



Children's Health Coverage Coalition

October Meeting Minutes
October 20, 2017

Present:

Helen Kent Davis, Texas Medical Association
Adriana Kohler, Texans Care for Children
Anne Dunkelberg, CPPP
Mary Allen, TACHC
Mimi Garcia, TACHC
Melissa McChesney, CPPP
Greg Hansch, Texas NAMI
Clayton Travis, Texas Pediatric Society
Leah Gonzales, Healthy Futures of Texas
Toby Hooper, United Healthcare
Renee Poisson, Texas Nurse Practitioners
Stephanie Stephens, Texas Hospital Association
Sarah Melecki, HHSC
Rachel Cooper, CPPP
Laura Guerra-Cardus, Children's Defense Fund

Conference Line:

Shannon Lucas, March of Dimes
Angelica Chapa, Community Care
Sebastien Laroche, Methodist Healthcare Ministry
Betsey Coates, Maximus Outreach
Christine Yanas, Methodist Healthcare Ministries
RexAnn Shotwell, TACHC
Sonia Lara, TACHC
Karen Ezzo, Texas Family Violence

Invited Guests:

Enrique Marquez, HHSC
Gina Carter, HHSC
Deborah De La Cruz, HHSC
Tamela Griffin, HHSC
Erika Ramirez, HHSC

Chair: Helen Kent Davis, Texas Medical Association
Meeting Scribe: Jessica Giles
Next Meeting: November 17, 2017

Interim Updates (11:00 a.m. — 11:20 a.m.)

Adriana Kohler:

- Tuesday, Oct 24: Senate Finance Hearing, very broad looking at recovery and relief for Harvey. Invited testimony only.
- Wednesday, Oct. 25: Senate State Affairs for Harvey- more focused on infrastructure and preparedness. Does allow public testimony
- Early November: Joint House Public Health and Human Services. Exact day hasn't been announced, but maybe Nov. 1st.

- Wednesday, Nov. 8: Senate Health and Human Services Hearing- public health, immunization.

Helen Kent Davis:

- TMA will be testifying at Senate and House hearings. Have talked about working with stakeholders to talk about what has been done well and what hasn't.

Clayton Travis:

- Important to remind the committees that CHIP funding hasn't been reauthorized and now is the time. We could probably help do that.

Helen Kent Davis:

- [Dallas News Article](#) came out this morning saying that because of Harvey, Texas will run out of CHIP funds before February 2018.

2. Federal Updates (11:20 a.m. — 11:35 a.m.)

Helen Kent Davis:

- Article in Politico Pro about a provision that requires states to pay back ½ of leftover funds to federal government. [will forward to me]

Anne Dunkelberg on CHIP:

- Senate and House bills both have some good provisions. Houses version had offsets that would be objectionable. Most negative provision: Policy where when a person has multiple coverage sources (common for children with disabilities), Medicaid pays last. There is forgiveness for pregnant women and children. State can pay the providers and chase 3rd parties later. House bill proposes to repeal this policy. Senate has not provided offsets in their proposal yet. House may have a vote next week on Healthy Kids Plan. Could be a tough party line vote because of offsets.
- [Updated Blog Post and Fact Sheet](#) on Monday, Oct. 17th.

Anne Dunkelberg on Alexander Murray Cost-Sharing Bill:

- Alexander-Murray say they will continue to move ahead, but getting bipartisan support seems very difficult.

Greg Hansch:

- Alexander-Murray also maintains critical insurance protections: protecting against dropped coverage, mental health, substance abuse coverage. There's other talking points.

Anne Dunkelberg:

- Gives some more flexibility, but does protect essential health benefits.

Mimi Garcia on Community Health Center Funding:

- Still no fix on Health Center funding yet. Expired on Sept. 30. There is a bill called Champion Act that was heard on Oct. 6th in House Energy and Commerce Committee. Funds Health Centers, National Health Center Corp, Teaching Health Center Program. Doubles funding for Teaching Health Center Program. The big challenge with all of these bills is how they're paid for. Champion Act cuts 6.4 Million to prevention fund over 10 years. Changes grace period for premium payments from 3 months to 1 month. Passed out of committee on a party line vote. Expecting it to come up on a vote next week, but no confirmation. On the senate side, still no action forward. CHIME act companion on senate side that is still looking for co-sponsors and not likely to move anywhere. We're encouraging members to meet with senators to make it more of a priority.

Helen Kent Davis:

- What are the implications of funding not being renewed?

Mimi Garcia:

- If regular budget moves forward, will continue to be able to make payments for 330 grants, which is part of a Health Center's budget that helps offset costs of treating patients, general infrastructure, etc. Will be able to make monthly payments up to March,

but maybe not after that. Some health centers whose grants are due in January. Health centers could get a notice from HRSA saying they'll only pay grant on a monthly basis.

Helen Kent Davis:

- Do these funds touch Prospective Payment System (PPS)?

Mimi Garcia:

- These are all through Medicaid but there are concerns are that if they stop getting these 330 payments, it could have a cascading effect on other payments

Helen Kent Davis:

- Without funding, will some health centers have to close?

Mimi Garcia:

- Without the funding, some would have to close and it would greatly affect all of their services. Confident that funds will happen, but it's a big question of timing

Anne Dunkelberg:

- CHCC should make additional statement as a coalition in the next month expressing dismay that neither CHIP or Health Centers have been funded.

Mimi Garcia:

- TACHC can help with that. It is also a workforce issue with health service corp.

3. Marketplace Open Enrollment Updates (11:35 a.m. — 11:55 a.m.)

Melissa McChesney:

- Payments for Cost-Sharing Reductions are being cut. How this affects consumers in 2018 depends on whether the person is eligible for premium subsidies. Money given to insurers for silver plans is stopping. Insurers are still required to provide plans, meaning raised premiums. Some anticipated, others didn't. Every single plan has a clause saying they can pull out, but no Texas plans considering doing this. Consumer messaging is super important because so much confusion.
- [See slides]
- There is some concern that the technical support may not be there, so it's important for consumers not to wait, in case something happens. Appears the extra enrollment time for Harvey will only be over the phone which can be a very complicated application process.
- Shopping is important because of premium increases that will happen. Much of the increase will likely be in silver plans, meaning it might not be the best plan.

Laura Guerra-Cardus on Toolkit

- Rapid response Open Enrollment workgroup is developing a toolkit for those who want to do outreach in communities with little outreach infrastructure. Toolkit should be out in a week. There's several toolkits already available, like Get America Covered Toolkit and Community Catalyst Toolkit.
- Get Your Community Covered: 10-pg document for your average layperson that wants to reach out to community. Customized for Texas.

4. Office of the Ombudsman Update (11:55 a.m. — 12:20 p.m.)

Deborah De La Cruz:

- [see attached PowerPoint]
- SNAP increased, largely in part to the Hurricane
- TANF increase because one-time grant for back-to-school
- STAR Health increase because foster care children roll into STAR
- This data doesn't go through the hurricane verifications, so doesn't show how hurricane may have impacted Ombudsman.

5. Post-Harvey Updates from HHSC (Enrique Marquez, Tamela Griffin, Gina Carter)
(12:20 p.m. — 1:00 p.m.)

Tamela Griffin:

- [See PowerPoint Slides]
- Engaged county officials in a webinar of the D-SNAP program. Got applications processed quickly in offices. Had the ability to shift workload across the state for areas where there's a heavy workload, which maintained timeliness.
- Time limit for a D-SNAP application: period within when the disaster hit. Used a 30 day period from August 23rd. Typically D-SNAP is a one-month benefit. Because of disaster, we requested 2 months and were approved.
- Interview required, had to verify ID, and those approved left with a card.

Helen Kent Davis:

- Is there an opportunity for extension of D-SNAP or do you go to regular SNAP after?

Gina Carter:

- Benefits are designated for Aug. and Sept. If they want ongoing benefits, they have to go through the regular application. They're not prompted to do so and it is not required to prompt.
- Reasons for being denied: Over the income level. If they say they're not receiving SNAP and we go in and they are, then they will be denied.
- The in-person application is federally required and helps to mitigate fraud.

Tamela Griffin:

- [FAQs distributed]
- [See Tables of approved or not-approved]

Helen Kent Davis:

- For required physicians and other providers who don't actively see Medicaid patients but write prescriptions and referrals, they have to enroll. Will HHSC further delay implementation of the requirement?
- Is there a reason why HHSC didn't submit a waiver similar to what was submitted during Katrina? For lots of health care professionals, an uncompensated care pool isn't going to do anything for them.

Anne Dunkelberg:

- How does this get operationalized?

Gina Carter:

- Katrina and Harvey were very different. Because Louisiana covered a different group than Texas does.
- We've captured concerns: one is at the individual level and the mechanism looks like it's not designed to compensate professionals. We can give updates as things happen.

Helen Kent Davis:

- Will Texas run out of funds sooner because of Harvey?

Tamela Griffin:

- We'll be seeing it at the end of January, but it's really too early to tell.

Anne Dunkelberg:

- We've asked for uncompensated care pool to be federally funded. What's the process for getting federal funding?

Tamela Griffin:

- From my understanding, it's congressional.

Rachel Cooper:

- Kinship care and reprogramming system? Has that been scheduled yet?

Gina Carter:

- Should be coming in at the end of the year

6. Update on New Community Partner Program Website (1:00 p.m. — 1:20 p.m.)

Kim Bazan:

- The relationships that local organizations have with communities is a relationship that they regularly visit and have trust for. There are over 1,300 organizations in the Community Partner Program now. Program is about ensuring that there is good quality in the services being delivered by the community partners, as well as providing training for those partners.
- [see slides beginning on Slide 3]
- Interested in hearing feedback about new site, which was launched in October. One of the advantages is on the program oversight, good for tracking and creating more robust management.

Melissa McChesney:

- CHCC sits on the group as an advocate. Happy to loop anyone else in.

7. Eligibility and Enrollment Technical Assistance (1:20 p.m. — 2:00 p.m.)

Gina Carter:

- [See PowerPoint]
- Employment and training program for SNAP and TANF. Waiver was extended to March 2018 and hopefully the transition to HHSC will be seamless. By April 1, all duties will have to be transferred to HHSC. So any policy changes and things will be handed with HHSC and not Texas workforce Commission- will be collaborated.

Melissa McChesney:

- Do we have a timeline for when we may see a timeline in technical changes?

Gina Carter on MAGI:

- Have to prioritize it with other things.
- Should be using income after tax. Difficult to give staff a way to do that because it's counted in some programs and not in others, but HHSC has found a way to do that. Will be sending a bulletin out pretty soon.

Anne Dunkelberg:

- Is there anything in federal policy that prohibits you from treating it all the same for all programs?

Gina Carter:

- Would have to ask for a waiver from FNS

Gina Carter:

- Will be updating with new statuses as we see more and more. We try to keep the chart from becoming overwhelming.

Melissa McChesney:

- We've been seeing problems with children of student visa holders, but in recent cases, there has been improvement.
- As we're coming into open enrollment, ⅓ of people they've identified are legal immigrants below the poverty line. Often misidentified as being in the coverage gap or eligible for Medicaid. Only way to get them enrolled is a denial from HHSC because of immigration status and getting that denial is hard. We're looking for a process. Harris Health has 30,000 in this position.

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Open Enrollment 2018: Consumer Messaging

MELISSA MCCHESENEY

MCCHESNEY@CPPP.ORG

CHC Coalition
October 19, 2017

Consumer Messaging

Consumer Messaging

The ACA is Still Here for You.

Financial Help Is Available to Lower Monthly Costs

Don't Wait! Open Enrollment is from Nov. 1st – Dec. 15th

If You Don't Enroll By The Deadline, You May Have to Pay a Fine

Free, In-Person Enrollment Help Is Available

The ACA is Still Here for You

After multiple Congressional attempts to repeal the law, many consumers assume it no longer exists or that it will soon be gone.

Given it's famous moniker, "Obamacare," some consumers assumed the law ended after Obama left office.



Financial Help Is Available to Lower Monthly Costs

Cost is the #1 reason people give as to why they are uninsured.

- 40% of the uninsured still don't know the Marketplace exists.
- 50% don't know financial help is available.

Providing real numbers can be helpful. For Example,

- The premium for the plan Nancy selected was \$328/month.
- But because she was eligible for financial help, she only had to pay \$85/month.

| Words to Use | Why |
|---|--|
| "Fits your needs and budget" | "Fits your needs and budget" can apply to each person's unique economic and health situation. |
| "Financial help" | Terms like "tax credit" or "tax subsidy" can be confusing for some, and "financial help" is simpler to understand. Be sure to explain how financial help works, as well as what it is! |
| "Most can get coverage for \$100 or less" | Most Americans qualify for financial help that help them pay for their coverage. This language really drives home how affordable plans can be. |

Don't Wait! Open Enrollment is from Nov. 1st – Dec. 15th

This year's open enrollment period is only 6 weeks long.

Many people may not know they have to sign up before December 15th to get enrolled and may not think about it until the end of the year.



Extra Time for Areas Impacted by Harvey

The open enrollment period for individuals to enroll in coverage for 2018 begins on November 1, 2017 and ends December 15, 2017. BUT people who either currently reside in a disaster affected area or did when Harvey hit will have **until December 31, 2017 to enroll in 2018 coverage.**

Which Counties Are Included?

The guidance makes these new SEPs available to individuals who “reside, or resided at the time of the hurricane, in any of the counties declared as meeting the level of “individual assistance” or “public assistance” [by FEMA.](#)”

More information can be found here: <http://bettertexasblog.org/2017/09/u-s-hhs-extends-aca-enrollment-opportunities-impacted-harvey/>

While this extra time is very helpful for Texans, we will continue to push the Dec. 15th deadline and then highlight the additional time at the end of December.

If You Don't Enroll By The Deadline, You May Have to Pay a Fine

In years past the fine has motivated people to get enrolled.

“If you don’t get coverage, you might have to pay a fine of \$695 per person or 2.5% of your income —whichever is greater”

“Why pay something for nothing when coverage is available for less than \$100/month?”

| Words to Use | Why |
|---|---|
| "Fine" | Use "fine" rather than "penalty" or "fee." |
| "Enroll by December 15 — or pay a fine" | Deadlines motivate, so be sure to mention the deadline to enroll. |

The IRS on Trump's executive order

Executive Order 13765 was issued on January 20, 2017, and directed federal agencies to exercise authority and discretion available to them to reduce potential burden. However, legislative provisions of the ACA are still in force until changed by the Congress, and taxpayers remain obligated to follow the law and pay what they may owe. Taxpayers should continue to file their tax returns as they normally would.

Free, In-Person Enrollment Help Is Available

71% of the remaining uninsured say they think it's important to talk to someone before enrolling in a plan.

Someone who receives in-person help is 60% more likely to successfully enroll in coverage.

| Words to Use | Why |
|--|---|
| "Free, in-person enrollment help" | This is a simple, easy-to-understand explanation of what enrollment assisters can do for consumers. |
| "Enrollment assister" and "local help" | "Navigator," "Certified application counselor," or "CAC" are industry terms that are confusing for many. This language is more consumer-friendly. |
| "Find someone right in your community" | Most people want to get help from someone they trust, and the idea of getting help from someone in their community tends to be appealing to the consumer. |

Connecting to Local Enrollment Assisters

Online Tools:

- [Get Covered Connector](#)
- <https://localhelp.healthcare.gov/>

Local Enrollment Coalitions

- Enroll Gulf Coast
- Enroll SA
- Enroll RGV
- Enroll El Paso
- Enroll ATX
- Enroll Southeast Texas
- [Community Council of Greater Dallas](#)
- [South Plains Community Action Association](#)

Tough Question #1

Pushback: Why should I get covered? They are just going to repeal it anyway.

- **Response:** Congress has not repealed the ACA so it is still the law. Affordable coverage is still available for those who qualify and if you can afford coverage and you chose not to get it you might receive a fine on your taxes.

Tough Question #2

Pushback: I heard premiums are going up *again* this year and plans aren't affordable.

- **Response:** Most people are eligible for financial assistance. When premiums go up so does the financial assistance. So most people will be shielded from premium increases and can still get affordable coverage.

Tough Question #3

Pushback: I had an Obamacare plan and it was barely affordable, might as well be called the unaffordable care act.

- **Response:** It's true the ACA isn't perfect and for a portion of the people ACA buying coverage (17%) that made too much money to qualify for financial help, the insurance could get expensive. And Congress should fix that by providing more financial help and stabilizing the market to reduce premiums. But for those who do qualify for help, the insurance was affordable and on average is available for less than \$100 per month.

Tough Question #4

Pushback: Didn't the President just end the subsidies? How will anyone afford the coverage after this?

Response:

1. Clarify which "subsidies" Trump stopped funding
2. Insurers still have to offer plans with CSRs
3. Some insurers are increasing premiums to account for the lost funds, others already increased premiums assuming this would happen.
4. People eligible for premium subsidies will be shielded from the premium increases. As premiums go up so do the premium subsidies.
5. This year shopping for the best deal will be more important than ever.

How People Can Help!

Sign Up to Volunteer!

Fill out the Volunteer Sign Up Form
to get connected to volunteer
opportunities -

<http://bit.ly/ACATexas2018>



Ways to Volunteer

Being social media amplifiers.

Getting the word out in your own community (we will provide you with all resources!)

Volunteering in-person with local organizations

- Participating in outreach events
- Phone banking
- Training to be a Certified Application Counselor (CAC)

○ Learn

Visit **CPPP.org** and sign up for email alerts

○ Connect

Follow **@CPPP_TX** on Twitter

Like us on **Facebook.com/BetterTexas**

○ Support

Make a donation to support CPPP's work

We believe in a Texas

that offers everyone the chance
to compete and succeed in life.

We envision a Texas

where everyone is healthy,
well-educated, and financially secure.

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@CPPP_TX

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
October 20, 2017



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1

Total Ombudsman Contacts for FY 2017

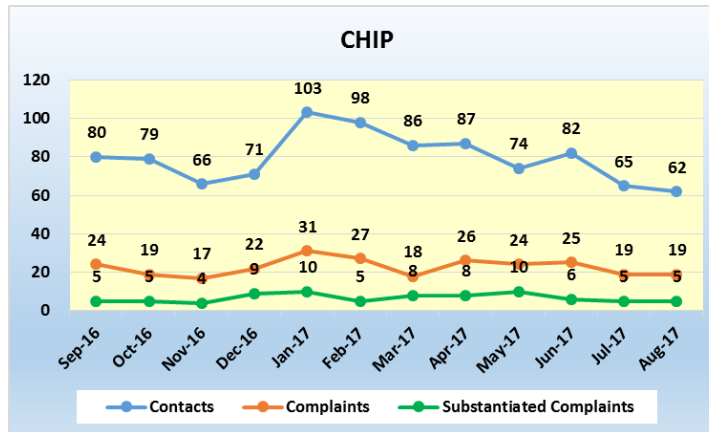
- ◆ Complaints – 17,487
- ◆ Inquiries – 74,121



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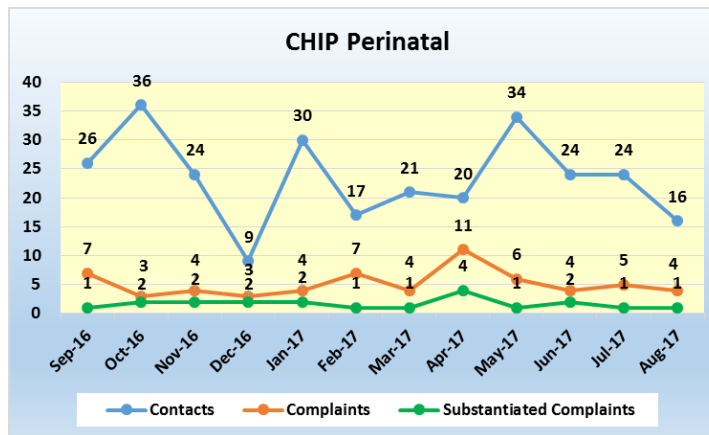
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Contact Volumes by Program Type FY 2017



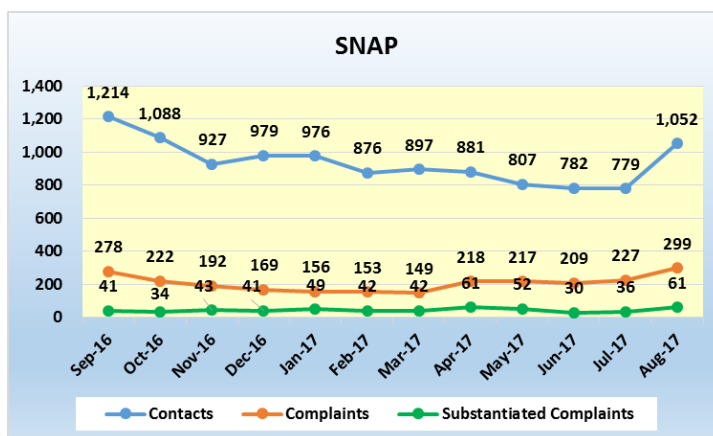
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Contact Volumes by Program Type FY 2017



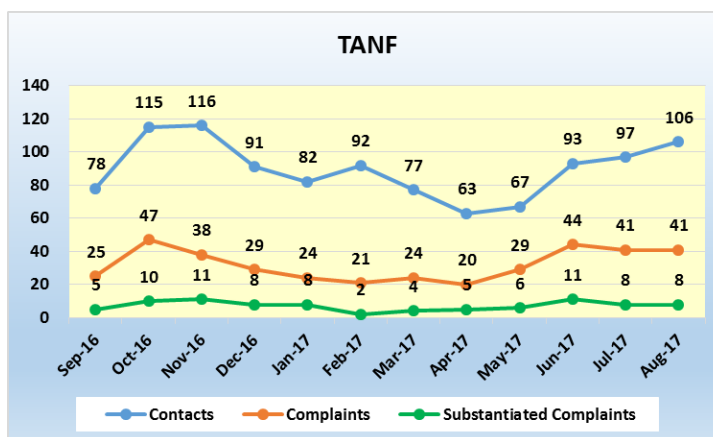
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Contact Volumes by Program Type FY 2017



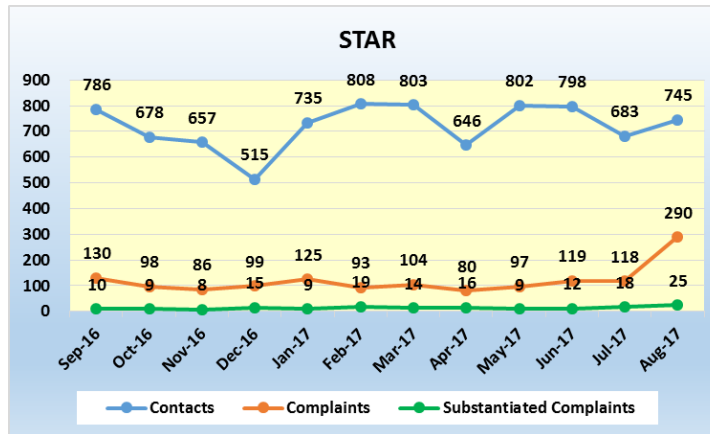
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Contact Volumes by Program Type FY 2017



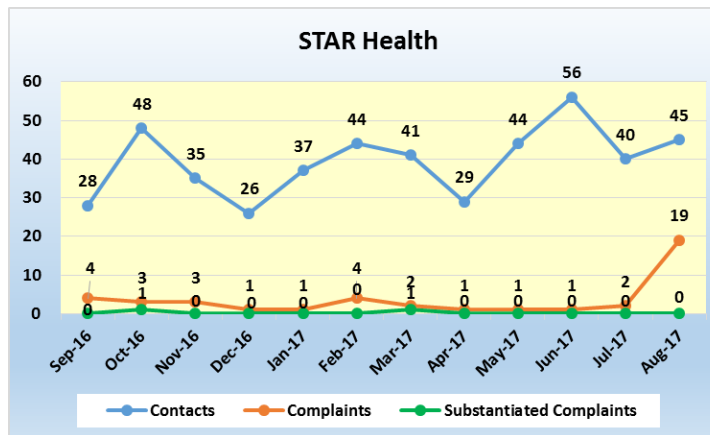
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Contact Volumes by Program Type FY 2017



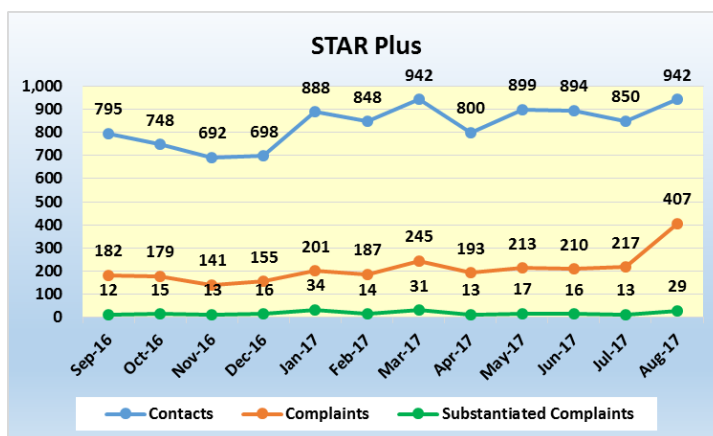
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Contact Volumes by Program Type FY 2017



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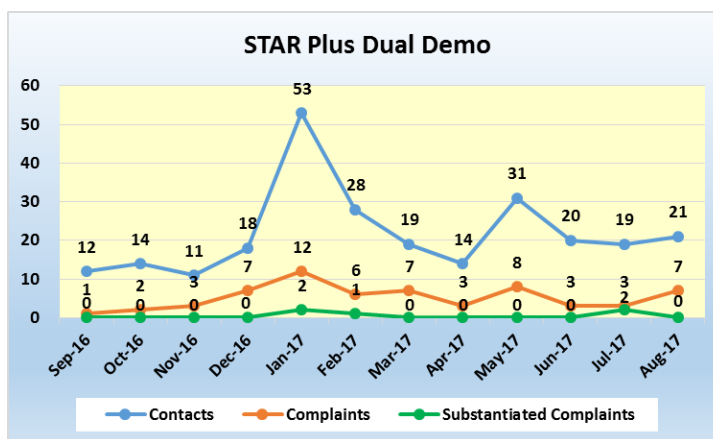
Contact Volumes by Program Type FY 2017



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9

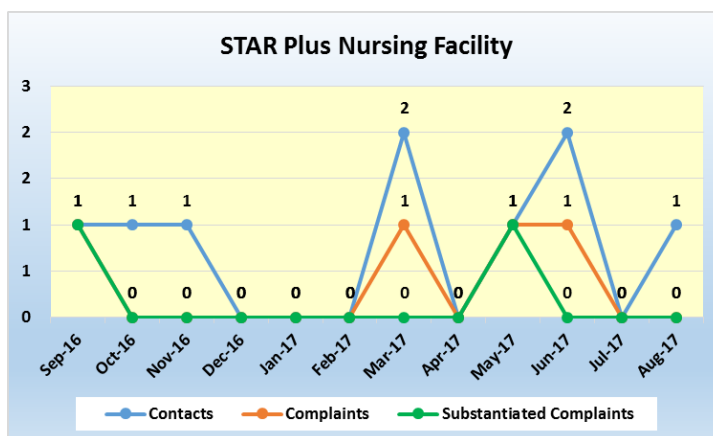
Contact Volumes by Program Type FY 2017



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10

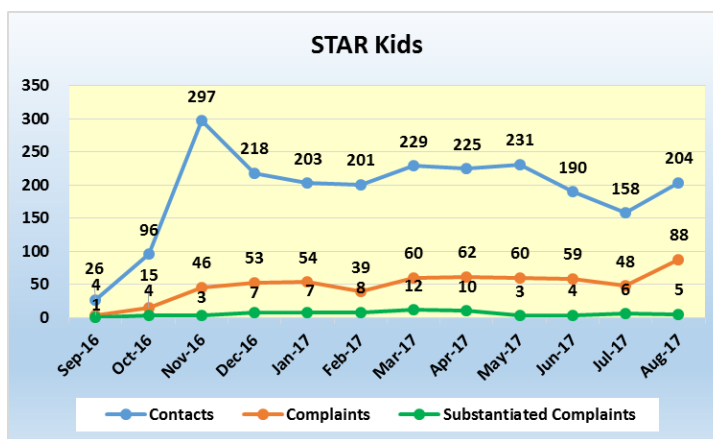
Contact Volumes by Program Type FY 2017



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11

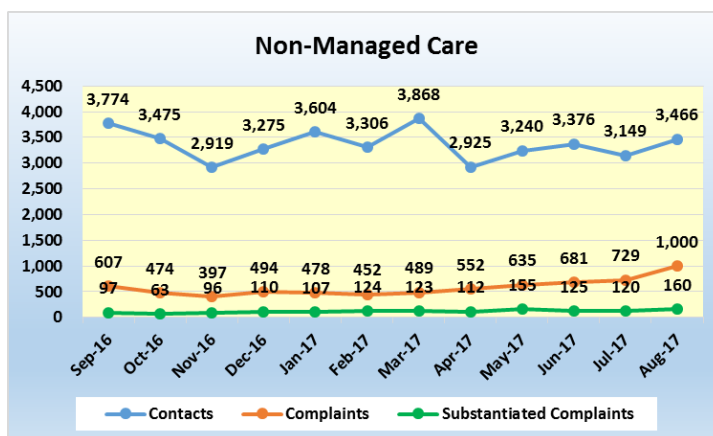
Contact Volumes by Program Type FY 2017



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12

Contact Volumes by Program Type FY 2017



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13

Top Three Reasons for Contact by Program Type FY 2017



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14

Top Three Reasons for Contact by Program Type FY 2017

CHIP

Application Case/Denied
Check Status
Contact Info Request

CHIP - Perinatal

Application Not Completed
Check Status
Client Billing

SNAP

Application/Case Denied
Check Status
Benefit Amount

TANF

Application Case/Denied
Check Status
Application Not Completed



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15

Top Three Reasons for Contact by Program Type FY 2017

STAR

Access to Prescriptions
Access to PCP/Change PCP
Verify Health Coverage

STAR Health

Access to PCP/Change PCP
Verify Health Coverage
Access to Specialist

STAR Plus

Access to Prescriptions
Access to Long Term Care
Verify Health Coverage



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16

Top Three Reasons for Contact by Program Type FY 2017

STAR Plus DD

Verify health Coverage
Access to Long Term Care
Billing Inquiry

STAR Kids

Access to Prescriptions
Access to PCP/Change PCP
Verify Health Coverage

Non Managed Care

Verify Health Coverage
Access to Prescriptions
Application/Case Denied



17

FOSTER CARE OMBUDSMAN



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18

Foster Care Ombudsman Program FY 2017

Contact Volume FY 2017

| | |
|-------------------|-----------|
| Foster Care Youth | 208 (32%) |
| Total Contacts | 652 |

Top Three Reasons for Contact FY 2017

| |
|---|
| Rights of Children and Youth in Foster Care |
| Caseworker not responding to phone calls |
| Placement Issue |

Information Shared

- Preparation for Adult Living (PAL)
- Court Appointed Special Advocates (CASA)
- Department of Family Protective Services (DFPS)



19

Ombudsman Managed Care Assistance Team

UPDATE

- Outreach – Home Visiting Program
- Managed Care Support Network
- Additional Assistance for Dual Eligibles
- Education for clients new to Medicaid



20

Contact us

Phone (Toll-free)

Main Line: 877-787-8999

Managed Care Help: 866-566-8989

Foster Care Help: 844-286-0769

Relay Texas: 7-1-1

Online

hhs.texas.gov/ombudsman

Fax (Toll-free)

888-780-8099

Mail

HHS Ombudsman

P. O. Box 13247

Austin, Texas 78711-3247



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21



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Hurricane Harvey Update

Access and Eligibility Services
October 2017

D-SNAP Implementation



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| County | D-SNAP Implemented | Households Served | Benefits Issued |
|---|---------------------|-------------------|-----------------|
| DeWitt, Gonzales, Jasper with Newton, Karnes, Kleberg, Lavaca, Matagorda, Orange, Sabine, Tyler | 9/13/17 – 9/29/17 | 25,010 | \$20,193,637 |
| Brazoria, Calhoun | 9/18/17 – 9/24/17 | 12,344 | \$12,443,201 |
| Polk (extended) | 9/18/17 – 9/26/17 | 4,056 | \$3,518,209 |
| Aransas with Refugio, San Patricio counties | 9/19/17 – 9/25/17 | 13,410 | \$12,464,832 |
| Nueces (extended) | 9/19/17 – 9/28/17 | 41,218 | \$38,414,746 |
| Harris Phase 1 (extended) | 9/22/17 – 10/6/17 | 263,796 | \$302,180,718 |
| Harris Phase 2 (2nd extension) | 10/18/17 – 10/20/17 | In Progress | |
| Austin, Bastrop, Bee with Goliad, Chambers, Colorado, Fayette, Fort Bend, Hardin, Lee, Walker | 9/25/17 – 10/1/17 | 33,847 | \$34,597,543 |

D-SNAP Implementation

| County | D-SNAP Implemented | Households Served | Benefits Issued |
|---------------------------|---------------------|-------------------|----------------------|
| San Jacinto | 9/27/17 – 10/3/17 | 1,719 | \$1,555,905 |
| Victoria with Jackson | 9/28/17 – 10/4/17 | 12,320 | \$11,582,531 |
| Jefferson, Liberty | 10/2/17 – 10/8/17 | 37,746 | \$34,547,674 |
| Waller | 10/5/17 – 10/11/17 | 2,842 | \$2,869,081 |
| Galveston, Wharton | 10/9/17 – 10/15/17 | 20,617 | \$19,683,679 |
| Montgomery | 10/16/17 – 10/20/17 | In Progress | |
| <u>Preliminary Totals</u> | | 468,925 | \$494,051,756 |



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SNAP vs. D-SNAP

| Eligibility Element | SNAP | D-SNAP |
|-----------------------------------|--|---|
| Disaster Status | N/A | Experienced an adverse effect as a result of disaster |
| Identity of applicant | Verified | Verified |
| Residency | Residence in state is verified | Living in disaster area at the time of the disaster - Verified where possible |
| Household composition | Individuals who purchase and prepare meals together | Persons living and eating together at the time of a disaster |
| Benefit amount | Varies depending on circumstances | Maximum allotment for household size |
| Restricted eligibility categories | Student, Intentional Program Violation (IPV), citizenship status, and work registration restrictions apply | Student, IPV, citizenship status, and work registration not applicable |



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SNAP vs. D-SNAP

| Eligibility Element | SNAP | D-SNAP |
|-----------------------|---|---|
| Resources | Counted separately | No separate resource test. Accessible liquid resources and income added together to find Disaster Gross Income |
| Income | Must meet gross income test to qualify | Only net (take-home) income during the benefit period counted. Add to resources to find Disaster Gross Income |
| Deductions & Expenses | <p>Deductions calculated for eligible households which may include:</p> <ul style="list-style-type: none">• Earned income deduction• Standard Deduction• Shelter deduction (i.e. mortgage, rent, etc.) and utilities (i.e. electric, phone, etc.)• Medical expenses for elderly or disabled individuals• Dependent care | <p>Maximum standard and shelter deductions already incorporated into disaster eligibility standards. Use of net income eliminates need to calculate earned income deduction</p> <p>Unreimbursed, out of pocket, disaster-related expenses not expected to be reimbursed during the 30-day disaster benefit period are allowed as deductions (i.e. medical cost related to disaster, evacuation costs, storage fees, etc.)</p> |



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Services

D-SNAP and SNAP Income Limits and Allotment Amounts

| Household Size | D-SNAP Net Income Limit ¹ | SNAP Income Limit | D-SNAP and SNAP Maximum Allotment |
|------------------------|--------------------------------------|-------------------|-----------------------------------|
| 1 | \$1664 | \$990 | \$194 |
| 2 | \$2009 | \$1335 | \$357 |
| 3 | \$2354 | \$1680 | \$511 |
| 4 | \$2710 | \$2025 | \$649 |
| 5 | \$3084 | \$2370 | \$771 |
| 6 | \$3458 | \$2715 | \$925 |
| 7 | \$3804 | \$3061 | \$1022 |
| 8 | \$4151 | \$3408 | \$1169 |
| Each Additional Member | +\$347 | +\$347 | +\$146 |

¹ The D-SNAP income limit is the SNAP net income limit plus the standard deduction for the household size and maximum shelter cost of \$517 which is provided to regular SNAP households (For example, for a household of one - \$990 + \$157 + \$517 = \$1664).



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Hurricane Harvey Update: Medicaid and CHIP Response

Medicaid CHIP Services

October 2017

Today's Presentation



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- Co-pays and enrollment fees
- Prior authorizations
- Out-of-network requirements
- Federal Waiver Requests
- Where to find more information

Co-Pays and Enrollment Fees

- Co-pays were waived from August 25 to November 30, 2017
- Enrollment fees for new and renewing members were waived from August 25 to November 30, 2017
- Providers should contact their MCO to be reimbursed for waived co-pays



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Prior Authorizations

- MCOs permitted to extend prior authorizations that expired in August, September, October, or November 2017 by 90 days
- MCOs permitted to expedite processing of new prior authorization requests and allow flexibility in documentation (i.e. Physician signature) for any new authorization requests if physicians are unavailable for signatures
- MCOs permitted to transfer service authorizations to new providers as needed



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Out-of-Network Requirements

- Waived penalties and restrictions, and required MCOs to refrain from denial of payment for necessary emergency or non-emergency services obtained out of network



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Federal Waivers

- Approved
- In Process



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More Information

[Medicaid/CHIP FAQs](#)

(<https://hhs.texas.gov/about-hhs/communications-events/news/2017/09/hurricane-Harvey-updates>)

[Health and Human Services Hurricane Harvey Updates](#)

[Hurricane Harvey Disaster Assistance](#)



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General Access and Eligibility Services Update

SNAP E & T Update

Status of SNAP Employment and Training (E & T) Transition

- SNAP E & T administrative authority to transition to HHSC from TWC by March 31, 2018
- HHSC and TWC continue to work on a transition plan and contract changes



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Community Partner Program

Overview

The Community Partner Program (CPP) builds a bridge between HHS and Texas communities to provide Texans access to food, cash and health care assistance

- Through the CPP, HHS partners with community-based organizations to assist individuals applying for public benefits through YourTexasBenefits.com
- In its fifth year, the CPP is focused on supporting, developing, retaining, and recruiting Community Partners through an improved support structure and targeted program improvement efforts



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Community Partner Program

Support Structure Changes

The CPP formalized an improved support structure of state and regional teams over the last year

- **CPP State Office**
- **CPP Regional Teams**
 - Community Partner Support Specialists
 - Regional & Community Relations
 - Feeding Texas



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Community Partner Program

CPP activities over the last year include:

- Revamped communications and training
- Established feedback loops
- Conducted Regional Forums in all HHS regions
- Established the Statewide Community Partner Group
- Updated Memorandum of Understanding
- Attended and presented at community events and statewide conferences
- Disseminated statewide CP survey
- Redesigned the CPP website



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Community Partner Program

New CPP Website Launched October 4

- Designed to be More User Friendly
- Website Focuses On:
 - Information and Resources for Community Partners
 - Educating Organizations Interested in Learning About the CPP
 - Helping Texans Find Local Assistance with Using YourTexasBenefits.com



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Community Partner Program

<http://www.texascommunitypartnerprogram.com/>



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The screenshot shows the homepage of the Texas Community Partner Program website. At the top left is the Texas Health and Human Services logo. To its right is a navigation bar with links: About Us, Become a Partner, Community Partner Resources, FAQs, and Contact Us. Further right are buttons for Partner Login and a language dropdown set to English. Below the navigation bar is a dark blue header with the text "Texas Community Partner Program" and the tagline "Connecting Texas Communities with Texas HHS". Underneath the header is a search bar with the text "FIND COMMUNITY PARTNERS:" followed by input fields for Zip Code, City, and County, each with an "(OR)" option, and a yellow "Find" button. The main content area features a paragraph: "The Community Partner Program: building a bridge between Texas Health and Human Services and Texas communities to provide Texans access to food, cash and health care assistance." Below this text is a graphic of three stylized human figures in blue, with a vertical line connecting them to a cluster of three small images: two people talking, a group of people, and a person at a computer. To the right of the graphic are two teal-colored boxes. The top box is titled "Become a Partner" and contains the text: "Could you use state support to help provide food, cash or health care assistance to people in your community?". The bottom box is titled "Community Partner Resources" and contains the text: "Do you want to know about the latest CPP news, community events, training or hands-on assistance?".

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Partner Login English

About Us | Become a Partner | Community Partner Resources | FAQs | Contact Us

Texas Community Partner Program

Connecting Texas Communities with Texas HHS

FIND COMMUNITY PARTNERS: Zip Code: (OR) City: (OR) County: Find

The Community Partner Program: building a bridge between Texas Health and Human Services and Texas communities to provide Texans access to food, cash and health care assistance.

Become a Partner

Could you use state support to help provide food, cash or health care assistance to people in your community?

Community Partner Resources

Do you want to know about the latest CPP news, community events, training or hands-on assistance?



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OTA Eligibility and Enrollment Questions

Social Security Benefits and Modified Adjusted Gross Income (MAGI)

October 4, 2017 – AES released a bulletin that included an update on how to count Social Security benefits for MAGI Programs

- A clarification to the bulletin will be released regarding parent and caretaker relatives

The automation changes have been prioritized into a system release



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Pre-Taxed Employer Contributions

AES is currently reviewing on a case-by-case basis but is working to release policy information to staff prior to automation modifications

Immigration Status for Children

AES will be adding new eligible immigration statuses in a future handbook revision



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Hurricane Harvey Medicaid/CHIP Requests Requiring Federal Approval

Requested and Not Yet Approved

| Request | Application | Authority | Requested | Approved |
|--|--|-------------------|--------------------------|------------------|
| Receive 100% federal funding for the uncompensated care pool, which would allow the state to reimburse providers that incur uncompensated care costs for medically necessary services and supplies | Services and supplies provided from August 25, 2017 through February 28, 2017 to persons displaced from or within the Disaster Area who do not have other coverage for such services and supplies through insurance, including Medicaid or CHIP. May be used to provide reimbursement for benefits not covered under Texas Medicaid or CHIP. | 1115 (Texas only) | Yes (September 18, 2017) | Pending approval |
| During the term of this waiver, the State requests a waiver of Special Term and Condition 43 and the requirements in Attachment E and F of the Texas Healthcare Transformation and Quality Improvement Program Section 1115 waiver (No.11-W-00278/6) | Allows flexible Medical Necessity timeframes for STAR PLUS HCBS and revising fair hearing requirements for extension of benefits, oral and not written requests, timeframes for appeals at the MCO level and the ability to request a state level appeal even if an MCO appeal is not resolved. | 1115 (Texas only) | Yes (September 18, 2017) | Pending approval |

| Request | Application | Authority | Requested | Approved |
|---|--|---------------------------------|--|---|
| For Home and Community Based Waiver recipients, extend medical necessity or level of care authorizations that expire in August, September, October, or November by 90-days from August 25, 2017 | In September 13, 2017 letter, CMS noted that states can request to temporarily modify timeframes or processes for level of care evaluations or re-evaluations within 1915(c) regulatory requirements through an Appendix K Emergency Preparedness and Response amendment | Attachment K to 1915 (c) waiver | Yes (September 10, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Approval to temporarily extend authorization of service plans/ individual plans of care which drive the service authorizations entered into the data systems | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Allow services to be provided out of state | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) October Update: Appendix K revised to strike | Pending approval for HCS and TxHmL only- IRAI received 10/5/17 and a call with CMS on 10/11. The |

| Request | Application | Authority | Requested | Approved |
|---|---|---------------------------------|--|--|
| | | | out of state request for MDCP, DBMD and CLASS b/c licensed HCSSAs cannot provide services outside the state. | revised Attachment K sent to CMS 10/18. |
| <p>Allow flexibilities in settings where services are provided for (c) waivers</p> <p>Call with CMS clarified only for services that stipulate a specific setting. This is mostly done for respite and residential services in 1915(c) waivers.</p> | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | <p>Yes (submitted September 18, 2017)</p> <p>October update: asking for flexibility only for services that indicated specific settings requirements in the waiver-- respite and residential services</p> | <p>Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18.</p> |
| Waive requirement for providers to assist individuals with transfers to other providers | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | <p>Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K</p> |

| Request | Application | Authority | Requested | Approved |
|--|---|---------------------------------|---|---|
| | | | | sent to CMS 10/18. |
| Waive certain training requirements in order to allow for immediate staff coverage across waiver services. | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) October Update: subsequent discussions revealed regulatory and contracts were not recommending flexibility--was not submitted in revised K's. | NA |
| Waive adherence to certification principles in order to provide for the immediate needs of individuals served. | HCS, TxHmL | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Delay submission of critical incident reports. Did not impact abuse, neglect or exploitation reporting requirements. | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS |

| Request | Application | Authority | Requested | Approved |
|--|---|---------------------------------|---|---|
| | | | October Update: Revised attachment K to only request for HCS and TxHmL as these waivers have the most robust requirements in rule. | on 10/11. The revised Attachment K sent to CMS 10/18. |
| Waive processes for appealing a state action taken during the disaster declaration. This includes allowing the provision of services between denial and hearing disposition. | One or more 1915© waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) October update: revised K language to only request deadline extension for requesting ongoing benefits. Did not change 90 day timeframe to request a fair hearing. | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Allow an HCS three-person or four-person residence which has agreed to accept evacuated individuals from other HCS providers to temporarily exceed | HCS | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS |

| Request | Application | Authority | Requested | Approved |
|--|---|---------------------------------|---|---|
| its capacity by no more than two individuals | | | | on 10/11. The revised Attachment K sent to CMS 10/18. |
| Allow transfer requests to be submitted for consideration with effective dates in the past | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Delay contract monitoring, waiver, survey and certification reviews, utilization reviews and billing and payment reviews | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) October Update: added utilization reviews in revised appendix Ks. | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |
| Give providers additional time to respond to requests for corrective action plans, plans of correction and recoupments. | One or more 1915(c) waivers- HCS, CLASS, DBMD, TxHmL, YES, MDCP | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K |

| Request | Application | Authority | Requested | Approved |
|--|--------------------|---------------------------------|------------------------------------|---|
| | | | | sent to CMS 10/18. |
| Allow individuals providing the waiver service to live in the same residence as the individual receiving the waiver service. | HCS | Attachment K to 1915 (c) waiver | Yes (submitted September 18, 2017) | Pending approval- IRAI received 10/5/17 and a call with CMS on 10/11. The revised Attachment K sent to CMS 10/18. |

Hurricane Harvey Medicaid/CHIP Requests Requiring Federal Approval

Requested and Received Approval

| Request | Application | Authority | Requested | Approved |
|---|--|------------------------|------------------|---|
| Allow MCOs and fee-for-service providers to extend prior authorizations that were effective as of August 25, 2017 and through the termination of the emergency declaration for at least 90 days and up to 180 days **currently operationalized as allowing 90 days | For members with a permanent residence in a FEMA-declared disaster county; applies to all Medicaid/CHIP covered services, including inpatient and outpatient services and acute care and long term services and supports | 1135 | Yes | Yes (September 13, 2017) |
| Require MCOs to expedite processing and allow flexibility in documentation (i.e., physician signatures) for any new authorization requests if physicians are unavailable for signature | Will ensure that those displaced by Harvey receive timely services when there is no existing authorization. Includes acute care and long-term care services and supports | 1135 | Yes | Yes (September 13, 2017) |
| Flexibilities for Provider Enrollment | | 1135 | Yes | Yes (August 31, 2017, amended September 1 with additional detail) |
| Lifting of moratoria on non-emergency ambulance suppliers | | 1135 | Yes | Yes (September 1, 2017) |
| Waiver of requirements that Critical Access Hospitals limit the number of beds to 25, and that | Limited to identified impacted counties and geographical areas. | Blanket Waiver 1135 | Yes | Yes (August 30, 2017) |

| | | | | |
|---|--|---------------------------|-----|-----------------------|
| the length of stay be limited to 96 hours | State should still forward provider information and waiver requests to the CMS Dallas RO for tracking purposes | | | |
| Waiver of 3-day prior hospitalization for coverage of a skilled nursing facility stay. The 1812(f) waiver allows nursing facility admission without the 3-day hospital stay and also waives the spell of illness requirement for evacuees and others affected by the hurricane who need skilled nursing facility care | Limited to identified impacted counties and geographical areas. State should still forward provider information and waiver requests to the CMS Dallas RO for tracking purposes | Blanket Waiver 1135 | Yes | Yes (August 30, 2017) |
| Waiver of timeframe requirements for OASIS and Minimum Data Set (MDS) assessments and transmission | Limited to identified impacted counties and geographical areas. State should still forward provider information and waiver requests to the CMS Dallas RO for tracking purposes | Blanket Waiver 1135 | Yes | Yes (August 30, 2017) |
| Allowance for hospitals located in the emergency area to request waiver of certain requirements such as using beds in an IPPS excluded psychiatric or rehabilitation unit for the provision of acute care services | CMS will review each waiver request and make a determination on a case by case basis | Case by Case Waiver 1135 | Yes | Yes (August 30, 2017) |
| Waive CHIP co-pays and enrollment fees | August 25, 2017 to November 30, 2017 | CHIP State Plan Amendment | Yes | Yes (August 31, 2017) |

| | | | | |
|--|---|---|--|--|
| Provide CHIP enrollees eligibility, allowing them to receive services beyond their certification period and provide additional time to submit a renewal or verification | August 25, 2017 to November 30, 2017 | CHIP State Plan Amendment | Yes | Yes (August 31, 2017) |
| Extend eligibility for Medicaid, CHIP, and Healthy Texas Women members | Members living in FEMA disaster counties for those members who were up for renewal in August, September, October, or November 2017. Eligibility will be extended for six months | CMS notified Texas that the state has authority to do this under 42 CFR 435.912 | Yes | No – per CMS email 8/30/17 no additional federal authority is required |
| Waive Medicaid Buy-In (MBI) and Medicaid Buy-In for Children (MBIC) premiums | Waived for MBI for September and October 2017; Waive for MBI for August, September, and October 2017 | No additional authority needed | No | No – operational decision |
| Extend deadline by which state needs to be in compliance with mental health parity regulation | Until December 2, 2017 | CMS approval via letter | Yes | Yes (September 5, 2017) |
| Extend deadline by which state needs to be in compliance with mental health parity regulation | Until December 2, 2017 | CMS approval via letter | Yes | Yes (September 5, 2017) |
| DSRIP DY6 reporting: <ul style="list-style-type: none"> • Waive the requirement for UC-only hospitals to attend a regional learning collaborative in DY6. • Allow an alternate measurement period for | All items limited to providers impacted by Hurricane Harvey | CMS approved via letter | Yes (via email from John Scott to Eli Greenfield September 11, 2017) | Yes (September 29, 2017) |

| | | | | |
|--|---|-------------------------|--|--------------------------|
| Category 3 outcome measures for PY3 and PY4, as applicable. For example, an alternative measurement period could be 11 months instead of 12 months and/or could include a gap in the data to account for hurricane recovery time. | | | | |
| DSRIP: <ul style="list-style-type: none"> Extend the "Additional Information Reporting Period" following the October DY6 reporting period. Provisionally approve and pay for DY6 Category 1-2 milestones M-3 (Project Summary and Core Components) and M-4 (Sustainability Planning) and Category 4 (hospital pay-for-reporting of population-focused measures). | All items limited to providers impacted by Hurricane Harvey | CMS approved via letter | Yes (via email from John Scott to Eli Greenfield September 11, 2017) | Yes (September 29, 2017) |
| DSRIP DY6 reporting: <ul style="list-style-type: none"> Waive the requirement for UC-only hospitals to attend a regional learning collaborative in DY6. Allow an alternate measurement period for Category 3 outcome measures for PY3 and PY4, as applicable. For example, an alternative measurement | All items limited to providers impacted by Hurricane Harvey | CMS approved via letter | Yes (via email from John Scott to Eli Greenfield September 11, 2017) | Yes (September 29, 2017) |

| | | | | |
|---|--|--|--|--|
| period could be 11 months instead of 12 months and/or could include a gap in the data to account for hurricane recovery time. | | | | |
|---|--|--|--|--|