

Texas CHIP Coalition Meeting Minutes
Friday, November 20, 2009 - 11:00-1:00 p.m.
May Owens Conference Room, 10th Floor
Texas Medical Association

Attendees: Alison Little, *Texans Care for Children*; Anne Dunkelberg and Celia Hagert, *Center for Public Policy Priorities*; Chris Yanas, *Teaching Hospitals of Texas*; Emily Shelton, *Texas Impact*; Blanche Rosas, *Texas Health and Human Services Commission*; Sister JT Dwyer, *Seton Family of Hospitals*; Kevin Denmark, *Maximus*; Holly Prosser (self, no organization)

Via conference line: Jeff Miller, *Advocacy, Inc.*; Barbara Maxwell, *Texas Association of Health Plans*; Kathy G, *Texas Department of State Health Services*; Julia Easley, *Children's Medical Center of Dallas*; Jennifer Allmon, *Texas Catholic Conference*; Katie Coburn, *Texas Association of Community Health Centers*; Laura Guerra-Cardus, *Children's Defense Fund*; Jan Scott, *Texas Children's Health Plan*

Ms. Dunkelberg brought the meeting to order.

Going to talk about doing sign-on letter for national health reform.

SNAP lawsuit

Celia Hagert from Center for Public Policy Priorities presented about the SNAP (food stamps) lawsuit.

She discussed the Texas Hunger Initiative, including representatives of USDA and HHSC. The goal is to create a statewide coalition to address hunger problems in Texas.

There is a new USDA annual report assessing rates of hunger throughout the United States, and a sense of urgency coming out of that new data.

Along with the sense of urgency about hunger, there is a sense of urgency about the food stamps lawsuit.

In late July or early August a lawsuit was filed because the state is not processing in accordance with federal timeliness standards. The suit was dismissed on the grounds that there is no private right of action to sue (which has to do with whether the parties bringing suit have standing to sue a government agency). The lawyers will appeal.

The state is also facing repercussions from the federal government for the timeliness issue. The USDA sent the state a letter in September—an advanced warning letter—which is the first step in a multi-step process when states have bad performance. In the

worst-case scenario, the state could lose federal administrative funding—which would be \$200 million. The state received a corrective action plan from the federal government.

There has been a net increase of 432 staff since Sept 1.

The corrective action plan lays out policy changes as well including a move to 12 month certification for food stamps and not requiring some clients to do an interview at 6 months, as well as several changes for verifications of income/assets. All of the details are in the corrective action plan.

The state is considering some changes that would require federal waiver changes.

One idea is a food stamp waiver—based on a pilot with the San Antonio Food Bank—which would allow food banks to do more case management, including help with applying for benefits and authority for food bank employees to do food stamp interview—federal law generally requires state employees. However, such a waiver would put additional strains on food banks and has the potential to compound the problem by using untrained workers.

HHSC has put together a weekly progress template which includes metrics for improvement on timeliness, such as lead time on food stamp interviews.

The Nov. 5 report from HHSC includes a breakdown on timeliness by region.

Question—from Jan at Texas Children's: could we request something similar for Medicaid applications--an easier application at 6 months in order to improve state timeliness?

Celia: May not be the same since the state/federal balance is different for Medicaid, and federal oversight is different.

Anne: there is a new rule that anyone's application who has been sitting for 2 months on someone's desk can be automatically re-approved in order to address timeliness. However, that rule is not as good as just doing shorter application systematically.

Sister JT: has been seeing this on the local level in San Antonio—people's applications are sitting on someone's desk without anything happening.

Anne: there is also the problem of families getting confused, since they get certified and three weeks later get a renewal packet, and families may think it doesn't mean anything and not apply immediately. There is a need to follow up on that and find a better method instead of this approach. There's also a need to streamline Medicaid and food stamps applications since currently they are completely different application processes with different timelines of things coming to families in the mail.

Celia: There has been talk of doing this, but it may lead to the situation that delays in a Medicaid application can create delays in getting food stamps and vice versa. So it's important to also work on speeding up those processes.

Question: does Celia have a sense of what proportion of food stamp cases include children's Medicaid. Celia thinks it is high.—like 60%.

Sister JT: Case workers advise parents to use the simplified application process to apply for Medicaid or CHIP, and later apply for food stamps, because of concern that the Medicaid interview may slow up the process.

Anne & Celia: There is an opportunity to make good changes now because of the spotlight on these problems.

There is also Rep. Herrero's legislation, which calls for HHSC staffing and workload analysis. It is being put on hold for now.

Regarding the TIERS system, Michigan has a very similar program—BRIDGES—which is working better than our TIERS system. It is unclear whether the differences between Michigan and Texas are primarily about the system or about staffing, since having the right number of staff is critical. Michigan officials have said that there needs to be a maximum of 600 hot 600 cases/ worker for system to work. In Texas, it was over 1000/worker during session. 10 years ago, the rate was 350 cases/worker. However, staffing has not kept up with case increases since then.

It's not enough to get rid of the backlog of cases—there must be workforce adequate for caseload to keep up with cases going forward. It remains to be seen whether there will be increased efficiencies through TIERS.

Sister JT: according to the HHSC stakeholder call on Wed, they expect to have cleared up the backlog by Feb.

Celia: Both the Senate and House bills under national reform would eliminate asset tests.

Anne: 43 groups created a letter to HHSC leadership about concern about the drop in enrollment in children's Medicaid. It rebounded though and seems to have to do with the early cutoff date in September, which resulted in an unusual number of new applications not going through. It is getting caught up in November.

Even when numbers are about the same as last year, that is less than expected since the recession is increasing numbers of families in poverty. So the system not processing properly is obscuring the increasing demand that would be expected.

Health Reform

Anne asked the group whether CHIP Coalition should create a sign-on letter regarding national health reform to the entire Texas delegation and received several responses that it would be a good idea.

There is a big difference between Senate and House bills on out of pocket protections.

The high level picture is that the House bill does a better job protecting low-income families with premium subsidies etc up to 250% FPL while the Senate bill has better premium protections than House for income levels above 250% FPL.

On the other hand, the House bill will discontinue CHIP, while the Senate bill will continue CHIP through 2015 and then will require re-authorization.

If coverage for low income families is not robust enough, then we may end up with lots of kids uninsured. It is important for advocates to keep voicing the message that at the minimum, the reforms should make children no worse off.

CHIP Perinate

Anne: The state has been deliberating how to best comply with CMS. CMS wants us to keep having CHIP Perinate—but won't allow the state to bill care to CHIP's higher match rate when it is not from CHIP-eligible newborns.

There is a need for advocates to document the benefit of CHIP Perinate, including the benefits of reducing preterm births. If the care currently paid through CHIP Perinate falls on Title V, it will not be adequate. Before we had CHIP Perinate, clinics providing prenatal care were running out of Title V funds halfway through the year—and there has been population growth since then, and Title V funds have also been spread to many other programs that affect public health.

March of Dimes received data from the state that shows that 2/3 of preterm births are delivered through Medicaid—so preventing preterm births among low-income families has the potential for major cost impact on the state.

There are a lot of federal funds for prenatal care that we only get through CHIP Perinate. All of those babies who have better outcomes get it paid for using federal match via Medicaid and CHIP.