Texas CHC Coalition
Meeting Minutes

September 16, 2016

Present:	Anne Dunkelberg, CPPP Monica Villareal, CPPP Brian Dees, HHSC Carisa Magee, HHSC Mary Allen, TACHC Lia Gonzales, Healthy Futures of Texas Debra Rosales-Elkins, NAMI-Texas James Thurston, United Ways of Texas Juanita Gutierrez, Community Care Helen Kent-Davis, TMA Shannon Lucas, March of Dimes
On the phone:	Melissa McChesney, CPPP Kathy MacDonald, Beacon Health Options Betsy Coates, Maximus Laura Guerra-Cardus, Children's Defense Fund Alice Bufkin, Healthy Futures of Texas Sister J.T. Dwyer, Daughters of Charity
Chair:	Diane Rhodes, TDA
Minutes Scribe:	Kamia Rathore, Center for Public Policy Priorities
Next meeting:	October 21, 2016

I. Efforts to Streamline Medicaid Re-enrollment for Multiple Sibling Households *(Mary Allen, TACHC)*

- **Mary**: TACHC has been working on streamlining for a few months. At a regional health center meeting in Laredo meeting, we were encouraged to pursue this legislation with House Human Services Committee Chairman Rep. Richard Raymond
- We will be meeting later today with Representative Raymond to go over bill ideas – letter and proposed bills in handouts
- For those organizations who want to sign on to letter, let us know so we can organize a fact sheet
- Contracted w/ Sarah Rosenbaum at GWU who drafted first version of bill
- Would establish system to allow children in same households renew at same time annually for Medicaid and CHIP
- Drafted as three separate bills for the time being to emphasize that there are three issues: (1) Continuous eligibility (CE) in Medicaid, (2) Streamlining kids in CHIP, (3) Streamlining kids in Medicaid
- Because the state would have to modify the eligibility/enrollment conditions, an 1115 waiver will likely required per Rosenbaum
- Sarah Rosenbaum, who assessed fiscal impact, says that for the first year the state costs might decrease because their enrollment might be cut down to less than 12 months to sync up families; if enrollment increases, fiscal impact might rise in next year
- Also looking for Senate sponsor—Zaffirini may have interest as original author of 2001 legislation establishing 6-monht CE for children in Medicaid; and ideas for Senate sponsors welcome
- **Anne**: These are issues that the coalition has raised over the years, particularly 12-month continuous eligibility piece. Some of the challenges we faced last session were that we wanted to pursue streamlining but that no one in the coalition had the resources to take the lead on it. We had a friendly potential sponsor, but there wasn't enough advocacy bandwidth anywhere. So I just wanted to acknowledge the climate surrounding this.
- Just the changes to the eligibility system, TIERS to allow all kids in a family renewed at one time may or may not result in a significant fiscal note. That remains to be seen.
- Anne D. will share a powerpoint slide on Medicaid eligibility (from Melissa McChesney) that describes current process for CHIP kids under 185%, CHIP kids under 185-200%, and Medicaid kids – it shows how the current system we have is not really dictated in state law because of issues with state law not harmonizing with federal requirements. Federal law now says you can't make households renew more than once in 12 month period, but we have a state law saying kids get six months of continuous eligibility. During the second six months, there are four income checks passively. We don't have any recent stats on how much of a complicating fact that is, but we can follow up at next OTA meeting
- We assumed in 2014 when the policy was launched that the benefit of not having to actively renew every six months might outweigh hassles for some by having four passive checks. At this point, we don't know, because enrollment in children's Medicaid/CHIP has been flat
- So, we should acknowledge the challenging political atmosphere to work on the issue of CE—depends on the passion our coalition and legislature have for issue to frame this discussion
- **Helen**: I have some of the same issues. This aligns with what we've been championing for years, but it might be a good white hat issue. We should be aware of challenges, but it may take several cycles to get something done

- **Mary**: Will report once we talk to Chairman Raymond, we'd love support once we're aware of the barriers ahead

II. STAR Kids Update *(Brian Dees, Senior Policy Advisor HHSC)*

- **Brian:** STAR Kids is our new Medicaid managed care program for children and young adults under 21 with disabilities. We're less than 45 days away now from out November 1st implementation date
- Over the last several months, we've been focused on direct stakeholder engagement with families and providers. We had a series of initial information sessions in Jan/Feb and we've been doing our second set of about 50 info sessions for the last six weeks or so in 13 cities in English and Spanish
- The timeline of enrollment is underway: we sent out the initial information packet in July, and we had enrollment packets in August that contained the enrolment form, instructions on how to enroll, and comparison charts and directories for each of the health plans available
- Families can fill the form to enroll, call to enroll, or enroll at in-person events for Maximus that are in addition to our events where they can enroll
- We've had 32,000 choice enrollments out of the 180,000 total. Our next step is sending reminder letters to those we haven't heard from yet. Families have until October 12th to make a selection of a plan, after which they'll be defaulted into a plan based on the best match with their main doctor. Like with any of our managed care programs, they can change their plan any time by contacting their enroller
- Our readiness process has two phases
    - systems review – we go on-site, look at their claims, enrollments, do systems tests and trading partner tests to determine that everything is working
    - operational phase – we interview staff, make sure they're knowledgeable about program, talk to people in a direct client-facing role. That'll be happening for next few weeks
- Things are looking good and everyone is on track to be ready for Nov 1st implementation date
- We have received a lot of stakeholder input, especially from the Medically Dependent Children's Program (MDCP)
    - About 5,600 under this program. Some have been advocating for a 12-month delay to program and are looking for a legislative sponsor to exempt MDCP from STAR Kids assuming they are granted a delay
    - We are not contemplating a delay in program, but that said we recognize that these are extremely medically complex cases and we're designing protections in place for MDCP—we've extended our continuity of care to long term services and acute services for six months; we've put in place an allowance to continue to see their provider even if they're not in-network doctors for the first six months, and some health plans have indicated they'll extend that to a full 12 months
    - We're working closely with the health plans to insure that they'll intensively case manage these special cases so they can get the services they need
- Whereas our other managed care programs are tied to a service area in a geographical region, we've worked to worked with the Department of Insurance to get exceptions to allow those MCOs to have providers in their network that are not in their service network for MDCP and other waiver clients
- Another area we're working on is families that have third-party provider insurance and most see a PCP who only does business on the commercial side and doesn't do business in the Medicaid space

    - We've clarified that for those families, they can continue to see that PCP, and they don't need to choose an in-network PCP
    - We still have to come in compliance with federal regulations that require providers that orders, refers, or prescribes Medicaid services must be enrolled in Medicaid. We're targeting to come in compliance by October 2017, so we'll continue our outreach
- **Helen:** So for those physicians in that private coverage situation, will they contact the service coordinator?
- **Brian:** This is part of the MCO's outreach- they'll identify if the family has selected an in-network PCP, if they have one outside of the network, and work to connect that provider with the service plan
- **Helen:** There have been gaps in communication to providers compared to the client side. It would be great to have it be clear through official statements for those outside network doctors
- **Brian:** We'll definitely work to harmonize those documents. One idea floated was requiring health plans to produce a statement saying what protections were guaranteed through continuity of care

III. Update on Therapies and Services for Children with Autism *(Carisa Magee, Special advisor HHSC CHIP and Medicaid Division)*

- **Carisa:** I'll be giving an overview of services for children with Autism Spectrum Disorder (ASD) – the highly utilized services provided for children with ASD in our Medicaid program are speech, physical, and occupation therapy, physician services, behavioral health services, attendant services
- We hear a lot about one specific modality of service, Applied Behavioral Analysis (ABA) – there have been questions about whether, when, and how we'll deliver that service. That'll be an exceptional item in the Legislative Appropriations Request (LAR) that was just released
- It'll be listed in the LAR as Intensive Behavioral Intervention. It's the umbrella under which the legislature would approve ABA. This entails services and interventions to target specific behaviors and communication challenges and develop a targeted treatment plan for the client
- Intensive Behavior Intervention used as umbrella term for exception to allow for broader scope of types of intervention that include ABA and others. There's a larger body of research and a national credentialing body for this service.
- One model we're looking at is if we have different practitioners who were authorized to determine if a child needed an evaluation to see if they needed services. They would then be referred to a service provider to see what the appropriate services would be under that service model, and then deliver the amount of hours. One thing that's notable is that due to it being "intensive," we are talking about multiple hours a week. The model is also interested in reinforcing caregiver involvement because there's more benefit when the caregiver is involved
- One thing that will be a consideration moving forward is that there is not a licensure category right now for any of the typical service providers involved. We have a particular provider type called Board Certified Behavior Analyst, which is a credentialing body, however that is not a licensed provider type in Texas. Something we'll be looking for this legislative session in conjunction with consideration of this exceptional item is if there will be a licensing entity established. From an agency perspective, establishing an entity would provide another way to look for safety of clients, allow for background checks, and other things
- We would need to potentially establish a supervisory model and have an oversight structure to ensure accountability
- In the LAR, the exceptional item also allows for stakeholder input in developing this benefit to discuss what else might fall under it and to ensure continuity in the way the benefit is implemented

- On the federal level, it outlines for states four categories of services for children with ASD. These are not mandated to be provided by states, but states are suggested to look comprehensively at their programs to see if that they're providing the services in all four areas, which can include ABA.

IV. CHC Rebranding Efforts and Legislative Briefing *(*Melissa McChesney, *CPPP)*

- **Melissa:** The first opportunity we'll have to put anything out externally identifying us with the new name will be when we release our legislative priorities
- Once we have those in place and release them as a Coalition, and we can explain why we've changed and emphasize our new branding efforts
- We got feedback last meeting on new logos and press release materials, and we're currently incorporating those recommendations
- We also discussed pushing a social media presence for the Coalition, but there are other priorities for us to address, so we can push for other things at the moment like the Lege briefing and press releases
- We also need to update website. We have identified what would need to change, we just need directive from the group on how to change those items

V. Discussion on CHC Legislative Agenda

- Still under work, plan to have a small working group meeting and then send it out to the coalition for feedback

Will Francis of the National Association of Social Workers will chair the October 21st meeting, which is a 90 minute meeting followed by the Outreach and Technical Assistance Meeting.

AN ACT

relating to establishing a demonstration project for children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 32.0261, Human Resources Code, is amended to read as follows:

SECTION 2. 12-MONTH CONTINUOUS ELIGIBILITY FOR MEDICAID-ENROLLED CHILDREN

(a) The executive commissioner shall adopt rules in accordance with 42 U.S.C. Section 1396a(e)(12), as amended, to provide for a period of continuous eligibility for a child under 19 years of age who is determined to be eligible for medical assistance under this chapter. The rules shall provide that the child remains eligible for medical assistance, without additional review by the commission and regardless of changes in the child's resources or income, until the earlier of:

(1) the end of the ~~six~~ twelve-month period following the date on which the child's eligibility was determined; or

(2) the child's 19th birthday.

SECTION 3. Not later than September 1, 2017, or the effective date for implementation of the demonstration described in Section 2(a), whichever occurs earlier, the state agency responsible for implementing the demonstration project required

by Section ____, Human Resources Code, as added by this Act, shall implement the demonstration project.

SECTION 4. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017.

AN ACT

relating to establishing a demonstration project for children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter C, Chapter 62.102, Health & Safety Code, is amended to read as follows:

SECTION 2. DEMONSTRATION PROJECT TO TEST UNIFORM RENEWAL DATES FOR CHILDREN ENROLLED IN CHIP AND LIVING IN MULTIPLE-CHILDREN FAMILIES

(a) The executive commissioner shall seek authority under applicable waiver authority to test the use of a single annual renewal period under CHIP to allow simultaneous renewal of all children who are members of a family with multiple children and who in the absence of the demonstration, would be subject to multiple different annual renewal dates and processes.

SECTION 3. Not later than September 1, 2017, or the effective date for implementation of the demonstration described in Section 2(a), whichever occurs earlier, the state agency responsible for implementing the demonstration project required by Section ___, Human Resources Code, as added by this Act, shall implement the demonstration project.

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The Honorable Richard Peña Raymond
Texas House of Representatives
District 42
P.O. Box 2910
Austin, TX 78768

September 16, 2016

Dear Chairman Raymond:

More than five million Texans - including 784,000 children - lack health insurance. Texas' uninsurance rates, 1.5 to 2 times the national average, create significant problems in the financing and delivery of health care to all Texans. Those who lack insurance coverage typically enjoy far-worse health status than their insured counterparts. Uninsured rates for children continue to improve for all racial and ethnic groups, but many children still suffer from gaps in coverage. Texas has one of the highest uninsured rates for Latino children (15 percent) and for children overall (11 percent). More than half of the uninsured children are eligible for public programs, but are not enrolled. In Texas, this could be a result of the state policy that electronic financial data be checked periodically for children in the second half of their 12 month certification for Medicaid and once at the end of sixth month for children in the Children's Health Insurance Program (CHIP) whose families have incomes above 185% FPL. Low enrollment rates could also be caused by the lack of parent coverage in the Medicaid program.

In all states, in order to enroll children in public health insurance programs (such as Medicaid or CHIP) parents and guardians must: 1. Complete an application, and 2. Prove they meet the eligibility requirements. The Medicaid agency usually has 45 days to process applications. If the application requires a disability determination, the agency can take 90 days. However, it may take longer for the state to determine eligibility if the required documents are not provided on time. If Medicaid believes that an applicant is not cooperating, it can deny the application for failing to cooperate. If this happens, the applicant may have to start the application over again once the documents are in hand. This will further delay the date the applicant can become eligible for Medicaid.

Streamlining these eligibility procedures results in administrative savings and increases enrollment and renewal of eligible children in Medicaid and CHIP, ensuring more children have coverage when they need it. Recognizing the importance of streamlined enrollment and renewal, the federal Affordable Care Act mandates that states use a single, streamlined application for individuals and families applying for Medicaid or CHIP. The law also requires states to review data and automatically renew enrollees who continue to qualify based on available information through electronic data sources. Finally, the law eliminates asset tests and face-to-face interview requirements for children (though interviews were eliminated for most Texas children in 2001 state law). In addition, the ACA gives

states discretion to implement additional streamlined strategies that would further improve enrollment and renewal of eligible children in Medicaid and CHIP. To date, Texas has not implemented many of these strategies.

To increase enrollment and renewal of eligible children in Medicaid and CHIP, states can implement additional streamlined procedures, such as (1) express lane eligibility, which allows states to use eligibility for other public programs to determine that a child satisfies one or more components of eligibility for Medicaid or CHIP; and (2) presumptive eligibility for children, which allows certain health care providers to make preliminary eligibility decisions in order for individuals to receive care while they complete the full application.

In addition to the above-mentioned strategies, Texas should work with CMS to create additional streamlining measures. Currently, families that have several Medicaid-eligible children are burdened with re-certifying their family members at various times throughout the year. This results in children being potentially unenrolled for the next year while families are trying to keep track of different deadlines for each of their children. Eligibility re-certification should be streamlined for families with multiple children with different renewal timelines. The state should allow all members of a family to re-enroll for Medicaid on the same date every year, creating a more streamlined process for the state and families.

On the final issue of streamlining re-certification for families, we ask that your office consider sponsoring legislation in the upcoming session to address this ongoing problem. Potential state savings that could be realized through reduced printing and mailed costs when sending fewer renewal packets. If you have any questions or need further input, please feel free to contact any of us. Thank you for the opportunity to work closely with you to make a real difference in the health outcomes of Texas families.

Respectfully,

Texas Association of Community Health Centers
American Congress of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Center for Public Policy Priorities
Children's Defense Fund – Texas
Children's Health Coverage Coalition
Cover Texas Now!
March of Dimes
National Association of Social Workers/Texas Chapter
Texans Care for Children

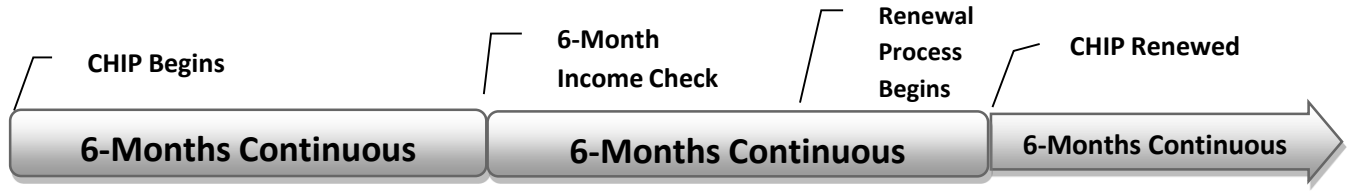
Certification Periods for Kids

Advocates Want:

1. 12-month continuous for kids
2. All kids renew at same time
3. No CHIP waiting period

- The ACA requires Medicaid and CHIP to have certification periods of 12 months. Prior to the ACA Texas only had 12 month certification periods for CHIP.
- Since ACA passage, Texas Legislature chose not to align the CHIP and Medicaid policies.
- **Result:** During the second six months of the Children's Medicaid certification a change in circumstance can impact a child's eligibility.
- HHSC also periodically checks income sources to evaluate if a change in income that would effect eligibility may have occurred.

CHIP Above 185% of the FPL



CHIP At or Below 185% of the FPL

Children's Medicaid