

## **CHCC Meeting 3/27/20 Notes**

### Attendees:

Helen Kent Davis, TMA, Chair  
Laura Guerra-Cardus, CDF,  
Anne Dunkelberg, CPPP  
Alison Mohr Boleware, NASW/TX  
Rhett Parr, NASW/TX  
Jennifer Banda, THA  
Adriana Kohler, Texans Care for Children  
Clayton Travis, TPS  
Christina Long, Young Invincibles  
Jen Biundo, Texas Campaign to Prevent Teen Pregnancy  
Laura Bailey, NAMI-Texas

Nancy Walker (on behalf of Harris Health System) Nancy Walker Consulting LLC

## **Katie Martin, CPPP With Census Group**

Next Wednesday is Census Day

3 ways to respond to the census

- Online
- Over the phone (English, Spanish, and other languages provided)
- In the mail (later last resort)

Go to 2020census.gov

- On letters sent out to households there is a code on there
- You do not need this code to fill out the census

Operational Changes:

- The Census Bureau is 2 weeks behind
- Bureau has put in-person action on pause (community outreach, leaving physical copies on doorsteps)
  - This could result in leaving out many communities where folks don't receive the information (Colonias, Border communities, etc.)
- Should be waiting on more updates as the Bureau rethinks strategies
- Deadline to self-respond to the census has been push back to August 14th
- Considering how this is affecting college students

Monitoring the Count

- National Self-Response rate is 28.1% which is low and indicates we are behind
- North Texas, Dallas County numbers are pretty good

Bureau is trying to ensure materials are at the essentials businesses still open

Resources:

- Texascounts.org
- Newsletter
- Count All Kids
- Census Bureau

Working on material to connect the census to COVID-19 and the importance of accurate counts and data for the healthcare system

## **National Updates on COVID-19**

Adrianna Kohler & Anne Dunkelberg

- Last week the Families First Act was passed
  - Language was included to ensure private insurance plans are covering testing
  - Medicaid and CHIP will be covering testing without out of pocket cost
    - Medicaid is covering entire treatment
  - Every state is getting a higher matching rate for federal funding
    - Requires states to keep everyone on and covered
    - Cannot change eligibility standards
- Optional for States: Texas can accept 100% funding for special funded program to pay for COVID-19 testing for uninsured Texas
  - Undocumented immigrants would not be able to receive program benefits
  - National Disaster Medical System public health funding states can opt into and cannot exclude by immigration status
- HHSC updates
  - There will not be any cost-sharing in CHIP for Covid

Adrianna with Texans Care for Children

- Many advocates on this call were involved in writing a letter sent to the governor, TDI, HHSC
  - The goal of the letter was highlighting needed state action
1. Urging HHSC to take steps to enhance Medicaid and CHIP services
    - a. Cost sharing needs to stop
    - b. Coverage of 90 day supply of medication
    - c. Eliminating the data checks, including renewals, eliminations, etc. for Medicaid and CHIP
  2. Need to act and opt-in to federal testing funds
  3. Ensure out of pocket cost for testing is eliminated
  4. Urging the expansion of Medicaid coverage as more people find themselves in the Medicaid coverage gap

Asks:

- Social media outputs to increase visibility and awareness

## **Alison Mohr Boleware with NASW-TX**

- NASW-TX is hosting webinars and will be discussing ways for the organization and members to support letter to the governor

## **Anne- COVID-19 Updates from Public Charge**

- State agency (I missed who) will not be holding
- During this crisis they will not be doing enforcement around health care facilities, and will be focusing on severe issues like human trafficking, smuggling etc.
- Still waiting on our state government to accept federal funds that allow testing for everyone regardless of immigration status
  - Need to ensure public information campaign makes it clear testing will be provided regardless of status
- Community facing materials
  - Access to One from the National Protecting Immigrant Families campaign
  - CDC materials in several languages

Call from HHSC today  
1135 waiver and other flexibilities they are pursuing  
Additional 1135 waiver and more will be going forward  
Putting in place not putting out renewals for Medicaid  
SNAP renewals have been extended - [yourtexasbenefits.com](http://yourtexasbenefits.com)

#### Telehealth Discussion

Is extension eligible for HTW as HTW is now under Medicaid?  
Has it become a medicaid program yet or still in works  
According to approval it is in leway to come into compliance  
Even partial benefit medicaid programs are included in this  
Trying to address that you can't terminate coverage but could move someone to a program that provides more benefits  
\*Jen/Melissa? will look to see if this includes HTW\*

#### Eligibility - Melissa

If on webinar, heard that some eligibility provisions in the bulletin section of the website  
Left navigate - bulletins  
Trying to reduce barriers to allow COVID crisis to be a "good cause" for not doing certain things required for TANF or Medicaid requirements

#### Wayne , HHSC

Address backlog question - no reduction on staff  
Have a high percentage of new employees, not actual people in seats  
New workers process at half speed as tenured workers = slower processing  
Not direct contributor to backlog  
Backlog anything sitting in a pot outside of federal time limits  
SNAP - 30  
Medicaid - 45  
LTSS - 90 days?

How to operationalize budget cuts after session  
Salary dollars - annual allocation for overtime but comes out of same bucket  
Cut back on overtime so they would have enough for salaries  
Did balancing act so they wouldn't have to let people go  
Lost vacancies but not any filled positions  
Suspended mandatory overtime for a month = growing time frames  
All FFM apps were finished in feb = no backlog  
Medicaid time limits = 91 %  
SNAP in 80s = as of yesterday 94% timeliness  
Imagine timeliness to fall back in line in April if continue at rate  
Do not have backlog at this time

#### Question about Employment Proof Letters

Ask about when letter is sent to  
Letter about employment - wrongful employment  
Then asking about place she hasn't worked in a long time

Denial of Medicaid and letter said must be appealed by the day BEFORE the letter arrived

Issue with print and mail vendors  
Working to address this  
Should be providing relief to this issue  
On their list  
9/1 have to do modifications to the contract

Look at letter on how to appeal and align with 211  
Linda will send to Wayne

Melissa (CPPP)  
Issues with information not being shared with external stakeholders  
FMM is sending more applications than usual, so they can give better info to the clients who are applying for the benefit programs  
Info sent to community partners might not get to everyone, people noticing delay but might not have had the full context  
211 can't say that an app was submitted unless it was submitted through 211  
Don't want to confuse individuals who have already submitted an application

SMMCAC  
10 day response deadlines in denials from HHSC/health plans  
Timelines issues

Adriana  
Changes in budget were detrimental to their dept, will you be doing an exceptional item request during the biennium?

COVID - some states changing the process for processing applications  
What is the plan  
Running full programs, no intentions to close offices unless they absolutely have to  
Have taken staff safety measures, cooperating and not required to comply with local officials to shelter-in-place  
They provide essential services  
Have staff in their offices who have child care issues and they are trying to accomdate  
Moving as many staff to telehealth  
Did waiver to adjust SNAP certification services, already seen an influx of SNAP applications  
Want to minimize exposure of staff to public  
FNS approved that  
Will send additional staff to telework on monday  
Moving to "light" presence in office, keeping someone there to receive documents  
Discouraging people coming in  
Uptick of local wanting to enforce 10 ppl rule  
And adhering to social distancing as much as possible  
Currently modifying language on websites to encourage people  
"No interview waiver" will help apps be approved more quickly

Adjourned at 2:02 pm

# **What To Know, Do, & Share for Census Day 2020**

Children's Health Coverage Coalition | March 27th



**Why is the 2020 Census  
Important in Texas?**



### **OUR VOICE**

The Census shows how many people live in an area, which determines the number of representatives Texans have in Congress and the number of electoral votes Texas has in presidential elections.



### **OUR QUALITY OF LIFE**

Much of our federal tax money that we send to Washington comes back to Texas in accordance with Census calculations, and supports housing, transportation, and other services we use. If Texans are undercounted, the state may have to pick up the tab for critical programs.



### **OUR BUSINESSES**

Companies use population and demographic data from the Census to determine where to set up shop and expand, creating jobs and generating opportunities for Texans.

# OUR VOICE



## THE CENSUS DETERMINES:

- REPRESENTATION IN CONGRESS
- ELECTORAL COLLEGE VOTES
- INFORMS REDISTRICTING



# OUR BUSINESS



## BUSINESSES USE CENSUS DATA.

→ MARKET RESEARCH

→ LOCATIONS

→ ECONOMIC DEVELOPMENT

# OUR QUALITY OF LIFE



**\$300 MILLION PER YEAR COULD BE  
LOST IF TEXAS IS UNDERCOUNTED BY 1%**

**HEALTHCARE**

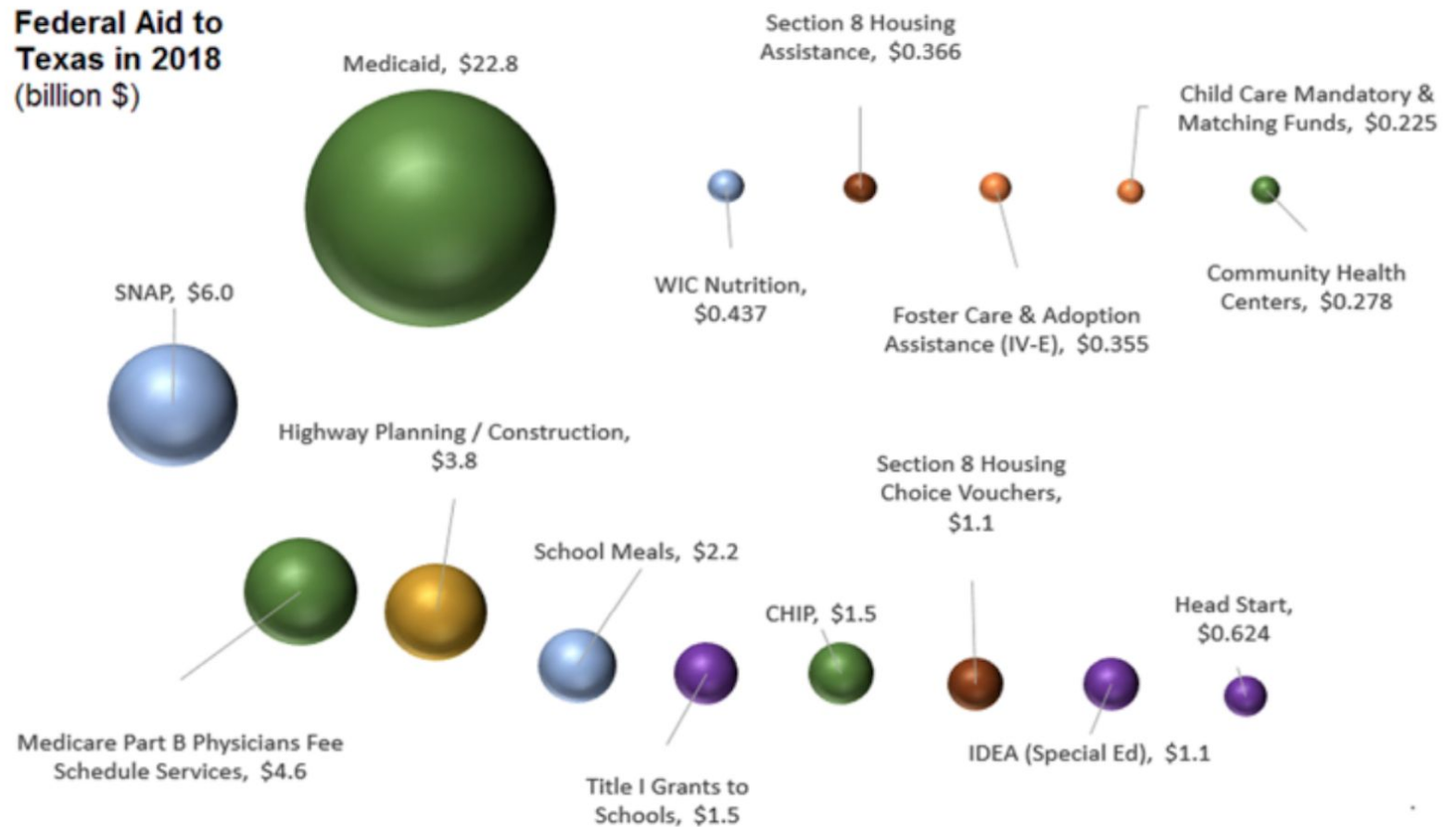
**EDUCATION**

**AFFORDABLE HOUSING**

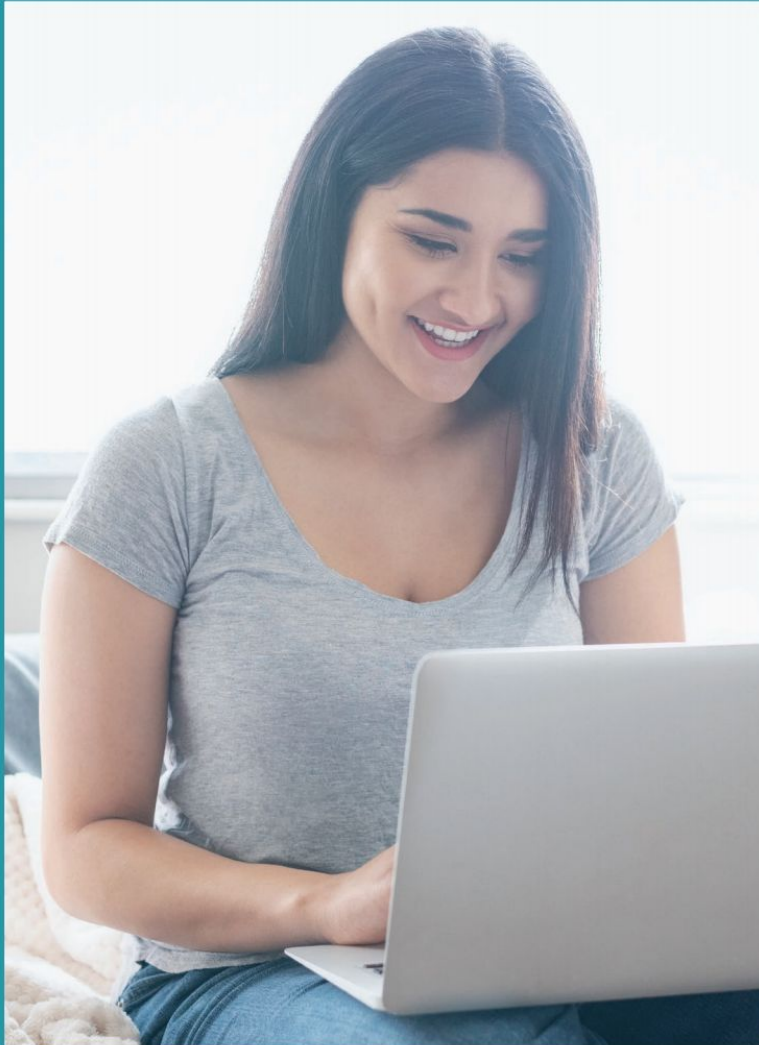
**HUNGER PROGRAMS**



## Federal Aid to Texas in 2018 (billion \$)



**How do I respond to the  
2020 Census?**



## Respond your way to the 2020 Census.

By April 1, 2020, every home will receive an invitation to participate in the 2020 Census. You will have three options for responding. All of them are easy!



Online



By Phone



By Mail



The 2020 Census marks the first time you will be invited to respond online—even on your mobile device. The online form is available in many different languages. Visit [2020CENSUS.GOV](https://2020CENSUS.GOV) for more information about responding online.

**2020CENSUS.GOV**

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Shape  
your future  
START HERE >

United States®  
**Census**  
**2020**


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## Welcome to the 2020 Census

- It's quick and easy. The 2020 Census questionnaire will take about 10 minutes to complete.
- It's safe, secure, and confidential. Your information and privacy are protected.
- Your response helps to direct billions of dollars in federal funds to local communities for schools, roads, and other public services.
- Results from the 2020 Census will be used to determine the number of seats each state has in Congress and your political representation at all levels of government.

### Getting started:

- You must complete your questionnaire once you begin. If you leave the questionnaire and return later, you will have to start over.
- Do not use the web browser buttons (back, forward, or close browser). Use the buttons within the questionnaire to navigate.
- For best results, use the latest version of Chrome, Firefox, Internet Explorer, or Safari. Enable cookies.

Shape  
your future  
START HERE >



Start Questionnaire


2020Census.Gov

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# Let's Self Respond!

## Toll-Free Numbers!



**Respond your way to the 2020 Census.**

By April 1, 2020, every home will receive an invitation to participate in the 2020 Census. You will have three options for responding. All of them are easy!

 **Online**
 **By Phone**
 **By Mail**

The 2020 Census marks the first time you will be invited to respond online—even on your mobile device. The online form is available in many different languages. Visit [2020CENSUS.GOV](https://2020CENSUS.GOV) for more information about responding online.

**2020CENSUS.GOV**

Shape your future  
START HERE >

United States  
**Census 2020**

D-HP-GP-EN-417

- English 844-330-2020
- Spanish 844-468-2020
- Chinese (Mandarin) 844-391-2020
- Chinese (Cantonese) 844-398-2020
- Vietnamese 844-461-2020
- Korean 844-392-2020
- Russian 844-417-2020
- Arabic 844-416-2020
- Tagalog 844-478-2020
- Polish 844-479-2020
- French 844-494-2020
- Haitian Creole 844-477-2020
- Portuguese 844-474-2020
- Japanese 844-460-2020
- English (Puerto Rico residents) 844-418-2020
- Spanish (Puerto Rico residents) 844-426-2020
- Telephone Display Device (TDD) 844-467-2020

# **Key Operational Changes for the 2020 Census**



# Dates on Key Operational Changes

- The Census Bureau is now 2 weeks behind schedule
  - [Bureau's statement](#) & [one pager on operational changes](#) (short) & [explainer one pager](#) (long)
- No in-field operations until at least April 1st
  - Update/Leave
  - Group Quarter & Service-based enumeration is paused
- Deadline to self-respond delayed
  - **July 31st → August 14th**
- Non-response follow up (NRFU) delayed
  - May 13 to July 31st → **May 28–August 14**
- MQA Operation has been suspended and will be reevaluated
- ACS & other surveys have discontinued in-person visits



## What this means for certain populations:

- Update/Leave operations heavily impact our rural and border regions
- College students:
  - “Per the Census Bureau’s residence criteria, in most cases students living away from home at school should be counted at school, even if they are temporarily elsewhere due to the COVID-19 pandemic.”
  - Helpful video [here](#)
- Group quarters:
  - Census Bureau is encouraging eResponse versus drop-off/pick-up
- Homeless population:
  - Homeless count moved from March 30 - April 1 → **April 29 - May 1st**



## Things to consider as we keep an eye on operations:

- More extensions and postponements could seriously jeopardize the 2020 Census for a number of reasons:
  - Data is worse the farther we get away from April 1st
  - Enumeration in the summer or fall means we may have to conduct the census during hurricane season and the cusp of presidential election
  - If the Bureau can't meet statutorily mandated deadlines for apportionment and redistricting, this will have significant political implications



# Monitoring the Count

## Self Response Maps

There are tools to help you monitor your community's self-response to the 2020 Census.

- **Census Bureau Self Response Map**
  - <https://2020census.gov/en/response-rates.html>
- **CUNY Hard to Count Map**
  - <https://www.censushardtocomap2020.us/>

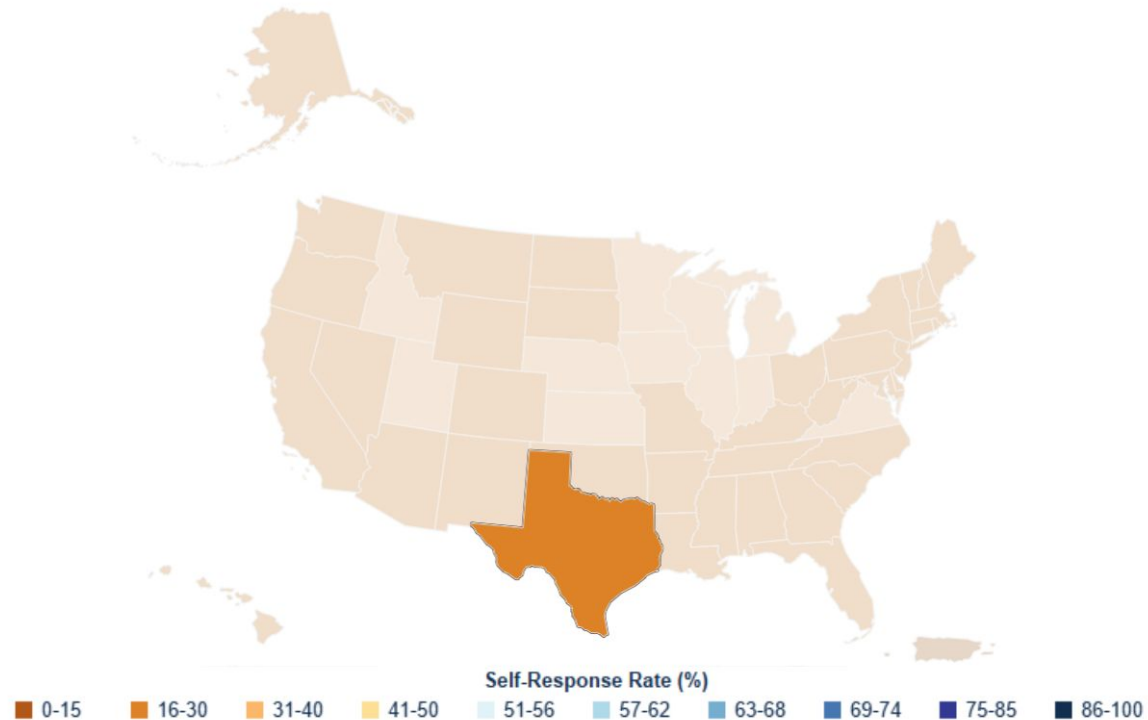
## 2020 Census Self-Response by State

This map features self-response rates from households that responded to the 2020 Census online, by mail, or by phone.

Click icon to create a shareable view

National  
Self-Response  
**28.1%**

Texas  
Self-Response  
**23.9%**



### Select Date

3/25/2020

### Select Mode

Total

### Select State

Texas

### Geographies

State

County

City

Town and  
Township

Congressional  
District

Tribal Area



# **Messaging + Outreach during COVID-19**

*"It has never been **easier** to respond on your own, whether **online, over the phone, or by mail** - all without having to meet a census taker."*



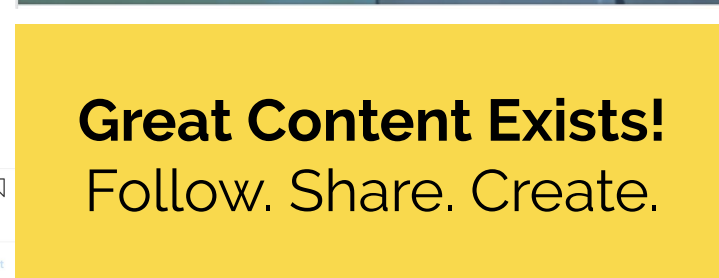
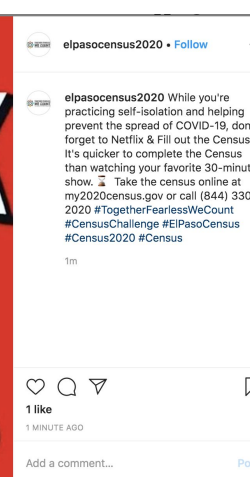
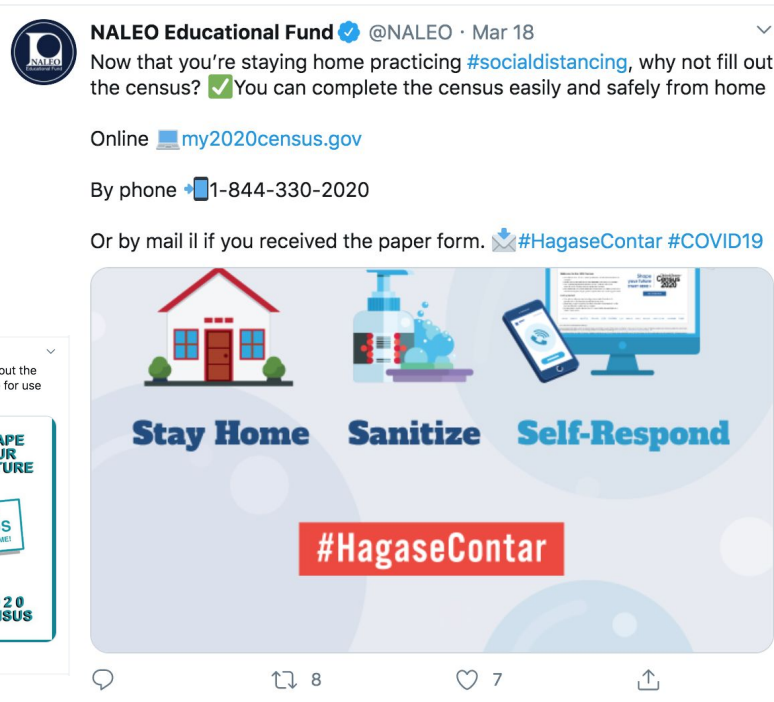
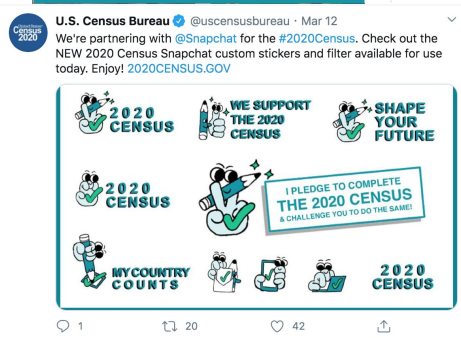
## Census Counts: Suggested Outreach Strategies

- Instead of tabling in-person, use that time to phone bank, text bank or even spend time to create a presence online
- Ensure there are flyers, palm cards, and materials at grocery stores, community centers, clinics and other essential locations
- Drop-off literature with information on how to self-respond so that people are still hearing about the census

## Community “Pivot” Examples

- **Dallas:** United Way, Food Bank, & Children’s Health partnered to use stickers that have the QR code to the census. Food bank to stick them on the packs of food getting distributed & Children’s asking staff to stick them on their lapel.
- **Houston:** United Way focusing funding on printed materials to distribute at various sites distributing food & at early childhood centers.
- **Panhandle:** United Way doing gift card giveaway drawing for those who complete the census. People put in drawing by sharing United Way Census Post on FB; must show proof of census completion in order to get gift card.
- **San Antonio:** Door hangers left at households; yard signs in essential locations (i.e. schools)

# MESSAGING + OUTREACH





# Resources!

[Texas Counts](#)

Texas Counts Newsletter

[Texas Hospital Association](#)

[NALEO Resources](#)

[Count All Kids](#)

[CB Outreach Materials](#)



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## **Texas Counts Weekly Update**

**Pivoting to Digital  
Organizing + Outreach**

**Census Day Activities**

Follow us!



**@texascunts**

# The Administration's new “Public Charge” Rule, and COVID-19 issues

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Central Health Virtual Health Champions Lunch n' Learn: Public Charge

March 24, 2020

Center for Public Policy Priorities

Anne Dunkelberg, [dunkelberg@cphp.org](mailto:dunkelberg@cphp.org), Associate Director

March 24, 2020

# Public Charge & Chilling Effect on Texans' Well-being

**WHY Care?** More than 1 in four Texas children has a parent who is not a U.S. citizen. Texas' future prosperity depends on our community-wide commitment to every child having the chance to compete and succeed in life.

Fears of negative immigration consequences—some factual, others inaccurate—have already caused hundreds of thousands of Texans, especially children, to drop out of health care coverage and hunger prevention benefits like Medicaid, CHIP, SNAP, and WIC.

**WHAT:** This webinar focuses on what YOU need to know to support your vital assister work-- outreach, enrollment, eligibility.

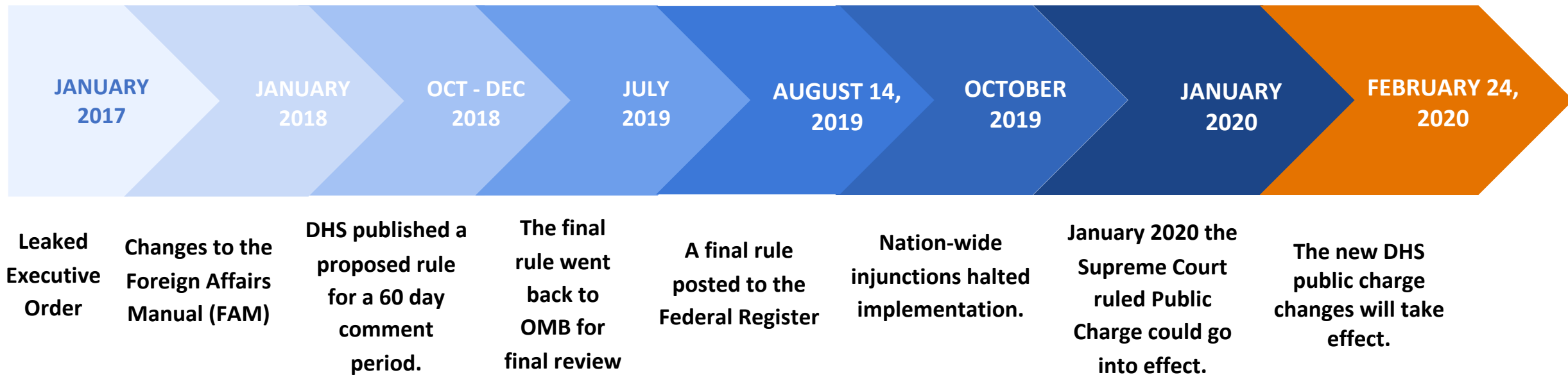
As trusted people and institutions, assisters and their organizations—along with doctors, clinics, schools, churches, and food pantries—have been proven to play a key role in combatting fear-driven misinformation.

**HOW:** can you make a difference?

- Make sure your organizations and colleagues are educated.
- Share materials with your clients. Ask them if they need information.
- Join your local conversation to reassure and inform mixed-immigration families in your community; to make sure the health and social service players are “on the same page” and are giving out accurate and consistent information.
- Encourage and ask our state agencies and officials to be part of the solution. For example, Texas HHSC can be an important part of correcting misinformation that is scaring families away from Medicaid and SNAP.



# Public Charge: Timeline





# Key Takeaways

**Many types of immigrants are exempt from the public charge “inadmissibility” test**

**Most immigrants who are eligible for the listed programs (Medicaid, SNAP, etc.) are not subject to public charge determinations**

- Will apply only to green card or visa applications submitted on or after 2/24/2020
- Newly-added benefits (health care, food, housing) used prior to 2/24/2020 will not be considered (distinct from “old” rule benefits: cash assistance or institutional care)
- Benefits used by family members will not be counted.
- Using Medicaid, SNAP, or housing does not mean an automatic green card denial: Positive factors can be weighed against negative factors in this test: they look at “*totality of circumstances.*”
- Lifting the injunctions *does not end the legal challenges* to the DHS public charge rule’s legality: those cases are moving on, and some could be decided within a couple of months.

# Quick COVID-19 Updates:

- CIS has announced that there will be no Public Charge consequences for an individual or a mixed-status family for using testing or treatment of COVID-19; or for having experienced reduced work or school access due to quarantines and school closures.
  - “On March 13, USCIS announced that COVID-19 testing, prevention, or treatment would NOT be used against immigrants in a public charge test. This means that immigrant families should seek the care they need during this difficult time.”
- More vaguely, “Consistent with its sensitive locations policy, during the COVID-19 crisis, ICE will not carry out enforcement operations at or near health care facilities, such as hospitals, doctors' offices, accredited health clinics, and emergent or urgent care facilities, except in the most extraordinary of circumstances. Individuals should not avoid seeking medical care because they fear civil immigration enforcement...Examples include investigations into child exploitation, gangs, narcotics trafficking, human trafficking, human smuggling, and continued participation on the Joint Terrorism Task Force. “
- **Congress’ #2 COVID-19 bill (3/18) created 2 new big funding options for free COVID-19 testing (medically appropriate) for uninsured.**
  - **Waiting for Texas to announce they are accepting, and advertise that its available w/o immigration status limits**
- CPPP PC materials and COVID testing brief are here: <https://forabettertexas.org/>

# COVID-19 continued

## PIF Info for Immigrant Families on COVID-19:

- [https://docs.google.com/document/d/1fQyxwXnXqGD4wxMNj4xMsJ4\\_1aOschcbK0yxliN4k9w/edit](https://docs.google.com/document/d/1fQyxwXnXqGD4wxMNj4xMsJ4_1aOschcbK0yxliN4k9w/edit)

Links to COVID-19 public health flyers en espanol and other languages from the CDC:

## Key COVID-19 Resources from the Centers for Disease Control and Prevention (CDC)

- **Fact Sheet: What You Need to Know**  
This fact sheet explains what COVID-19 is, how it spreads, what its symptoms and severe complications are, how to protect yourself, what to do if you are sick, and what to do if you recently traveled from an area with ongoing spread of COVID-19. Available in [English](#), [Simplified Chinese](#), and [Spanish](#).
- **Fact Sheet: What to Do if You are Sick**  
This fact sheet provides steps to help prevent the disease from spreading to people in your home and community if you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19. Available in [English](#), [Simplified Chinese](#), and [Spanish](#).
- **Poster: Stop the Spread of Germs**  
This poster describes how to limit the spread of respiratory diseases live COVID-19 by avoiding close contact with people who are sick; covering cough and sneeze; avoiding touching eyes, nose and mouth; and washing your hands with soap and water. Available in [English](#), [Simplified Chinese](#), [Spanish](#), and [Vietnamese](#).
- **Poster: Symptoms of Coronavirus Disease 2019**  
This poster presents the symptoms of the novel coronavirus (fever, cough, and shortness of breath). Available in [English](#), [Simplified Chinese](#), and [Spanish](#).
- **Silent Video: Stop the Spread of Germs**  
This silent animated video describes how to limit the spread of respiratory diseases live COVID-19 by avoiding close contact with people who are sick; covering cough and sneeze; avoiding touching eyes, nose and mouth; and washing your hands with soap and water. Available in [English](#) and [Spanish](#).
- [Experts](#) have warned that the public charge regulation weakens America's response to coronavirus.

# “Public Charge” concept in US Immigration law since 1800s, but New 2020 Rule Discourages Health, Food, Housing

- **Basic Idea:** Immigrants seeking U.S. “green card” (Lawful Permanent Resident) status, and immigrants outside U.S. seeking entry visas, may be denied green card or U.S. entry visa, if found to be *“likely in the future to rely on the government for subsistence,”* or a “Public Charge.”
  - This screening for a green card or entry visa often referred to as the “public charge test.”
- **Since 1999:** only cash assistance, or residential/institutional care (e.g. nursing home) by the applicant, and funded by government was counted against them. Federal immigration agencies actively educated families back then that health care and hunger assistance were SAFE to use.
- The proposed new rule would add use of Medicaid, SNAP, housing as negative factors (*and makes additional fundamental changes to reduce family immigration*).

# Final Public Charge Rule: Effects on Benefits

*ONLY the use of Benefits listed below by the green card/visa applicant would be considered under the new Public Charge Rule*

## Long-standing Policy

Cash Assistance for Income Maintenance

Long Term Institutional Care at Government Expense

## Newly Finalized Rule

Supplemental Nutrition Assistance Program (SNAP or Food Stamps)

Medicaid \*\*  
(with exceptions)

Federal, State, Local and Tribal Cash Assistance

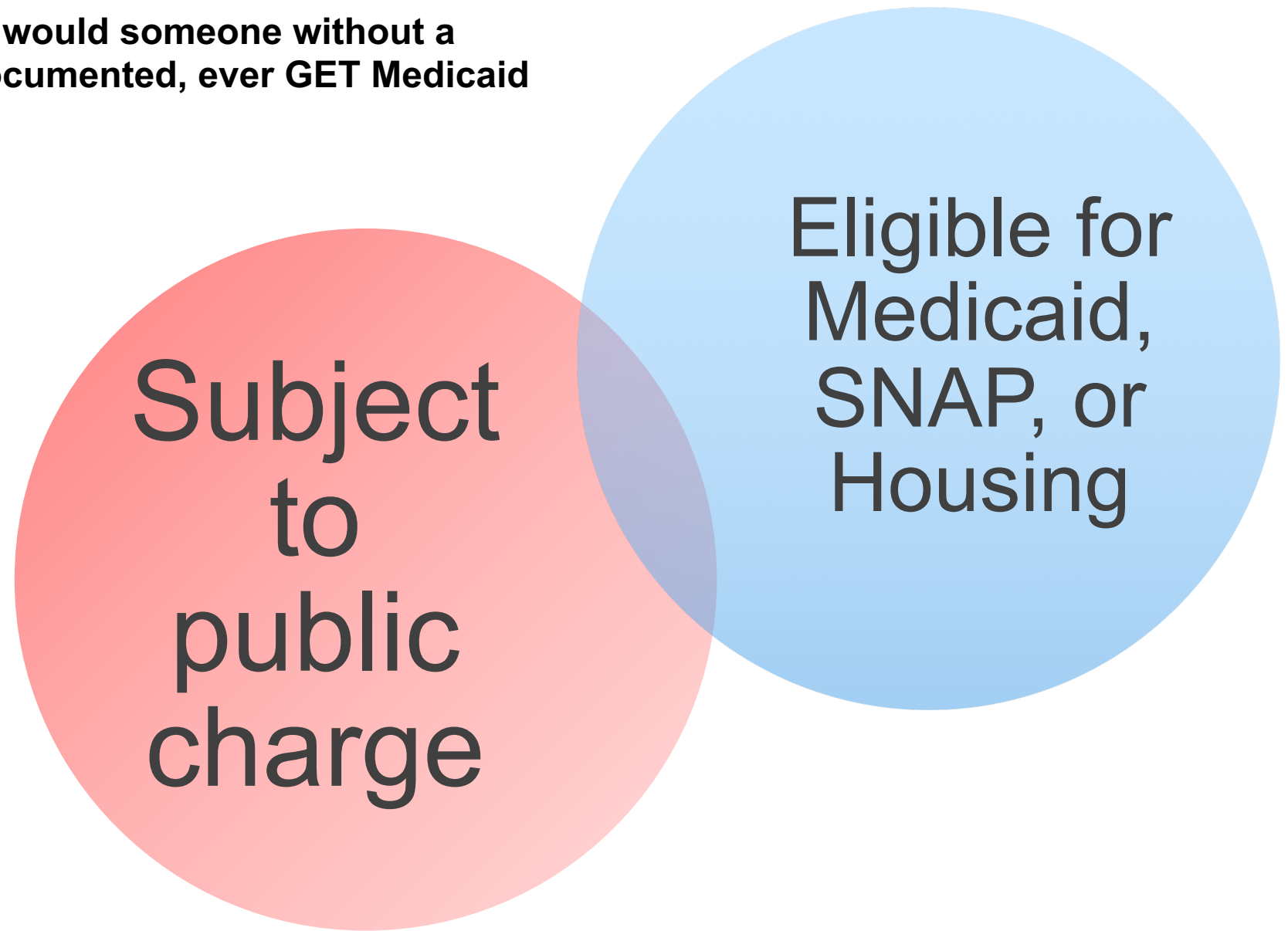
Housing Assistance  
(Public Housing or Section 8 Housing Vouchers and Rental Assistance)

These are not affected: local programs, FQHCs, WIC, Head Start, School Meals, CHIP and CHIP Perinatal, Family Planning, Healthy Texas Women (& more)

**\*\* Medicaid Exceptions: emergency medical conditions, coverage of children < 21, and pregnant women.**

**If you are wondering: How would someone without a green card, or who is undocumented, ever GET Medicaid or SNAP in the first place?**

Most immigrants who are eligible for the newly listed benefit programs are in immigration categories that are EXEMPT from public charge test



*Here are some examples:*

Which categories of immigrants are eligible for the programs in the rule, AND are also potentially subject to public charge test (“grounds of inadmissibility”)?

Although most immigrants who are eligible for the listed programs are not subject to public charge determinations, a small group of individuals could be penalized for using benefits for which they are eligible.

Here is an overview of the groups that could be harmed by their use of benefits in the final rule. Examples include:

All programs: Lawful permanent residents (green card holders) who leave the U.S. for more than 6 months and attempt to re-enter the country can be subject to an inadmissibility determination, which could include a public charge test. LPRs may also be subject to an admissibility determination if they have abandoned their residency, committed certain crimes, or left the country while in removal proceedings.

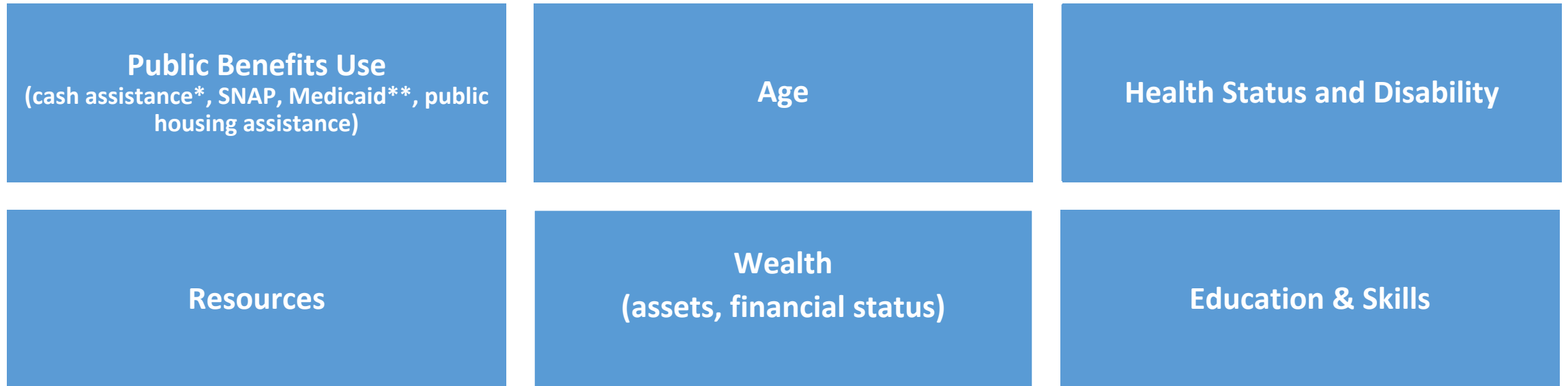
Medicaid/SNAP: Some people granted parole, withholding of removal, and a small subset of Cuban/Haitian entrants may have a pathway to permanent status (such as a family-based petition) that subjects them to public charge.

SNAP: In addition to the groups listed above, some members of the Hmong and Lao communities that helped the U.S. during the Vietnam War may be subject to a public charge test if they seek status through, e.g. a family-based visa petition.

Public Housing or Section 8: Some people granted parole or withholding of removal are eligible for housing programs and may be subject to public charge if they seek lawful permanent resident status through, e.g. a family-based visa petition. Citizens of Micronesia, Marshall Islands or Palau could be subject to public charge determinations if they leave the U.S. and attempt to reenter, or if they seek a green card through a family-based visa petition or another pathway where public charge is applied.

# Public Charge Rule: Totality of Circumstances

Using Medicaid, SNAP, or housing does not mean an automatic green card denial: Positive factors can be weighed against negative factors in this test: they look at “*totality of circumstances.*”



\* Included under former (current) policy as well

**\*\* Exceptions for emergency medical conditions, & coverage of children < 21 and pregnant women.**



# Public Charge Rule: More about Income and other Factors

Most media attention and public awareness focused on benefits use.

But when the new Public Charge rule takes effect, the new scope will exclude more green card and visa applicants based on low incomes, health conditions or disability, limited education or job skills, and children and seniors.

Applicants with low incomes (<125% fpl) and Fewer assets **WILL** have a harder time getting approved (“wealth test”).

So, while it is true that we can reassure many that it is OK to use benefits, **the rule is nevertheless a harsh attack on family-based immigration.**

HHS POVERTY GUIDELINES FOR 2020		
PERSONS IN FAMILY	POVERTY GUIDELINE	
For families/households with more than 8 persons, add \$4,480 for each additional person.		<b>125%</b>
1	\$12,760	\$15,950
2	\$17,240	\$21,550
3	\$21,720	\$27,150
4	\$26,200	\$32,750
5	\$30,680	\$38,350
6	\$35,160	\$43,950
7	\$39,640	\$49,550
8	\$44,120	\$55,150

# Public Charge test does NOT apply to everyone!

The public charge “test” does NOT apply to every type of immigrant. Here are top examples of persons public charge does NOT apply to:

- Lawful Permanent Residents (“green card holders”) applying for citizenship
- LPRs renewing their “green cards”
- Refugees and Asylees
- VAWA Self-petitioners
- Survivors of Domestic Violence, Trafficking, or Other Serious Crimes (U or T visa applicants/holders)
- Special Immigrant Juveniles (foster care)
- Humanitarian “parolees”, and several other categories of non-citizens

BUT, fears that benefit use will affect green card or citizenship, or that federal benefits info will be used to locate and deport are VERY WIDESPREAD among these groups.

# Nuances to Keep in Mind

- In general, the public charge test is only applied to a green card applicant once, as part of their approval process to become a Lawful Permanent Resident.
  - However, if an LPR goes abroad for more than 6 months, then they may be subject to PC test again on re-entry.
  - This is not a new policy, but we can remind applicants to check with their trusted immigrant legal services provider before leaving the US for a long period.
  - **Take-away:** We can't simply say, "if you have a green card already, the new Public Charge rule will never affect you."
- **NEW:** persons applying for entry from outside the US at a consulate will be subject to the same policies as those applying from inside the U.S. The US Department of State will have its Foreign Affairs Manual policies consistent with the DHS rule on **2/24/2020**.

# Evidence of Chilling: US and Texas

Most Texas assisters and service providers have 3 years of first-hand experience of families dropping benefits out of fear. This problem is documented and real--*but we also know that good information and community education makes a difference!*

Public Charge rule is just one of many federal policies reducing lawful immigration and “chilling”/discouraging families in U.S. from accessing health care, hunger, housing assistance.

Children’s Health Coverage: Texas children enrolled in Medicaid and CHIP dropped by more than 234,000 children (about 6%) between December 2017 and November 2019. *Chilling is likely main factor.*

SNAP (food stamps) Enrollment: Enrollment has dropped from 3.9 million Texans per month in 2015 to 3.5 million in 2019 (13% decline through 9/2019). *Chilling is a major factor, not the only one.*

Houston and Austin agencies documented large declines in mixed-immigration families seeking health care and SNAP. But in late 2019, they also reported that after more than a year of local and national conversation on the issue, clients were starting to understand that health care and SNAP were still safe for the great majority, and were returning.

National studies document substantial numbers already avoid benefits over fear they will lose ability to proceed thru lawful immigration process.

# Critical Points Every Family Needs to Know

Mixed-immigration-status families applying for children's benefits



Parents who are not citizens, and are applying for Medicaid, CHIP, or SNAP for their U.S. citizen children, or their children with green cards or other lawful immigration statuses, need to know:

- **You should not provide any false information on the application.**
  - If a parent provided false information (e.g., income) to enroll a child in Medicaid, Texas HHS COULD report that to immigration authorities.
  - Parents may have heard true stories of deportation of a parent who was either accused of, or actually committed fraud.
- **You do not have to provide a social security number or immigration documents for any parent or child in the family who is NOT seeking the benefits for themselves.** Federal laws do require Medicaid and CHIP agencies to keep benefit application information private.
- **Privacy of Information:** Information a parent puts on an application for their child will NOT be used for immigration enforcement, unless the parent committed fraud in the application.
- **When parents APPLY for benefits for their children, it is NOT the same as applying for or getting benefits for themselves.** You need to understand the difference, and when dealing with immigration authorities be clear about which benefits your family members received, as distinct from benefits you received for yourself.

# What help can you offer?

Providers are often a first point of contact for immigrants and mixed-status families. You and your organizations can offer reassurance and resources.

1. Make sure your staff know the “critical points” (previous slide) so they can reassure families that their information is private, and will not be shared with ICE (barring fraud on applications). Make information about data privacy available, obvious, and multi-lingual.
2. Identify local/regional immigrant legal services providers (see next slide) for referrals.
3. Distribute public education materials.

# Immigrant families can seek basic answers from Free or Low-Cost Immigration Legal Services groups

Not possible for most community-based organizations, health/hunger/housing providers to try to be immigration experts!

Things we CAN tell families to help them:

- **Not necessary to engage a private attorney immediately.** Important questions—like whether the public charge rule, or use of public benefits affect you at all-- can be answered free or very low cost by non-profit immigration legal services c
- Houston Immigration Legal Services Collaborative
  - Hotline: 1-833-HOU-IMMI
  - Website: <https://www.houstonimmigration.org/hotline/>
  - Immigration Legal Services Referrals [English](#); [Spanish](#)





# Good materials available:

The PIF Campaign | [protectingimmigrantfamilies.org](https://protectingimmigrantfamilies.org)




for a deeper dive:

1. recently updated [Fact Sheet for Advocates](#).
2. information on what's in the final rule: [Public Charge FAQ Document](#).

**PUBLIC CHARGE: DOES THIS APPLY TO ME?**  
UPDATED FEBRUARY 2020

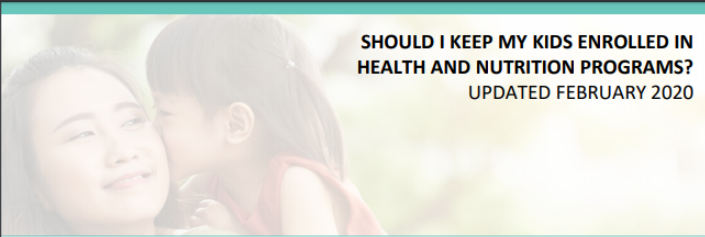
**MAKE THE RIGHT CHOICE FOR YOU AND YOUR FAMILY**



Public charge does not apply to all immigrant family is different, and the programs that help family might not be part of new changes to the rule. **There are lots of people and organizations that help you.** An immigration attorney familiar with the rule can give you advice based on your specific situation. Local non-profits may also be able to help and legal advice.

**KNOW YOUR RIGHTS!**  
Public Charge Messages for Community Members  
Updated February 2020

**SHOULD I KEEP MY KIDS ENROLLED IN HEALTH AND NUTRITION PROGRAMS?**  
UPDATED FEBRUARY 2020



Programs like Medicaid, CHIP, Marketplace Coverage ("Obamacare"), School Breakfast & Lunch, WIC and SNAP ("food stamps") help your children lead healthier and stronger lives. You may have questions about whether your child's use of these health and nutrition programs will affect your immigration status or your application for a green card. This document provides answers to frequently asked questions to help you make good decisions for your family.

If my child receives health or nutrition assistance, will that make it more difficult for me to get a green card? No. Health and nutrition benefits your children receive will not count against your application.

Will information that I put on an application for my child be used for immigration enforcement? No. Any information you give on the application will be used only to determine your eligibility for the program.

**Fight fear with facts.** You can encourage you to learn more about the rule you or your family. **Get the facts.**



Most  
This Dis  
Refuge  
serious  
Benefit  
counte

## YOU HAVE RIGHTS: PROTECT YOUR HEALTH GOING TO THE DOCTOR

**Doctors and nurses care about your health, not your immigration status.** Everyone should seek care with confidence that their information is private and they are not putting themselves at risk. Immigration agents should avoid arrests and other enforcement actions in hospitals, health clinics, urgent care, or doctors' offices.



Health care workers should not ask for immigration status.

Everyone has a right to an interpreter when seeking health care or applying for health services. You have a right to an interpreter at the hospital when seeking care at a hospital or health center.

## Assister Update on "Public Charge" and Talking to consumers in mixed-immigration families

- ★ **What is the new public charge rule?** It's a new U.S. Department of Homeland Security rule that will make it harder for lower-income people to go through the lawful immigration process and get a green card (also known as Lawful Permanent Resident status or LPR). The rule governs when immigration authorities can turn down a person's application for lawful immigration status, if they "are likely to" rely too much on government support, what historically was known as being a "public charge."

Released as a *proposed* federal rule in October 2018, the new "*final*" version was published 8/14/2019 and was set to take effect on 10/15/2019, nationwide court injunctions delayed this effective date. On 01/31/2020 the U.S. Supreme Court lifted the last nationwide injunction and as a result, the rule is effective 2/24/2020. This does not mean the court fight is over, lawsuits opposing the rule continue through the court process.

- ★ Remember, **not all immigrants are affected by the public charge test:** refugees, asylees, survivors of domestic violence, human trafficking or other serious crimes, special immigrant juveniles, are not subject to this rule when they enter the U.S., or when they apply for a Green Card later on.



## Links to good materials:

- CPPP Fact Sheet for Assisters - [English](#) and [Spanish](#)
- [Public Charge: Does this apply to me?](#) Updated February 14, 2020\* (See how 'public charge' will impact you based on your immigration status, and what you should do – PIF)
- [Should I Keep My Kids Enrolled in Health & Nutrition Programs?](#) Updated February 14, 2020\* (Use this guide to help answer commonly asked questions about how to make good decisions for your family and their health – PIF)
- [KNOW YOUR RIGHTS! Public Charge Messages for Community Members](#) Updated February 14, 2020\* (Top messages to share with immigrant communities on the recent changes to public charge – PIF)

## CENTER *for* PUBLIC POLICY PRIORITIES

Support for Public Charge briefings:

CENTER FOR PUBLIC POLICY PRIORITIES, [CPPP.org](https://cphp.org); @CPPP\_TX  
CHILDREN'S DEFENSE FUND–TEXAS, [cdftexas.org](https://cdftexas.org); @CDFTexas

ANNE DUNKELBERG, ASSOCIATE DIRECTOR, CENTER FOR PUBLIC POLICY PRIORITIES; [dunkelberg@cphp.org](mailto:dunkelberg@cphp.org); 512-627-5528

MELISSA MCCHESENEY, Senior Policy Analyst, [mcchesney@cphp.org](mailto:mcchesney@cphp.org)

CHEASTY ANDERSON, PH.D., SENIOR POLICY ASSOCIATE, CHILDREN'S DEFENSE FUND–TEXAS; [canderson@childrensdefense.org](mailto:canderson@childrensdefense.org); 919-621-2083

Get Texas Public Charge Updates: email [dunkelberg@cphp.org](mailto:dunkelberg@cphp.org)

For more details or to be more active—Join the Protecting Immigrant Families Campaign !

<https://protectingimmigrantfamilies.org/>



## Section 1135 waivers for COVID-19

### APPROVED WAIVERS *(as of March 24, 2020)*

State	Date approved	Link to approval letter	Suspend prior authorization for fee-for-service Medicaid	Extend pre-existing authorizations for which a beneficiary has previously received prior authorization	Waive certain provider enrollment and revalidation requirements	Suspend pre-admission screening and Annual Resident Review Level I and Level II Assessments for 30 days	Permit provision of services in alternative settings	Delay state fair hearing requests and appeal timelines	Other
AL	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54029">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54029</a>				X			
AZ	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54034</a>	X	X	X				
CA	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54030">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54030</a>	X	X	X		X	X	
FL	March 16	<a href="https://www.medicaid.gov/state-resource-center/downloads/fl-section-1135-appvl.pdf">https://www.medicaid.gov/state-resource-center/downloads/fl-section-1135-appvl.pdf</a>	X		X		X	X	
IL	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54039">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54039</a>	X	X	X		X	X	
LA	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54038">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54038</a>			X	X	X	X	

State	Date approved	Link to approval letter	Suspend prior authorization for fee-for-service Medicaid	Extend pre-existing authorizations for which a beneficiary has previously received prior authorization	Waive certain provider enrollment and revalidation requirements	Suspend pre-admission screening and Annual Resident Review Level I and Level II Assessments for 30 days	Permit provision of services in alternative settings	Delay state fair hearing requests and appeal timelines	Other
<b>MS</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54037">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54037</a>	X	X	X	X	X	X	
<b>NH</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54031">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54031</a>	X	X	X	X	X	X	
<b>NJ</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54033">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54033</a>	X	X	X	X	X	X	
<b>NM</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54032">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54032</a>	X	X	X	X		X	
<b>NC</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54036">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54036</a>	X		X	X	X	X	
<b>VA</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54035">https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/?entry=54035</a>	X	X				X	
<b>WA</b>	March 23	<a href="https://www.medicaid.gov/state-resource-center/downloads/wa-section-1135-appvl.pdf">https://www.medicaid.gov/state-resource-center/downloads/wa-section-1135-appvl.pdf</a>	X		X		X	X	Waive public notice and tribal consultation requirements

## SAMPLE OF APPROVED LANGUAGE FOR EACH CATEGORY

### **Temporarily suspend Medicaid fee-for-service prior authorization requirements.**

Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits.

Prior authorization and medical necessity processes in fee-for-service delivery systems are established, defined and administered at state/territory discretion and may vary depending on the benefit. See 42 C.F.R. §440.230(d). The State of [STATE] may have indicated in its approved state plan specific requirements about prior authorization processes for benefits administered through the fee-for-service delivery system. We interpret prior authorization requirements to be a type of pre-approval requirement for which waiver and modification authority under section 1135(b)(1)(C) of the Act is available.

### **Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency.**

If prior authorization processes are outlined in [STATE]'s state plan for particular benefits, CMS is using the flexibilities afforded under section 1135(b)(1)(C) of the Act that allow for waiver or modification of pre-approval requirements to permit services approved to be provided on or after March 1, 2020, to continue to be provided without a requirement for a new or renewed prior authorization, through the termination of the public health emergency, including any extensions (up to the last day of the emergency period under section 1135(e) of the Act), for beneficiaries with a permanent residence in the geographic area of the public health emergency declared by the Secretary.

### **Provider Enrollment**

[STATE] currently has the authority to rely upon provider screening that is performed by other State Medicaid Agencies (SMAs) and/or Medicare. As a result, [STATE] is authorized to provisionally, temporarily enroll providers who are enrolled with another SMA or Medicare for the duration of the public health emergency.

Under current CMS policy, as explained in the [Medicaid Provider Enrollment Compendium](#) (7/24/18), at pg. 42, [STATE] may reimburse otherwise payable claims from out-of-state providers not enrolled in [STATE] Medicaid program if the following criteria are met:

1. The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state/territory practice location– i.e., located outside the geographical boundaries of the reimbursing state/territory’s Medicaid plan,
2. The National Provider Identifier (NPI) of the furnishing provider is represented on the claim,
3. The furnishing provider is enrolled and in an “approved” status in Medicare or in another state/territory’s Medicaid plan,
4. The claim represents services furnished, and;
5. The claim represents either:
  - a. A single instance of care furnished over a 180-day period, or
  - b. Multiple instances of care furnished to a single participant, over a 180-day period

For claims for services provided to Medicaid participants enrolled with [STATE] Medicaid program, CMS will waive the fifth criterion listed above under section 1135(b)(1) of the Act. Therefore, for the duration of the public health emergency, [STATE] may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as the other criteria listed above are met.

If a certified provider is enrolled in Medicare or with a state Medicaid program other than [STATE], [STATE] may provisionally, temporarily enroll the out-of-state provider for the duration of the public health emergency in order to accommodate participants who were displaced by the emergency.

With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements under 1135(b)(1) and (b)(2) of the Act, so the state may provisionally, temporarily enroll the providers for the duration of the public health emergency:

1. Payment of the application fee - 42 C.F.R. §455.460
2. Criminal background checks associated with Fingerprint-based Criminal Background Checks - 42 C.F.R. §455.434
3. Site visits - 42 C.F.R. §455.432
4. In-state/territory licensure requirements - 42 C.F.R. §455.412

CMS is granting this waiver authority to allow [STATE] to enroll providers who are not currently enrolled with another SMA or Medicare so long as the state meets the following minimum requirements:

1. Must collect minimum data requirements in order to file and process claims, including, but not limited to NPI.
2. Must collect Social Security Number, Employer Identification Number, and Taxpayer Identification Number (SSN/EIN/TIN), as applicable, in order to perform the following screening requirements:
  - a. OIG exclusion list
  - b. State licensure – provider must be licensed, and legally authorized to practice or deliver the services for which they file claims, in at least one state/territory
3. [STATE] must also:
  - a. Issue no new temporary provisional enrollments after the date that the emergency designation is lifted,
  - b. Cease payment to providers who are temporarily enrolled within six months from the termination of the public health emergency, including any extensions, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by [STATE] before the end of the six month period after the termination of the public health emergency, including any extensions, and
  - c. Allow a retroactive effective date for provisional temporary enrollments that is no earlier than March 1, 2020.

Under section 1135(b)(1)(B), CMS is also approving [STATE]’s request to temporarily cease revalidation of providers who are located in [STATE] or are otherwise directly impacted by the emergency.

These provider enrollment emergency relief efforts also apply to the Children’s Health Insurance Program (CHIP) to the extent applicable.

### **Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days**



Section 1919(e)(7) of the Act allows Level I and Level II assessments to be waived for 30 days. All new admissions can be treated like exempted hospital discharges. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.

Additionally, please note that per 42 C.F.R. §483.106(b)(4), new preadmission Level I and Level II screens are not required for residents who are being transferred between nursing facilities (NF). If the NF is not certain whether a Level I had been conducted at the resident's evacuating facility, a Level I can be conducted by the admitting facility during the first few days of admission as part of intake and transfers with positive Level I screens would require a Resident Review.

The 7-9-day timeframe for Level II completion is an annual average for all preadmission screens, not individual assessments, and only applies to the preadmission screens (42 C.F.R. §483.112(c)). There is not a set timeframe for when a Resident Review must be completed, but it should be conducted as resources become available.

### **Provision of Services in Alternative Settings**

CMS approves a waiver under section 1135(b)(1) of the Act to allow facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility (during an emergency evacuation or due to other need to relocate residents where the placing facility continues to render services) provided that the State makes a reasonable assessment that the facility meets minimum standards, consistent with reasonable expectations in the context of the current public health emergency, to ensure the health, safety and comfort of beneficiaries and staff. The placing facility would be responsible for determining how to reimburse the unlicensed facility. This arrangement would only be effective for the duration of the section 1135 waiver.

### **State Fair Hearing Requests and Appeal Timelines**

[STATE] requested flexibility to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearings decisions during the emergency period. CMS approves a waiver under section 1135 that allows enrollees to have more than 90 days, up to an additional 120 days for an eligibility or fee for service appeal to request a fair hearing. The timeframes in 42 C.F.R. §431.221(d) provides that states can choose a reasonable timeframe for individuals to request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues.



CMS cannot waive parts of the Medicaid managed care regulations at 42 C.F.R. Part 438 Subpart F related to appeals of adverse benefit determinations which occur before Fair Hearings for managed care enrollees or parts of 42 C.F.R. Part 431, Subpart E. However, CMS is able to modify the federal timeframes associated with appeals and fair hearings. Therefore, CMS approves the following through the end of the public health emergency:

- Modification of the timeframe for managed care entities to resolve appeals under 42 C.F.R. §438.408(f)(1) before an enrollee may request a State fair hearing to no less than one day in accordance with the requirements specified below; this allows managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the state to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements.

The requirements of 42 C.F.R. §438.408(f)(1) establish that an enrollee may request a State fair hearing only after receiving a notice that the Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP) is upholding the adverse benefit determination but also permits, at 42 C.F.R. §438.408(c)(3) and (f)(1)(i) that an enrollee's appeal may be deemed denied and the appeal process of the managed care plan exhausted (such that the State fair hearing may be requested) if the managed care plan fails to meet the timing and notice requirements of 42 C.F.R. §438.408. Section 1135 of the Act allows CMS to authorize a modification to the timeframes for required activities under section 1135(b)(5) of the Act. CMS authorizes the state to modify the time line for managed care plans to resolve appeals to no less than one day. If the state uses this authority, it would mean that all appeals filed between March 1, 2020 and the end of the public health emergency are deemed to satisfy the exhaustion requirement in 42 C.F.R. §438.408(f)(1) after one day (or more if that is the timeline elected by the state) and allow enrollees to file an appeal to the state fair hearing level.

- Modification of the timeframe under 42 C.F.R. §438.408(f)(2) for enrollees to exercise their appeal rights to allow an additional 120 days to request a fair hearing when the initial 120th day deadline for an enrollee occurred during the period of this section 1135 waiver.

In addition, CMS approves a modification of the timeframe, under 42 C.F.R. §438.408(f)(2), for managed care enrollees to exercise their appeal rights. Specifically, any managed care enrollees for whom the 120-day deadline described in 42 C.F.R. §438.408(f)(2) would have occurred between March 1, 2020 through the end of the public health emergency, are allowed up to an additional 120 days to request a State Fair Hearing.