADLs include, but are not limited to, personal hygiene, meal preparation, grocery shopping, light housework, laundry, communication, transportation and money management. Health related functions include, but are not limited to, medication administration and management, range of motion, exercise, skin care, use of durable medical equipment, reporting as to the Beneficiary's condition, including changes to the Beneficiary's condition or needs, and completing appropriate records. Personal care services may include nurse-delegated tasks as permitted by the Texas Nursing Practice Act and its



implementing regulations. Personal care services include hands-on assistance, cuing, redirecting, or intervening to accomplish the task. Personal care services may be provided on a per-visit or ongoing basis. Personal care services may be provided outside of the Beneficiary's home (in the community).

- Regarding the hab service related to making personal choices, in our view, this is not limited to "making healthy choices" but learning the skill of making choices generally speaking during the course of a day. There may need to be more said about that.
- Clarification that a person who requires total assistance with personal care can still use habilitation to reinforce and increase independent living skills related to PAS tasks.
- Further training about "span of time" versus minutes per task, per day, per week is critical. How will that occur.
- Where does supervision get picked up in service planning for an individual?
- How do answers to the medical and behavior questions get calculated for both PAS and HAB. Historically PCS covered and must cover supports related to challenging behavior?
- Since the ICAP lacks significant medical assessment questions, will the CFC conversation be a means to document medical needs and meet those needs through a service plan?
- Since the ICAP disallows identification of behavior support needs unless a behavior management plan is in place, will the challenging behaviors picked up through the CFC discussion be ignored or will they become part of the CFC service plan?
- How does the CFC assessor determine the minutes within the range of minutes for a given level?
- For school age individuals, will there be an update to the CFC services if there are substantial changes to paid support needs when school is out, or will assessors be instructed to include those needs in the annual service plan?
- Please provide additional process information and tools related to how CFC units recommended are finally determined when there is "no guarantee" that the units submitted by the assessor will be authorized per the webinar.
- Is there an appropriate place to indicate when a 2:1 may be required for a given task? If so, where is that?
- More instruction may be needed regarding exercise. Exercise is different than the task of walking, but could include walking for a given individual.
- Please provide more information about "companion." This was confusing.
- Can you require disclosure of all household members or their disability if the person doesn't want to provide that information? How has that worked in other programs.
- Please continue to clarify that the natural supporter must be both willing and available per CFC regulations.
- What is the experience so far with use of assessments in CFC, at the individual level and systemic, including LA and UR experience?
- What happens if the CFC assessment identifies needs, but the PDP is too broad and did not identify more specifically the need or related outcome? Will the service coordinator get involved to update the PDP when needed? Who will make sure the provider's implementation plan is specific enough to reflect CFC activities?

# Recommendations for Improving Services for Children with Disabilities in Texas | 2014

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## **STAR Kids**

### **Policy Issue: Medically Dependent Children's Program (MDCP) Eligibility**

As of June 30, 2014 there were 27,428 waiting for services on the interest list for the Medically Dependent Children's Program. Children and young adults have to wait between 5 and 6 years to receive services. With the implementation of STAR Kids in September of 2016, Texas has an opportunity to significantly decrease the MDCP waiting list and serve children and young adults who are at risk of institutionalization by allowing all children and young adults who receive SSI and meet waiver eligibility to automatically receive services with no wait. This is the same strategy that HHSC has employed since the inception of STAR+PLUS to reduce the legacy Community Based Alternatives waiting list.

### **Recommendation**

Allow all SSI children and young adults under the age of 21 who meet the eligibility for MDCP to automatically receive waiver level of services in STAR Kids with no wait.

### **Background**

STAR+PLUS began as a pilot in Harris County in 1998. Individuals with SSI who were on the CBA interest list and who met the waiver eligibility criteria automatically came off the interest list and started receiving services. This policy has received overwhelming support and continues today. The Health and Human Services Commission reported to the Texas Senate Health and Human Services Committee on August 14, 2014 that with the complete roll out of STAR+PLUS on September 1, 2014, an additional 2,645 individuals on the interest list for the Community Based Alternatives waiver will be removed from the interest list and immediately be assessed for services through the STAR+PLUS waiver.

Senate Bill 7 of the 83<sup>rd</sup> Texas Legislature legislatively mandated the development of STAR Kids, a managed care program for Texas children and young adults under the age of 21 who are SSI eligible or who are receiving services under a Texas home and community-based waiver. The legislation requires that children receive their MDCP waiver services under STAR Kids. The MDCP waiver provides a cost effective alternative to the institutionalization of children. The individual cost of services is capped at less than 50% of what is paid to a nursing facility.

## Recommendations for Improving Services for Children with Disabilities in Texas

2014

Texas has determined that it is in the best interest of the state to provide STAR+PLUS waiver services with no wait to individuals over 21 who meet eligibility for nursing facility level of care and should do the same for children under the age of 21 in STAR Kids.



# **Promoting Independence Advisory Committee Stakeholder Report 2014**

*Submitted to*  
Kyle L. Janek, Executive Commissioner,  
Texas Health and Human Services Commission

*by the*  
Promoting Independence Advisory Committee

September 2014

## **SECTION II: CHILDREN'S INITIATIVES**

**Recommendation 5: Allow all Social Security Income (SSI) children and young adults under the age of 21 who meet the medically necessary level of care for nursing facility and are at the SSI level of income to automatically receive the MDCP waiver level of services in StarKids without being on an interest list.**

This recommendation mirrors the current STAR+PLUS policy. Individuals who meet the medically necessary criteria for nursing facility placement and are at the SSI level of income automatically receive STAR+PLUS waiver services without being on an interest list. This precedent should be equivalent for children served through StarKids.

***Vote: 11-0-2 (Kevin Warren, Texas Health Care Association, and Susan Payne, PART, Inc., abstaining)***

# CHIP Coalition New Name Poll

Friday, February 19, 2016

# 27

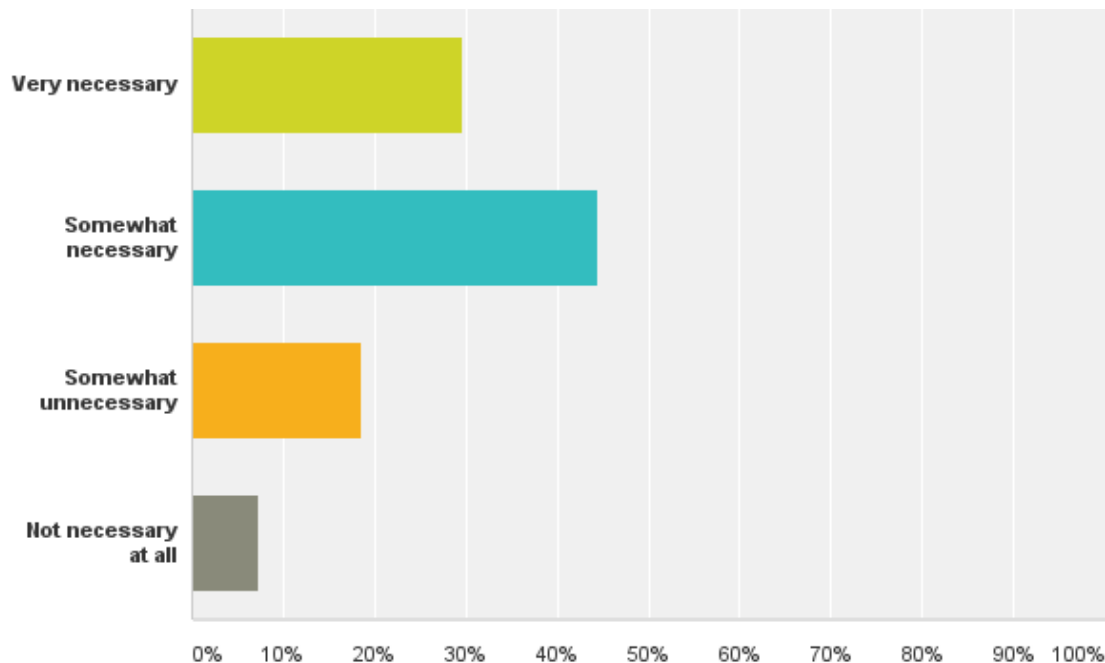
**Total Responses**

Date Created: Tuesday, January 19, 2016

Complete Responses: 24

# Q1: How necessary is it to change the CHIP Coalition name to be more reflective of our mission?

Answered: 27 Skipped: 0





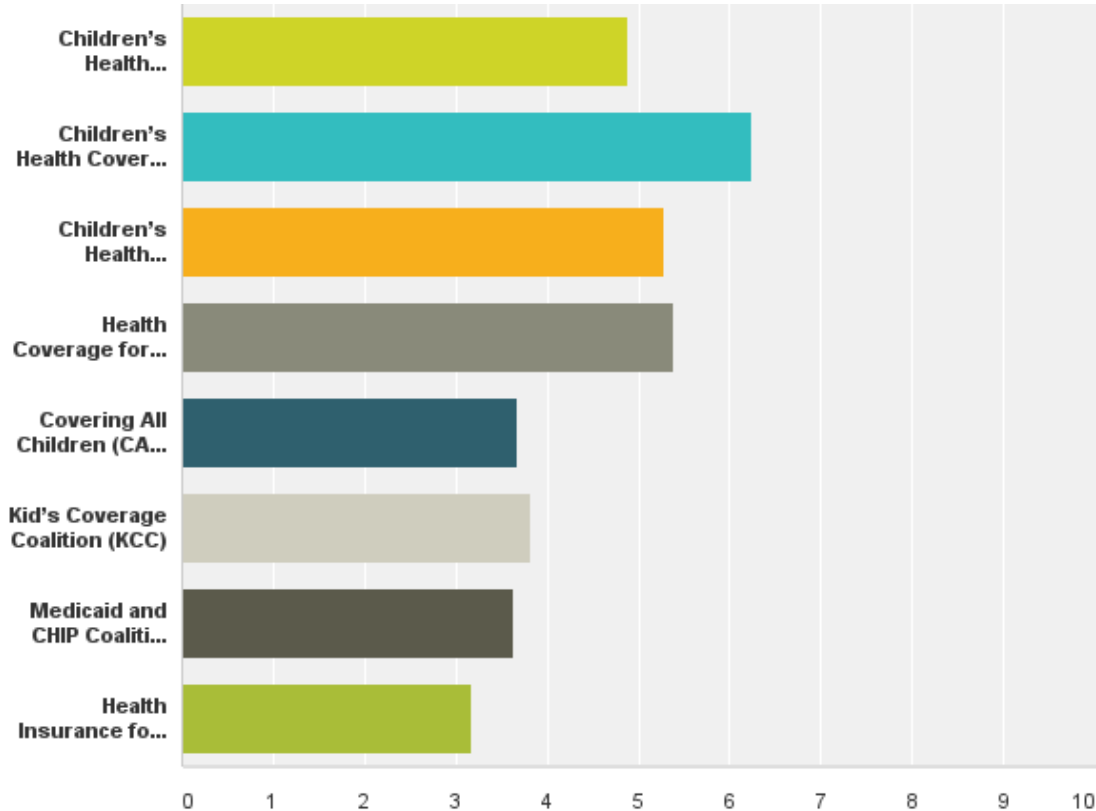
# Q1: How necessary is it to change the CHIP Coalition name to be more reflective of our mission?

Answered: 27   Skipped: 0

Answer Choices	Responses	
Very necessary	29.63%	8
Somewhat necessary	44.44%	12
Somewhat unnecessary	18.52%	5
Not necessary at all	7.41%	2
Total		27

## Q2: Please rank your top choices for a new CHIP Coalition name.

Answered: 24   Skipped: 3



## Q2: Please rank your top choices for a new CHIP Coalition name.

Answered: 24 Skipped: 3

	1	2	3	4	5	6	7	8	Total	Score
Children's Health Insurance Policy (CHIP) Coalition	20.83% 5	16.67% 4	8.33% 2	12.50% 3	0.00% 0	12.50% 3	25.00% 6	4.17% 1	24	4.88
Children's Health Coverage Coalition (CHCC)	20.83% 5	37.50% 9	12.50% 3	16.67% 4	8.33% 2	0.00% 0	0.00% 0	4.17% 1	24	6.25
Children's Health Coalition (CHC)	29.17% 7	4.17% 1	20.83% 5	8.33% 2	8.33% 2	16.67% 4	4.17% 1	8.33% 2	24	5.29
Health Coverage for All Children (HCAC)	8.33% 2	12.50% 3	33.33% 8	16.67% 4	20.83% 5	4.17% 1	0.00% 0	4.17% 1	24	5.38
Covering All Children (CAC) Coalition	0.00% 0	12.50% 3	4.17% 1	16.67% 4	12.50% 3	25.00% 6	16.67% 4	12.50% 3	24	3.67

## Q2: Please rank your top choices for a new CHIP Coalition name.

Answered: 24 Skipped: 3

	1	2	3	4	5	6	7	8	Total	Score
Kid's Coverage Coalition (KCC)	4.17% 1	8.33% 2	8.33% 2	12.50% 3	20.83% 5	16.67% 4	16.67% 4	12.50% 3	24	3.83
Medicaid and CHIP Coalition (MCC)	12.50% 3	4.17% 1	8.33% 2	4.17% 1	12.50% 3	20.83% 5	12.50% 3	25.00% 6	24	3.63
Health Insurance for All Children/Kids (HIAC/K)	4.35% 1	4.35% 1	4.35% 1	13.04% 3	17.39% 4	4.35% 1	26.09% 6	26.09% 6	23	3.17



CENTER *for* PUBLIC POLICY PRIORITIES  
WORKING FOR A **BETTER** TEXAS™



# Open Enrollment 2016

Melissa McChesney, Outreach Coordinator – [mcchesney@cphp.org](mailto:mcchesney@cphp.org)

Center for Public Policy Priorities

February 19, 2016

# Texas Marketplace Premiums

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**Monthly Premium:  
Full Price for 2<sup>nd</sup>-  
Lowest Silver Plan\***

- Age 22: \$207
- Age 35: \$253
- Age 45: \$299
- Age 55: \$461
- Age 62: \$595

**Most you pay monthly  
with these annual incomes:**

**\$15,000**

**\$25,000**

**\$35,000**

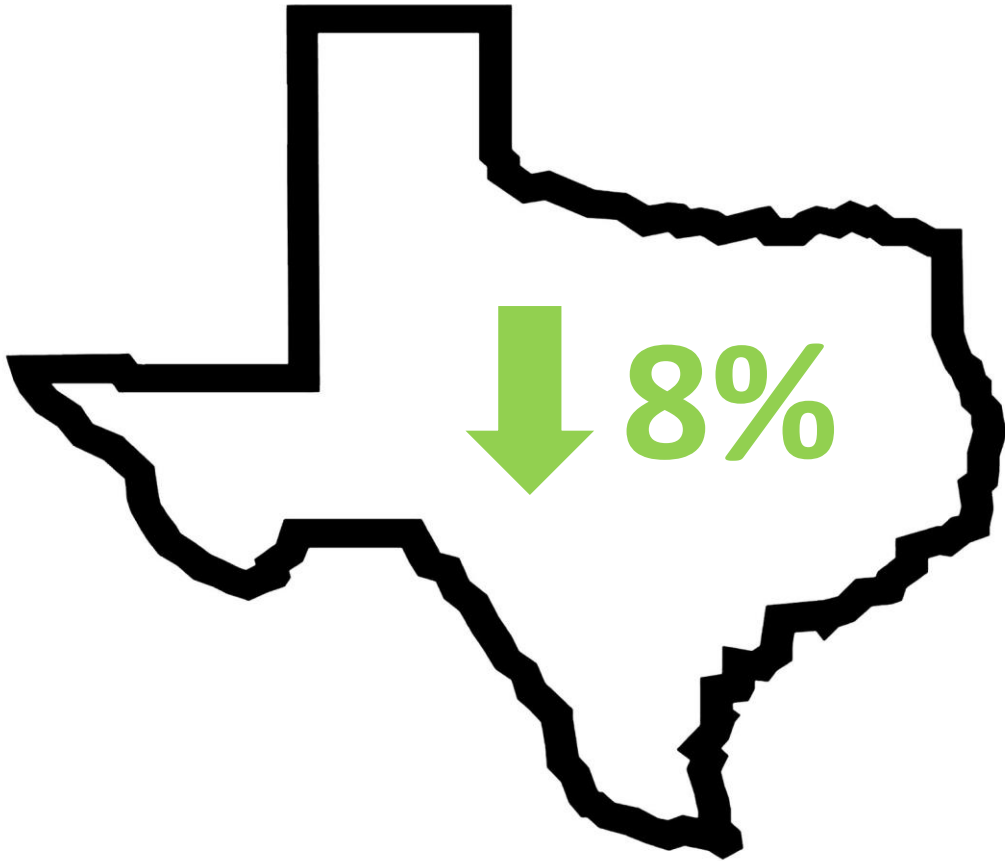
**\$26**

**\$143**

**\$280**

\*Prices for a single non-smoker in Travis County

# TX Marketplace Premiums Decreased from 2015-2016



Differences by geographic region:  
2<sup>nd</sup> Lowest Cost Silver Plan

Urban ↓ 11%

Suburban ↓ 5%

Rural ↑ 3%

# Premiums Under \$100 with Financial Assistance

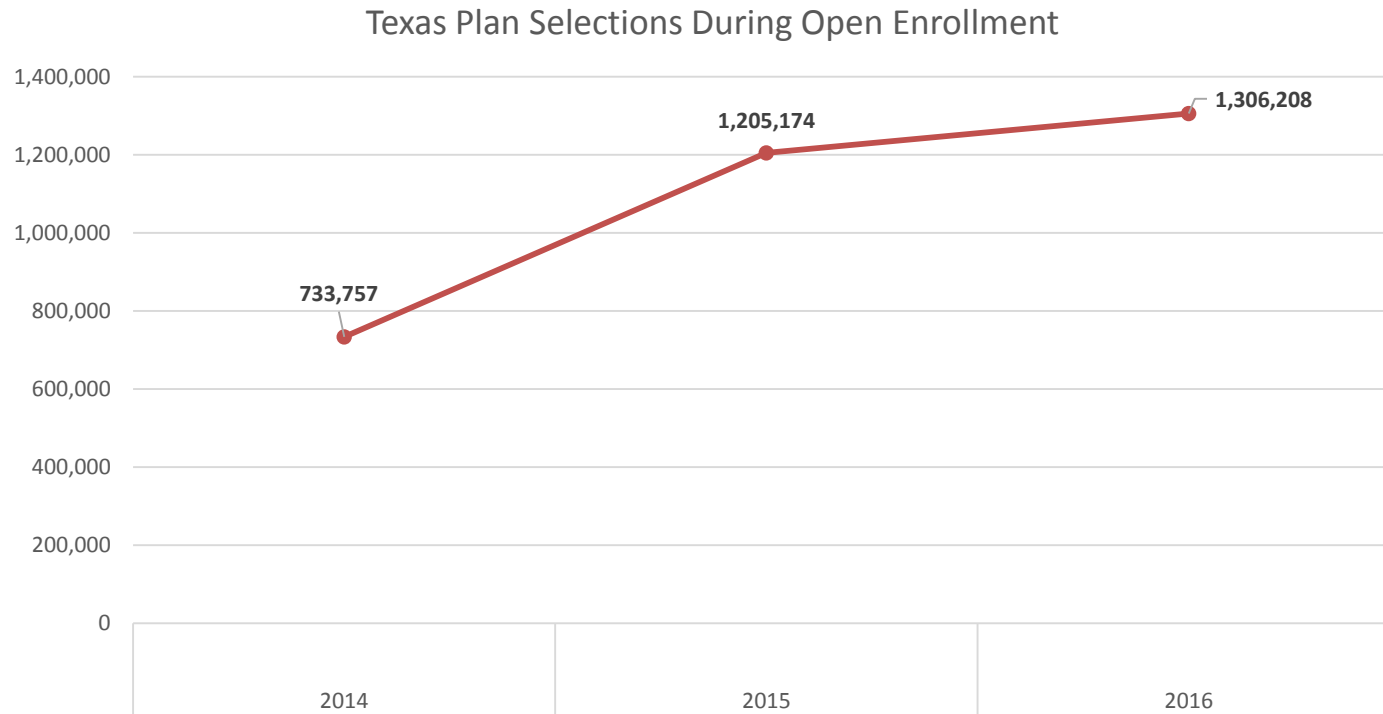
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In Texas, as of December 26, 2015:

- **89%** of people who selected a plan were eligible for assistance
- Average monthly premium before credit was **\$358**
- Average monthly premium after the tax credit was **\$96**
- **That's a 73% reduction in premium cost!**



# TX Marketplace Enrollment Continues to Increase



## Enrollment Type for 2016\*

- 31% new consumers
- 69% reenrolling

\*as of December 26, 2015

## Sources:

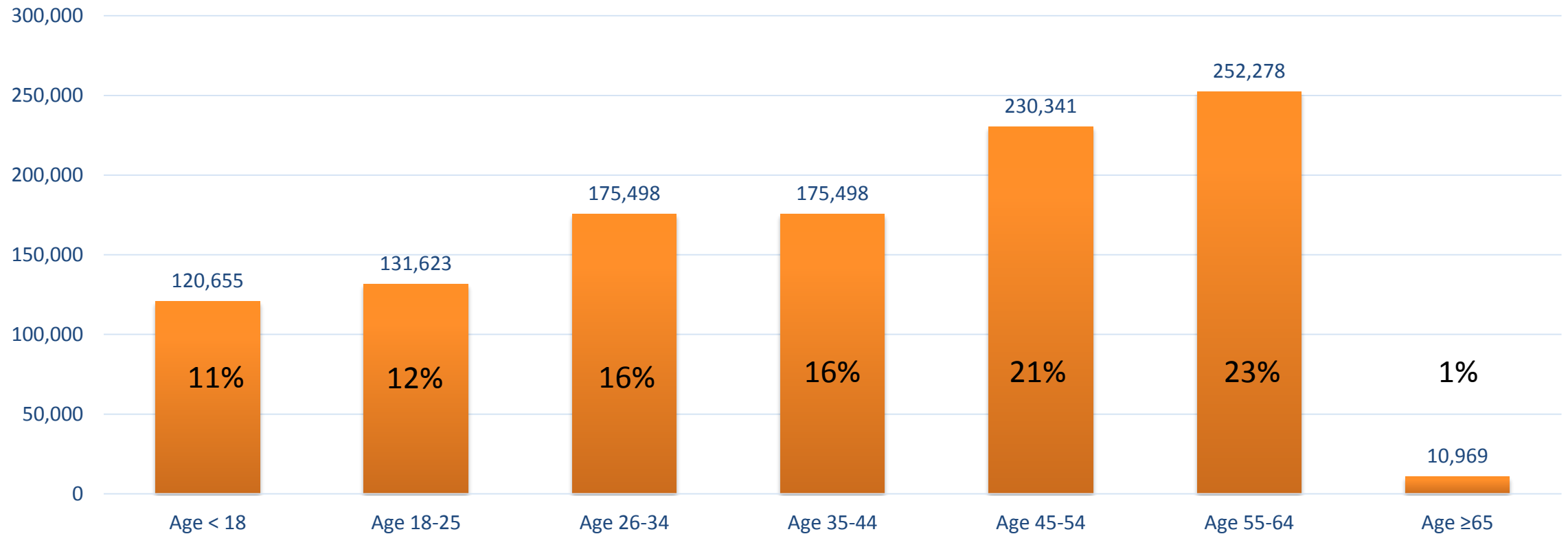
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), [Health Insurance Marketplace: Summary Enrollment Report For the Initial Annual Open Enrollment Period](#), May 2014
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), [Plan Selections by County in the Health Insurance Marketplace](#), July 2015
- Centers for Medicare and Medicaid Services, [Health Insurance Marketplace Open Enrollment Snapshot - Week 13 January 24, 2016 – February 1, 2016](#)

# Over 120K Kids Selected a Plan

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## Plan Selection By Age

*\*As of 12-26-15*



# **Texas Foster Youth Justice Project**

## **Former Foster Care Children (FFCC)**

### **Medicaid Program**



**Texas Chip Coalition Meeting**  
**February 19, 2016**

**Austin, Texas**

# Texas Foster Youth Justice Project

## Texas RioGrande Legal Aid

Mary Christine Reed – Attorney/Project Director

Hotline: 1-877-313-3688

Email: [info@texasfosteryouth.org](mailto:info@texasfosteryouth.org)

Website: [www.texasfosteryouth.org](http://www.texasfosteryouth.org)

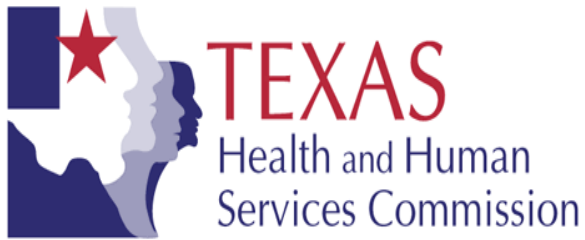
- Statewide program
- Assists current and former foster youth with legal problems
- Provides guidance for those that work with current and former foster youth

# What is FFCC?

1. Medicaid program for aged out foster youth
2. Part of the Affordable Care Act
3. Began in January 2014

# Who Qualifies for FFCC

- Aged out of foster care or the Unaccompanied Refugee Minor Resettlement Program in the state of Texas at age 18;
- Are ages 18 up to 26;
- Received federally funded Medicaid when they aged out of foster care; and
- Meet all other Medicaid eligibility criteria such as U.S citizenship or alien eligibility (broader eligibility for those under 21).



# **Policy Strategy, Analysis, and Development**

## **Office of Social Services**

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**February 19, 2016**

# Medicaid for Former Foster Care Children

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- Effective January 1, 2014, HHSC implemented Medicaid for individuals ages 18 through 25 who aged out of foster care in Texas and were receiving Medicaid when they aged out of foster care. This program is referred to as Medicaid for Former Foster Care Children (FFCC).
- To identify and address any potential issues in the FFCC program, HHSC and the Department of Family and Protective Services (DFPS) have identified all individuals who have aged out of foster care in Texas that would currently be eligible for the FFCC program and matched that data to any eligibility determinations for that population.
- Based on preliminary case reading results, HHSC has updated cases to provide Medicaid eligibility through the FFCC program to a small percentage of the total individuals identified as potentially eligible by DFPS. HHSC continues to analyze the data to determine whether additional cases need to be updated.



# Medicaid for Former Foster Care Children

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- In addition, HHSC has taken the following actions to continue to ensure Medicaid access to former foster care youth:
  - Implementing a specialized escalation process for former foster care youth who experience any issues.
  - Modifying the authentication process for former foster care youth who call 2-1-1 about their case.
  - Providing additional guidance and training to eligibility staff on processing FFCC applications.
  - Working with DFPS staff to ensure they have accurate and current information on the FFCC program.
  - Implementing processes for identifying a current address when HHSC receives undelivered mail for a former foster care youth.
  - Updating the enrollment letter that provides information about how individuals who are receiving Medicaid for former foster care youth may choose a STAR plan when they turn 21.

# Medicaid for Former Foster Care Children

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- HHSC plans to make systems changes no later than the next possible Texas Integrated Eligibility Redesign System (TIERS) release in April 2017 and is determining if it is possible to make systems changes any sooner.
- HHSC is also reviewing the administrative renewal policy and process to determine if any changes are needed to mitigate possible denials at renewal.

# Minimum Essential Coverage Reporting

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- In February, HHSC anticipates sending the Internal Revenue Service (IRS) Form 1095-B to clients (and their authorized representatives) that received Medicaid or CHIP coverage in 2015 that qualifies as minimum essential coverage.
- The Form 1095-B will identify the months that clients received qualifying Medicaid or CHIP coverage during 2015.
- Medicaid and CHIP clients should call:
  - IRS for questions about filing federal income taxes.
  - 2-1-1 for re-prints of the 1095B or questions about Medicaid/CHIP coverage.

## IMPORTANT TAX INFORMATION FOR MEDICAID AND CHIP RECIPIENTS

The Affordable Care Act requires most people to have health coverage or pay a federal fee. IRS Form 1095-B shows which months you, or people on your case, had qualifying health coverage in 2015.

**If you received qualifying Medicaid or CHIP in 2015, you will be mailed Internal Revenue Service (IRS) Form 1095-B beginning in January 2016 to show proof of health coverage.**

If you apply for and receive qualifying Medicaid or CHIP in 2016 that covers you in 2015, your form will be mailed later.

- Keep a copy of Form 1095-B for your records.
- If you file a federal income tax return, use this form when filing your taxes.
- If someone listed on this form will file a federal income tax return separately, give them a copy of this form.
- If you don't file a federal income tax return, you won't use this form.
- Receiving this form does not mean you must file a federal income tax return.

**For help, contact 2-1-1 or 877-541-7905. Press 2 after picking a language.**

For tax questions, go to [IRS.gov](http://IRS.gov) or call **800-829-1040**.

To learn about receiving free, in-person tax help, go to **[IRS.treasury.gov/freetaxprep](http://IRS.treasury.gov/freetaxprep)** or call **800-906-9887**.

- HHSC currently receives applications daily from the Marketplace and processes applications when received. From February 2015 through January 28, 2016:
  - HHSC received approximately 286,180 unduplicated transfers from the Marketplace.
- The Marketplace open enrollment period for 2016 occurred from November 1, 2015 to January 31, 2016.
  - From November 1, 2015, through January 28, 2016, HHSC received approximately 135,066 unduplicated transfers from the Marketplace.
- HHSC did not experience any issues processing account transfers during the latest open enrollment period.

- SB 200 ends the permanent disqualification from SNAP eligibility for all individuals with a felony drug conviction that occurred after August 22, 1996, and requires the following penalties for individuals who have a felony drug conviction on or after September 1, 2015.
  - Individuals are not eligible for SNAP for two years if they have a felony drug conviction on or after September 1, 2015 and violate parole or community supervision.
  - Individuals who are receiving SNAP and have a subsequent felony drug conviction are permanently ineligible for SNAP.
- HHSC has made systems and policy changes to implement the bill.
- HHSC will present proposed rules for SB 200 at the HHSC Council Meeting on February 26, 2016.



# **Presumptive Eligibility and the Community Partner Program**

## **Office of Social Services**

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**Kate Volti**  
**Director of Community Access**  
**February 19, 2016**

## Presumptive Eligibility (PE)

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- Presumptive Eligibility (PE) is short-term Medicaid coverage determined by Qualified Hospitals (QHs) and Qualified Entities (QEs) while a determination for regular Medicaid is being made by HHSC.
- The Affordable Care Act (ACA) requires states to allow QHs to determine individuals presumptively eligible for certain Medicaid programs including pregnant women, children under the age of 19, parents and caretaker relatives, and former foster care children. QEs only make presumptive eligibility determinations for pregnant women.
- QH/QEs also help individuals submit a regular Medicaid application using [YourTexasBenefits.com](https://www.yourtexasbenefits.com).



## Presumptive Eligibility (PE)

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- The PE website, [www.TexasPresumptiveEligibility.com](http://www.TexasPresumptiveEligibility.com), launched December 3, 2014. The PE website includes a wealth of information about the program including: general information, access to required trainings, program updates, policy requirements, and a link to submit PE determinations.
- As of February 2, 2016:
  - 37 QH/QEs have joined the program.
  - 3 hospitals/entities are in the PE enrollment process.
- QH/QEs began submitting PE determinations effective February 1, 2015.
- HHSC initiated the Corrective Action Plan (CAP) review process on December 16, 2015. In the review HHSC is analyzing determinations submitted during the months of June, July and August of 2015.

- In 2011, the Texas Legislature passed H.B. 2610 directing HHSC to train and certify volunteers and staff of faith and community-based organizations to assist individuals applying for public benefits.
- In early 2012, HHSC launched the Community Partner Program (CPP) pilot with the participation of eight (8) organizations.
- As of February 11, 2016, Community Partners serve clients at 1415 sites across the state.
- In its fourth year CPP is focused on new ways to support and retain partners.



# **Medicaid for Pregnant Women and CHIP Perinatal**

## **Office of Social Services and Medicaid/CHIP Division**

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**February 19, 2016**

- Once an application is received, it is assigned to staff to review and take action. An interview is not required.
- If the individual meets income and other program requirements for Pregnant Women's Medicaid and minimum verification (identity) is available, then the application must be processed within 15 days and any additional verification needed can be postponed.
  - If additional information is needed, the applicant receives a notification. If the applicant does not provide required verification by the 30<sup>th</sup> day following the file date, the case is denied.
- If pregnant women are determined to be ineligible for Pregnant Women Medicaid due to income or immigration status they are tested for CHIP Perinatal. Staff must process the application no later than the 15<sup>th</sup> workday from when the application is received.

<b>Average Number of Days to Determine Eligibility</b>		
	<b>2015</b>	<b>2014</b>
<b>Medicaid for Pregnant Women</b>	7.47	8.80
<b>CHIP Perinatal</b>	9.10	11.37

- MCOs are required to have a perinatal program that includes pregnancy planning and perinatal health promotion and education, perinatal risk assessment, access to appropriate levels of care, and care coordination and case management for women at high risk of preterm birth or have other health risks.
- For women in this category, the MCOs must have a process to expedite scheduling of a prenatal visit within two weeks of enrollment.
- The case manager is responsible for contacting the mother to ensure she has identified an OB/GYN (who can serve as her PCP), and has arranged for prenatal care services. The case manager also helps her access services during her pregnancy.

- Aside from case management, MCOs may also provide incentives to women to seek prenatal care. These value-added services include a variety of financial and other incentives. Some MCO examples include:
  - \$25 gift card and an educational pregnancy book for receiving prenatal checkup in the 1st trimester for Members
  - Free birthing classes for pregnant Members
  - Prenatal education class for pregnant Members
  - Convertible baby car seat for pregnant Members who complete one prenatal visit and attend one Baby Shower class
  - Diaper bag and starter supply of diapers for Members who attend a Baby Shower class

**Problems Accessing Former Foster Care Children Medicaid Benefits  
Information on YourTexasBenefits.com  
November 10, 2015**

**Inability to Verify for Access to YourTexasBenefits.com**

If the young adult is not able to successfully enter self-verification information, they are unable to access YourTexasBenefits.com. While it is understandable that verification is required, as far as we can tell there is no recourse for assisting the young adult if they can't verify online. Many foster youth have lived so many places and have limited information about former addresses or even the immediate area of where they lived. The system will sometimes ask them for the current address of a former foster parent but often the aged out foster youth no longer has contact with the foster family/facilities. Aged out foster youth simply can't answer those verification questions and there is nobody they can contact to help them sort out what the closest hospital was, what street number is associated with the "following address", and other detailed geographic questions. A common question asked is what name is associated with their account. Usually our clients do not recognize any of the names, however, often there is not an option "None of the Above". While we have been able to help some youth "guess" answers, many are not successful. So the former foster youth is left in a permanent limbo of being unable to access any information on YourTexasBenefit.com. This means they have to navigate the tedious, time consuming 211 system to attempt to get information, which is often provided in limited quantities with questionable accuracy

**Lack of Information and Options in Medicaid and Interview Tab**

If the young adult is able to successfully answer the four questions during the verification section of setting up their account, they can access some but not all information and options on YourTexasBenefits.com. While they are able to access Case Facts and Actions tabs, they are not able to access meaningful information in the Medicaid and Interview tabs. These tabs do not provide the options it provides to other Medicaid recipients. It appears, based on the limited information listed in these tabs discussed further in **Inaccurate, Confusing, Out of Date Information**, that this is either because they are still considered to be in the Medicaid program for children in foster care, despite the fact that FFCC and Medicaid for Transitioning Foster Care Youth (MTFCY) are both Medicaid programs for youth who have aged out of foster care and are no longer in the conservatorship of the Texas Department of Family and Protective Services, or because they once were in foster care and had the Medicaid coverage for children in foster care.



### **Inability to Print out Medicaid Card**

Call center staff repeatedly refer FFCC recipients to the Medicaid tab to print out their card. However, this is not an option listed under the Medicaid tab for those on FFCC. The staff is unable to appreciate the lack of access to the tab and offer any meaningful solution. FFCC recipients must wait a month or more for one to be mailed to them. Obtaining a card from an HHSC office is often very difficult for our clients because they lack transportation, work and attend school during business hours and many lack photo identification.

### **Inaccurate, Confusing, Outdated Information**

The Interview tab lists the following: *You get Medicaid through a Department of Family and Protective Services (DFPS) program. To protect your privacy, your interview isn't shown on this website. Need help with your DFPS Medicaid case? Call 1-800-233-3405 (toll-free).* The Medicaid tab reads *You get Medicaid through a Department of Family and Protective Services (DFPS) program. Medical Consenters for children in DFPS conservatorship can view Medicaid services and health histories by going to <http://www.fostercaretx.com/health-passport>. Need help with your DFPS Medicaid case? Call 1-800-233-3405 (toll-free).* Sometimes, the Case Facts tab reads: *Someone on your case gets Medicaid through a Department of Family and Protective Services (DFPS) programs. The case status for that person's DFPS Medicaid isn't shown on this website to protect their privacy. If they need help with their DFPS Medicaid case, call 1-800-233-3405 toll free.*

These messages appear to be for those who have the Medicaid for children and youth currently in foster care, not FFCC Medicaid or Medicaid for Transitioning Foster Care Youth, which are programs for those aged out of foster care. Beyond the confusion of those references, directing the user to DFPS's 1-800-233-3405 number is highly misleading. This sends a caller to the Texas Foster Care and Adoption Inquiry Line. Options listed include: interest in becoming a foster or adoptive parent, if you are already are a foster or adoptive parent, if you want information about a specific child registered with the Texas Adoption Resource Exchange (TARE), and voluntary adoption registry, closed records or private licensed adoption agencies in Texas. Selecting none of the options routes you the Foster and Adopt Department with a message to call Elise Cruz for any information or inquiries at 254-526-9011. If the caller selects "if you are already a foster or adoptive parent", they will then get options that include information about Medicaid for a child you have adopted or a child in foster care. Neither of these is applicable to aged out foster youth. If the caller manages to finally reach a live person after navigating the system, they will reach a DFPS employee who has nothing to do with the Former Foster Children's Medicaid program and who will state that they can only assist those currently in foster care. Furthermore, when our program has attempted to discuss issues with aged out foster youth accessing Medicaid with the

Texas Department of Family Protective Services, the agency has staunchly held they have no role to play with FFCC and MTFCY Medicaid and concerns must be addressed with HHSC. It is highly inefficient and demoralizing to continue to direct aged out foster youth to DFPS's 1-800-233-3405 and these messages need to be removed so aged out foster youth are not launched into a bureaucratic maze that likely leads to them giving up on obtaining health insurance. We began notifying HHSC that this was not a correct number well over a year ago and no action has been taken.

### **Case Facts Tab does not Specify Medicaid Program**

The Case Facts tab simply lists Medicaid, and not a specific Medicaid program. For clients that had or have Medicaid, we cannot determine which Medicaid program it was. For Medicaid denials, we cannot determine which Medicaid program HHSC processed the application under. Our clients' filed applications are often not accessible online, so we are unable to verify that they accurately answered questions about having been in foster care.

### **Inability to Switch Insurance Plans via Medicaid Tab**

It is our understanding that recipients of Medicaid, other than former foster youth, can use the Medicaid tab to switch their insurance plan. We do not have confirmation as we have not been able to view what this tab looks like. But if that is indeed what is there, it would be most helpful for former foster youth to be able to access it so they can view options for plans. Some former foster youth do not have access to a phone to update their plan but do have access to a computer at a school or library. In addition, most of our clients indicate they have not been sent a packet of plans to choose from. Furthermore, it appears there is a very short time frame, possibly only 17 days, for them to make a choice before they are defaulted to the traditional plan.

**Free Health Insurance Medicaid for Aged Out Foster Youth Ages 18-25**  
**Former Foster Care Children's (FFCC) Program and**  
**Medicaid for Transitioning Foster Care Youth (MTFCY)**  
**February 18, 2016 version**

**IMPORTANT INFORMATION**- As of January, 2014, insurance for former foster youth has changed. Many more young adults who aged out of foster care are now covered by the new insurance program. Because the program is new, please keep checking [texasfosteryouth.org](http://texasfosteryouth.org) for updates.

Please read the following information carefully.

**Former Foster Care Children's (FFCC) Program**

- [What is Former Foster Care Children's \(FFCC\) Program?](#)
- [Who qualifies for FFCC?](#)
- [What are the FFCC insurance programs called?](#)
- [How do I get on FFCC?](#)

**Medicaid for Transitioning Foster Care Youth (MTFCY)**

- [What is Medicaid for Transitioning Foster Care Youth \(MTFCY\) for foster youth?](#)
- [What if I do not qualify for FFCC because I was not receiving Medicaid at the time I aged out of foster care?](#)

**Additional Questions**

- [What if I'm not sure if I was in foster care when I was 18 or older? What if I need help applying?](#)
- [How do I Show the Doctor I Have Medicaid?](#)
- [How do I Change My Address/Update Information?](#)
- [How do I Find a Doctor if I am on Star Health?](#)
  - **Note:** if you are on Star, you need to check the web site of the plan you chose.
- [How do I Find a Doctor if I am on another Star Medicaid plan?](#)
- [What if I Need Help with Transportation to get to a Doctor's Appointment?](#)
- [What if I aged out of the Texas foster care system but have now moved to another state?](#)
- [What if I was in foster care in another state and moved to Texas?](#)
- [What if I was placed out of state while I was in Texas foster care? What if I was placed in a Texas foster care placement by CPS in another state?](#)
- [What if I don't want either one of these insurances or it turns out I don't qualify?](#)
- [Who can help me if I have problems getting the health insurance/ Medicaid for aged out foster youth?/ How do I contact the Texas Foster Youth Justice Project?](#)

When you are in foster care, your medical care is covered by an insurance program called Star Health-Medicaid. It is a special type of Medicaid for those in foster care. When you age out of foster care you will have to pay for your own medical care, which is very expensive, unless you have insurance. There are two types of special insurance programs for those that have aged out of foster care in Texas.

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### **Former Foster Care Children's Program**

#### **What is the Former Foster Care Children's (FFCC) Program?**

It is a special Medicaid health insurance program for aged out foster youth.

#### **Who qualifies for FFCC?**

- anyone who has aged out of foster care or the Unaccompanied Refugee Minor Resettlement Program in the state of Texas at age 18 or older;
- are ages 18 up to 26;
- received federally funded Medicaid when they aged out of foster care; and
- meet all other Medicaid eligibility criteria such as U.S citizenship.
  - What if you are not a U.S. Citizen?
    - If you are a lawful permanent resident (have a green card) or have a certain other specific immigration status, you can get the aged out foster youth insurance until your 21st birthday. But after you turn 21, you may not be able to continue getting the aged out foster youth insurance. You can only qualify for it if you have been a lawful permanent resident for at least 5 years and you or your parents have 40 quarters of work history with the Social Security Administration or meet some other very limited requirements. If you become a U.S. citizen, you can qualify for the aged out foster youth health insurance even after you turn 21.

NOTE: This Program has **NO** income, asset, or educational requirements. If you qualify for the FFCC program, you do not need to purchase insurance from the [health care exchange](#) or obtain it from your employer.

#### **What are the FFCC insurance programs called?**

The FFCC program has services split into two groups based on age.

- **STAR Health** is available for aged out foster youth between the ages of 18-20 but they can switch to STAR. Details of this plan can be found at: [www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/guide-star.asp](http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp). Star Health is the same program that covers foster youth. If you are in Star Health, you can use the Superior Health plan.

- Aged out foster youth between 21 and the end of the month of their 26<sup>th</sup> birthday may choose a **STAR** plan of their choice. (**NOTE**- Star is a different program than Star Health.) Details of these plans are available at: [www.hhsc.state.tx.us/medicaid/managed-care/star/client-information.shtml](http://www.hhsc.state.tx.us/medicaid/managed-care/star/client-information.shtml). When you are in Star, you get to select which health plan you will use.
  - If you do not get a list of plans to choose from when you are accepted- go to the above link and then call 1-800-964-2777 to choose your plan.

### **How do I get on FFCC?**

Don't call 2-1-1- Although you can call 2-1-1 to apply for FFCC, at this time we recommend either applying online or by filling out one of the forms available as 2-1-1 staff have not been adequately trained on the program and have been giving former foster youth incorrect information.

Apply Online- To apply online, go to [www.yourtexasbenefits.com](http://www.yourtexasbenefits.com) and select Apply. You will need to set up an account if you have not done so already. Once the form is complete, you will be able to electronically sign it and send it in. There will be two sections where you will be asked to "Pick the programs you want to apply for." Under "Health-care benefits" select "Person who: (1) is age 25 or younger, and (2) was age 18 or older when they were in foster care or the Unaccompanied Refugee Minor's Resettlement Program."

Print out and mail in your application- You also have the choice to print and mail in the applications. There are two different forms. Use the [form H1205](#) if you are only applying for Medicaid and the [form H1010](#) if you would like to apply for SNAP (Food Stamps) as well as Medicaid. In Form H1205 check yes for question 17- *Were you in foster care at age 18 or older?* On form H1010, check yes and write your name in for question 4- *Was anyone in foster care when they were age 18 or older?* You will need to print the form, sign and date it, and gather any other documents listed at the beginning of the forms. Then either mail to: HHSC, P.O. Box 149024 Austin, TX 78714-9968; fax to: 877-447-2839; or take to the closest Texas Benefits office which you can find by calling 2-1-1. If you can't print out the application, you can call 2-1-1 and ask them to send you [form H1205](#) or [form H1010](#) so you can fill it out; if the agent at 2-1-1 tells you that you won't qualify, ask for and write down their agent id and insist they send you the form.

Leaving Foster Care- When you leave foster care, you should automatically be referred to the state agency that hands the Medicaid programs for aged out foster youth. It is very important that you let your caseworker know ahead of time that you plan to leave and you give them an address where you can get mail so you will get notices about the Medicaid programs. If you don't get your card or notices within a month of leaving care, you should call your caseworker and PAL worker. You can also apply directly.

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### **Medicaid for Transitioning Foster Care Youth (MTFCY)**

#### **What is Medicaid for Transitioning Foster Care Youth (MTFCY) for foster youth?**

MTFCY is a health care/health insurance plan for foster youth who were in the Texas foster care system when they turned 18. Prior to January 2014 it covered all aged out foster youth. Now it is the program that covers aged out foster youth who are not eligible for FFCC because they did not have Medicaid when they turned 18. It only provides coverage until the youth's 21<sup>st</sup> birthday.

#### **What if I do not qualify for FFCC because I was not receiving Medicaid at the time I aged out of foster care?**

If you are under the age of 21 and do not qualify for the FFCC program because you were not receiving Medicaid when you turned 18, you may qualify for the Medicaid for Transitioning Foster Care Youth (MTFCY) Program. The most common reason someone was not receiving Medicaid when they turned 18 is because they were in prison or jail. For MTFCY you must meet the income requirements which are much higher than the income requirements for other Medicaid programs. For a family of one, the income limit is \$3,955 per month; for each additional person, add \$1,384. If you get MTFCY, your coverage will end when you turn 21 and you will not qualify for the FFCC program.

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### **Additional Questions**

#### **What if I'm not sure if I was in foster care when I was 18 or older?**

If you were in foster care the day you turned 18, even if you left your placement that day, then you were in foster care when you were 18 or older. If you were considered to have aged out, had a PAL worker and after care manager, and if you received financial assistance such as Transitional Living Allowance or After Care Room and Board, then you were in foster care when you were 18 or older. If you were living with a relative or in a non-authorized placement but CPS was still monitoring you, then you are probably eligible. You can contact the [Texas Foster Youth Justice Project](#) (see below) for more help in figuring out if you were in foster care when you were 18 or older.

### **What if I need help applying?**

You will need to fill out a Case Information Release [form H1826](#). This will give consent to someone you want to assist you to have 2-1-1 discuss your case with that individual. If you are still having issues and need assistance, you can contact the Texas Foster Youth Justice Project at 877-313-3688.

### **How do I Show the Doctor I Have Medicaid?**

You will have a Medicaid identification card and a card from your health plan (Superior if you are on Star Health and the provider you chose if you are on Stare) that identifies your Primary Care Physician. You need to take these to show the doctor. It is important to update your address so you get your mail and get any cards or other information.

- If you didn't receive your Medicaid identification card or lose it, you need to go to your local Texas Department of Human Services office with identification to request a card and update your address if necessary.

### **How do I Change My Address/Update Information?**

- Call 2-1-1. See the [MEDICAID ADDRESS UPDATE](#) at [texasfosteryouth.org](http://texasfosteryouth.org) in the **Resources** section. If they don't help you at 2-1-1, you can try calling 1-512-908-9612 between 8 a.m. and 5 p.m. Central time.
- If there is something that can't be resolved by calling 2-1-1 or talking to the people with the Texas Health and Human Services Commission through the 2-1-1 system, have your PAL worker or CPS caseworker email [cbs\\_ffche-mtfcy@hhsc.state.tx.us](mailto:cbs_ffche-mtfcy@hhsc.state.tx.us).
- It is important to immediately update your address with Medicaid with any changes; if the card is returned, you may be taken off of the health plan and will then need to return a renewal application.
- You must qualify for Medicaid and complete a renewal application every year after leaving foster care to continue having the coverage. Don't ignore those forms! Update your address so you get the forms!
- Also, call your insurance plan whenever you move so they can help you obtain a new doctor/dentist/therapist/psychiatrist (as needed) in your new location. If you are on Star Health, call the Star Health line (866-912-6283). If you are on Star, call the plan you chose.

### **How do I Find a Doctor if I am on Star Health?**

- **Note:** if you are on Star, you need to check the web site of the plan you chose. If you are on Star Health/ Superior, see below.

- Click on link to see a list of [Health Care Providers](#) and then select region you live in located at the right of the page.
  - <http://www.fostercaretx.com/find-a-provider/>
- You can call the Star Health line (866-912-6283) to get more information on providers in your area.
- You need to check with a provider and make sure they really take Star Health. Sometimes they no longer take it or don't provide the services Star Health says they do. When asking a provider if they accept STAR Health, be sure to use the words "STAR Health" and ask about the foster care health insurance. Asking if they receive "STAR" or "Superior" means something different to providers and you might not receive the correct answer.
- It can be difficult to find a provider that takes Star Health because there is a shortage of many types of providers in many areas of the state. You should start looking for a provider long before you need to see doctor. If you know you will be moving to a new area, start looking as soon as you know you will move. If you can't find one, ask Star Health for a **SERVICE MANAGER** in the Foster Care department.

#### **How do I Find a Doctor if I am on another Star Medicaid plan?**

You should be provided a medical card from your Health Plan Provider. There should be a number on the back that you can call and they will provide you with some doctors in your area. Another option to finding a doctor with the plans provided is to do a google search. An example is if you have Sendero Health Plans- do a search for: Sendero Health Plans providers. This first link is to [www.senderohealth.com/find\\_doctor](http://www.senderohealth.com/find_doctor). This should work with most health plans.

#### **What if I Need Help with Transportation to get to a Doctor's Appointment?**

Medicaid has a transportation assistance program for all plans. You must make arrangements 5 days in advance for gas reimbursement and 2 days in advance for transportation assistance. Call 1-855-687-4786 (Houston/Beaumont area), 1-855-687-3255 (Dallas/Fort Worth area), or 1-877-633-8747 (all other areas) to make arrangements. Don't wait until the last minute to try to figure out how you will get to your appointment.

- You can get reimbursement for gas.
  - Must be pre-approved.
  - Driver (it can be someone other than you, including a relative, neighbor or a friend) must fill out an Individual Driver Registration form (Form 3101) and have a current driver's license, license plates, inspection sticker, and car insurance.



- Only works if person driving is using a personal car; cannot be a car owned by a non-profit organization, doctor's office, service organization or association.
- Call the Medical Transportation Program at 1-877-633-8747 to get preapproval and to get Form 3101.
- Other forms of transportation
  - If near a bus line, you may have a bus ticket issued to you unless you have a car or live with your foster parents who have a vehicle.
  - You can also get a contractor ride where someone will come and pick you up when public transportation is not available.

Call the Medical Transportation Program at 1-877-633-8747 to get information on having a bus ticket sent to you or getting a contractor ride.

**What if I aged out of the Texas foster care system but have now moved to another state?**

Texas aged out foster youth insurance will not cover you if you live outside of Texas. You should check out what benefits are available in the state you are in. Some states have coverage for aged out foster youth from other states. You can visit [www.childwelfare.gov/fostercaremonth/more/contacts/](http://www.childwelfare.gov/fostercaremonth/more/contacts/) select the state and contact the coordinator for that state. You can also consider other health insurance options discussed in [\*What if I don't want either one of these insurances or it turns out I don't qualify?\*](#)

**What if I was in foster care in another state and moved to Texas?**

Texas does not provide aged out foster youth Medicaid to someone who aged out in another state, unless you were under the conservatorship of Texas' CPS when you aged out of care and were placed in the other state under the Interstate Compact on the Placement of Children (IPCC).

**What if I was placed out of state while I was in Texas foster care? What if I was placed in a Texas foster care placement by CPS in another state?**

Sometimes children are taken into foster care in one state, their home state, but are later placed in a foster home or with a relative in another state under a set of rules called the Interstate Compact on the Placement of Children (ICPC). If you now live in Texas and you were placed inside of Texas under the IPCC or you entered foster care in Texas and you were placed in another state, you can qualify for the FFCC program until you turn 21. Contact the State PAL office at (512)438-5442 or the Foster Youth Justice Project to see if you are considered an ICPC youth.

**What if I don't want either one of these insurances or it turns out I don't qualify?**

You can purchase insurance from the [health care exchange](#) and you may qualify for some or most of the cost to be paid by the government.

You may also qualify for Medicaid (the program that provides health insurance for some low-income Texans) if you:

- receive SSI (Supplemental Security Income) because you are disabled;
- are a parent with a child and receive TANF benefits; OR
- are low income and pregnant.
- Most adults do not qualify for Medicaid or other free health insurance programs.

You can try to get health insurance through your employer, your school or by purchasing health insurance coverage. If you don't have health insurance, medical care can be very expensive.

**Who can help me if I have problems getting the health insurance/ Medicaid for aged out foster youth?/ How do I contact the Texas Foster Youth Justice Project?**

The Texas Foster Youth Justice Project provides free legal advice, assistance and representation to current and former foster youth and those that work with foster youth. Learn more about us at [www.texasfosteryouth.org](http://www.texasfosteryouth.org). You should first try to resolve the problem by taking the steps listed in this flyer. It is important to write down dates and names of people you have spoken to. Remember we are not the Medicaid program or insurance provider. To reach us, call toll-free (so you can call from a pay phone for free) at 1-877-313-3688 or email at [info@texasfosteryouth.org](mailto:info@texasfosteryouth.org).