**Texas CHIP Coalition**
Meeting Minutes

*October 16, 2015*

Present: Diane Rhodes, TDA
Grace Chimene, LWUTX
Patrick Bresette, CDF- TX
Anne Dunkelberg, Center for Public Policy Priorities
Melissa McChesney, Center for Public Policy Priorities
Will Francis, NASW – TX
Ben Buotte, CDF-TX
Cecilia Vicnier-Guerre, CDF-TX
Sonia Lara, TACHC
RexAnn Shotwell, TACHC
Allyson Boney Evans, HHSC
Summer Stringer, Feeding Texas
Danielle Kailing, CPPP
Betsy Edwards, Feeding America
Alice Bufkin, Texans Care for Children

On the phone: Jona D, Texas Children's Hospital
Becky Huerta Central Health
Veronica Reyes, Texas Children's Health Plan
Aaron Herrera, Hunger Free Texans
Isabel Casas, Senator Zaffirini's office
John Berta- THA
Juanita Gutierrez, Community Care
Miryam Bujanda, MHM
Sister J.T. Dwyer, Daughters of Charity

Chair: Diane Rhodes, TDA
Minutes Scribe: Julia Von Alexander, Center for Public Policy Priorities
Next meeting: November 20, 2015

**I. Coalition Business- December chair**

- Will Francis will chair our December meeting
- We need chairs for February-June.

**II. Update on Texas Women's Healthcare coalition**
***Alice Bufkin, Texans Care for Children***

- Alice Bufkin will be moving to the Texas Women's Healthcare Coalition

- Future CHIP coalition meeting- invite Lesley French to discuss the issues in more detail.
- Appropriated $50 million to Women's health programs and moved all under HHSC, including DSHS Family planning, primary family health care, women's healthcare program
- HHSC has new Women's Health Advisory Committee- goal to consolidate women's health programs
- Timeline of Women's health advisory committee attached.
- WHAC will determine benefits, administration, training and education for providers. Focusing on 2 programs
    - 1st program like current family planning program
    - 2nd program- new expanded primary healthcare program and TX women's health program (15-44)
- 10/28 first discussion is open to public
- Age of eligibility is now 15 for Healthy TX Women, but can't have other coverage including CHIP. TX doesn't provide contraceptive coverage through CHIP, except when medically necessary.
- So what will teens do? HHSC says change of eligibility system isn't feasible, but Women's healthcare coalition is continuing to ask about this.
- Can't have CHIP specifically? No, any other coverage (Medicaid, CHIP, any insurance covering same benefits)
- Income levels- 200% or below Health Texas Women and 250% or below for Family planning
- Questions on Marketplace. i.e. plans that don't cover contraceptives. Unsure, but will ask.
- Problem is HHSC would need to make IT changes in the TIERS system .Next available build might be able to fix this issue.
- WHAC can only discuss during public meetings. But will continue discussing this.

**III. Early Childhood Intervention (ECI): Overview and Updates**
***Stacy Ramirez, Any Baby Can***

- Any Baby Can- serves 9 zip codes in Austin with ECI.
- ECI is available in every Texas county and provided under DARS.
- Federal IDEA gives states authority to operate own ECI program. Other states may have different names.
- Any child 0-3 is potentially eligible is concerns for development. Not based on income level.
- 3 ways- medically diagnosed condition (i.e. down syndrome), Auditory or vision impairment (must go through the ECI program- evaluated there and work with local education agency to provide the teacher), Development (doctor/childcare provider/parent notices- suspicion of delay, ECI will come and evaluate delay 25% delay in any of the areas- motor/cognitive/communication)
- Referred, phone conversation, comprehensive evaluation, individualized family service plan- binding document with state of Texas (services- frequency, amount)
- Service coordination is similar to case management. Person who makes sure the family is comfortable with all services they are receiving. Continue screening and evaluating to meet the new need. Provide transition opportunities by the time child is 27 months.
- Take family and child's needs into account. Will even go to grocery store, etc (provide services wherever is necessary for the family).

- Specialized skills training for providers. Must become certified. Can recommend specialized skills training a few times a month for a child to help improve intervention even more (i.e. on top of speech therapist)
- Not exclusive, can go to ECI if already receiving care at a private company. Won't duplicate services, but can do the services and skills training. How does that happen? Outreach coordinator hears from home health companies. Evaluation from ECI of speech therapist and will say what would ECI provider will do. Document that mom says child got their visit from the private provider.
- Assisting families with housing/SSI/Medicaid. No waiting lists- must make initial appointment with the family within 45 days of making the referral (make contact and evaluation). Generally the family is contacted within 1-2 weeks and the appointment is made within 30 days.
- Monthly service fee- under $35,000 would pay $3/month. Fall back on family cost share only if insurance denies claim or you aren't covered. May have a fee if your insurance doesn't pay for those services. May include undocumented immigrants.
- Under 100% FPL never pay for services; no charge for auditory/visual, foster children.
- Preschool program for children with disabilities- school only looks for educational delay, so those with other types of delays may not qualify.
- Babies change a lot under the age of 3, so can get more than 1 evaluation because changes/concerns change. 3-6 months re-evaluation/referral if issues.
- How behind to qualify? 5 years ago used a different developmental tool before. About a 3 month delay based on age. Requirement now is a percentage delay- 25% (6 month delay). Under 6 months and can't show a 25% delay b/c this is significant delay. But very small, premature babies- qualitative developmental delay may apply. Not used often b/c is very specific.
- Boundaries depend on contracts with state of Texas. Austin has 3 programs.
- Does Any Baby Can cover any rural areas? No, except for a bit of Del Valle. Understand the issues of difficulty with driving to some degree, but not rural.
- Change in amount of time allowed? Average monthly service hours limit for ECI providers. Trying to hit 2.75 monthly hours per child. Trying to increase this with increased funding at the federal level. Any Baby Can- Previous model focused on educating parent, now really focusing on what each child/mom needs.
- Parents decisions- why do they chose private? People who refer are a large part of this decision- exposure and access. Also, parents don't know it's their right to access the program.
- Some parents whose kids' qualify might never get in touch with ECI even if have Medicaid. Medicaid can pay for private providers.
- Outreach to parents and to other healthcare providers. Stacy does this, but other programs don't have the same ability to do the outreach.
- Every single legislative session make arbitrary cuts to therapy rates. Anne-problematic that Medicaid patients aren't using ECI, state could save some money this way. State should check that those people do. Doctors think that it is their responsibility just to send to private home health, but must send to ECI. Why isn't this part of Medicaid's responsibility?
- Difficult to be able to talk to some providers.

*ECI Policy and Ongoing coalition work (Alice Bufkin, Texans Care for Children)*

- Lots of fed requirements around the data. Texas is doing better than other states.
- See presentation.

- Federally required to serve all eligible children.
- DARS has asked that legislature recognize that need more funds/service hours b/c kids in ECI have greater needs than before
- Outreach- challenges with making community connections. Many negative impacts from last cuts.
- Reduced appropriations b/c estimates of kids served decreased, so amount is actually lower than last appropriation. Framed as not a cut, but contractors feel as a cut to their program. Who was the estimate from? HHSC. Use average monthly number of kids served- snapshot. Varies widely month to month. Not sure what final number will be and not any safeguards. Funding won't be adequate based on previous biennium.
- Lower funding has caused many issues- some programs cut substantially but all signed contracts moving forward. Questions on what will happen after December. Sustainability of programs is an issue. Where will the funding come from?
- Contracts decreased a lot with fewer eligibility.
- ECI advocacy coalition- Stephanie Rubin/Clayton Travis are both on the coalition and are good contacts for this coalition.

**IV. Open Enrollment**
***Melissa McChesney, CPPP***

- See handout.
- Confusion with HHS expected enrollment because it doesn't look bigger. Problem is effectuated coverage vs. actual plan coverage. Effectuated coverage- selected a plan and paid first month's premium, and still paying premiums. 1st OE was plan selection data was presented not effectuated coverage. HHS press release this morning was effectuated coverage.
- More specific data uses plan selection data. No detailed data on effectuated numbers.
- 23% is from the report this week with CPS data not ACS data. Anne- What came out this week used different data sources than previous Kaiser Reports. 1 year or 2 years of enrollment? Unsure.
- Proportions are useful, but actual numbers take with caution.
- Dallas and Houston= Highest with uninsured that are eligible for marketplace.
- Majority of people think it is too expensive. In part because don't know they are eligible for subsidies (i.e. lawfully present adults who don't qualify for Medicaid b/c of immigration status). Also, might not be able to afford even with subsidy.
- Inconsistencies- effectuated enrollment announcements- includes number of people who lost their coverage b/c didn't provide additional documentation of income or immigration statues. Notices aren't clear. Improving, but confusing.
- Many CAC's say have provided the documents and Marketplace doesn't receive them. KY/Circo (where mail the documents) isn't talking to the marketplace. Anne- we think there may be some improvements this open enrollment. Uploading is the best option.
- It would be helpful to be able to view the documents you have uploaded.
- Last year renewals- passive renewal. If couldn't find tax data, no permission, or close to 400%- would renew but in January would get hit with full cost and no subsidy. Only way to get subsidy back is through an appeal. Big issue.

- Encouraging people to actively renew- changes in plan cost, formulary, providers. Also, can provide updated income information and won't cancel tax credits if do this. Only way to prevent it if in one of the groups mentioned above.
- Currently enrolled- do it before December 15th. Get consumers to look beyond the sticker price- deductible/other cost sharing components. Many enrolled in silver, but some in bronze and these have very high deductibles.

**V. Updates on Therapy rates**
***Anne D., CPPP***

- No new updates

**V. HHSC Presentations**
***OSS and the Office of the Ombudsman***

**OSS**
Update Document Processing Center- Stephanie Muth

- Mail/fax- Needs to be processed- having issues with software. Few weeks before work through the backlog. Working through a backlog (on Oct 9th now).
- Not impacted-barcoded docs. Also, CHIP-P separate fax queue. Dropped off application- already worked.
- Please don't resubmit. Can upload through yourtexasbenefits instead.
- Added vendors/state staff. Have taken some off the phone, slightly longer hold times
- Let community know that it will work, don't resubmit. Encourage to use the app/website. Automatically associated with your account, so takes a step out of the process. Can see what has been uploaded.

Presumptive Eligibility/Community Partner Program Update (Michelle Harper):

- See slides
- Idea of how accurate eligibility determinations are? Working to make sure this is accurate. Stay tuned should be this fall.
- Could we get a list of FQHCs that are a part of presumptive eligibility? Yes, Michelle Harper will look into it.
- Trying to improve CPP numbers over time.
- As of September 2015 - Background checks-some wouldn't be eligible to be in CPP. Simple process. Next time log in, just say the state can do a background checks
- Summer- Already a navigator and not submitting online- what is the process/how do we get the word out? Michelle Harper will follow up on what can do.
- Rachel- Time limit on felony conviction? Unsure, will get back. Deferred adjudication questions too.

Legislation Updates (Valerie Eubert, HHSC):

- Updates- CMS notices on periodic data matching, not from HHSC.
- Reasonable compatibility- financial computation for financial changes to eligibility.

- On yourtexasbenefits.com – Can now request to withdraw from just one program not all. Includes updating all information ie. vehicle information. When reporting changes on some items, website may ask if applicant had a change somewhere else too.
- Added new good cause reasons for not having an SSN. Required to have a SSN for children <6 months, but doesn't include newborns
- Application for SSN is all that you need. Don't need SSN for non-applicants though.
- Family violence exemption for MAGI- Medicaid/CHIP. Call 211 to inform and on requests for information- notation if you have this concern can contact the agency.

Updates on SB200 & HB839 (Stephanie Stephens, HHSC)

- Existing case as disqualified individual need to report change.
- On SNAP, but 1 ineligible previously- need to report that change. Can call 211 or go online to report.
- Notifications to those previously denied? Seems like people are pretty aware of this change. Have shared FAQs related to change with internal, stakeholders, and much news. Timing for final guidelines? Want to have an interface with DOJ, now how can individuals report on how complying (i.e. who their probation officer is?) Tracking number of increased applications b/c of this legislation? Only thing can look at is expedited numbers- and can't tie to the legislation.
- Are seeing an increased participation? Yes the local offices have a lot of applications from the change.
- Can't take question off about felony convictions b/c still required for TANF? If just applying for SNAP- will still be asked the question. Implementing website changes in iterative approach, this is a later priority (after not disqualifying these people).
- For HB 839 System changes for 8/2016. Guidance from HHS- on 12 months-time in facility, but need to re-determine eligibility every 12 months. Reached out to facilities to gage interest and 50/69 respondents said would participate. Optional for juvenile probation departments to participate. There are less than 200 total in Texas (to get that number).

OTA Meeting

- How counting SDI income? Looking at system changes to address. Trying to get an interim process for now. Client where Marketplace says eligible for CHIP, but Medicaid/CHIP office says no it may be because children have RSDI- may be the issue. Just happening for the kids (b/c has to do w/ filing taxes or not). What is RSDI? Retirement or Survivors Disability Income (here children as survivors)
- Specific cases- HHSC needs to communicate directly with the client
- Renewals update? 20% of clients are autorenewed through new process that started last year.
- Continuing outbound calling campaign- after reminder letter. Connect to 55% (good number), 71% of those HHSC leaves a voicemail or speak with them. Temporary process, not sure if will be long term.
- Homeless people applying on yourtexasbenefits.com- address? Can put down 123 Homeless- just to get through the application. If program where need to have contact will ask if have relative/friend's address/PO box.
- Reporting income and have pre-tax employer contribution (ie. HSA)- how do you identify that on application? Not counted under MAGI. Will need to follow up on this.

Hunger community Updates (Summer Stringer, Feeding Texas):

- Same sex marriages- outreach/education on how that may or may not affect when they apply for benefits. Made changes to recognize these. Phased project- working on website to make language more neutral (i.e. mother/father-parent). Paper changes are on a different timeline.
- As make changes to applications will communicate this. Should be transparent for clients.
- Correct income counted in household? Stephanie Stephens-Yes, those changes have been made.
- Anne -Education/outreach needs to be for both clients and navigators? Yes (Summer)
- CPPP to check before next OTA if there are national materials.
- Some information on the TOED, some other states are taking a little longer.
- Summer- many repetitive questions throughout online process. Is there a way for re-population/pop-up box in the system? Problematic because more time clients/assistors to finish. Geographic info/household information.
- Links at the bottom of the page- can you increase space b/w save and continue and next. Hit next instead of save and continue. People are hitting the wrong button and have to start over completely.
- Stephanie Muth- new version of the website (mobile compatible) and can check to see if this is different. In plans to look at application in entirety and have more of a dynamic application. Will ask for feedback from clients and advocates. Don't have these slated yet, but recognize and is on the list.
- Anne- Renew request to HHSC for account disaggregated to see the difference from OE1 and OE2. They are working on it.

**Office of the Ombudsman (Paige Marsala)**

- See slides.
- About 15% are complaints, but mostly inquiries.
- Image Processing Delays- can go to the Ombudsman if having issues.
- Medicaid managed care health line now Ombudsman managed care assistant team.
- 5 new positions that will be filling soon. 3 posting in next few weeks. Including Ombudsman Fore - Connecting clients to state/community resources and 2 Program specialists- state agency/ community orgs. Developing healthcare literacy
- Looking to help parents with STAR Kids, want to make sure understand everything.
- Does maximus do enrollment broker for chip? Yes
- CPPP- minimalist website with links/phone numbers for help getting or using coverage. Will be launching and office of ombudsman is on there. Let us know if there are things you want changed and we can.
- Want to get word out that the help line is there to help MCO clients. Suggestions- send to Will, with all social assistors, Feeding Texas can help as well. CPPP will send through TOED.
- Working to get email/online submission.
- Summer- people don't always know when to call the Office of Ombudsman.
- Paige- assists any client/provider that works with HHSC (any of 5 agencies) and have already tried working with health plan (i.e. where get services) initially.
- Rachel- What do when get a complaint? Will triage and investigate and follow up with client. If the client is eligible, will get their benefits. Systematic issues fed back to agency? Yes, major function of the office. "First warning system"
- Looking for input on what the coalition would like from the Office of the Ombudsman.

**Announcements**

- New information on 1115 renewal waiver comments to come soon. Can comment. CPPP will have a phone call soon (next week or two) to discuss comments. National advocates will probably say CMS is correct in not paying states for uncompensated care because didn't expand Medicaid. Everyone wants the DSRIP half to be renewed and continued and it probably will. Uncompensated care- will probably lose half of pool.
- Clayton Travis will chair in Nov and will dedicate some time to talking about next steps for the Texas CHIP Coalition.

# Texas Early Childhood Intervention (ECI) at Any Baby Can


*An Affiliate of Texas Early Childhood Intervention*

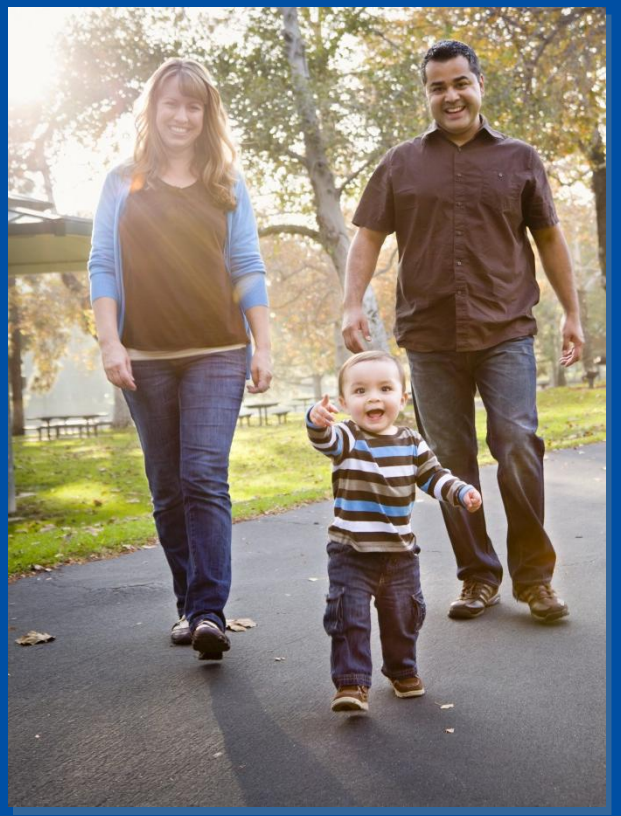
# Division of Early Childhood Intervention Services (ECI)

ECI is a coordinated system of services for Texas families who have children, birth to age 3, with disabilities or delays in development.


Department of Assistive and Rehabilitative Services
Division for Early Childhood Intervention Services
4900 N. Lamar, Austin, Texas 78751

# About ECI

- ECI services are available in every Texas county.
- The Individual with Disabilities Education Act, (IDEA), Part C gives states the authority to operate ECI programs.
- DARS ECI receives funding through the IDEA, as well as from the State of Texas, Medicaid, CHIP, private insurance, and fees charged to some families.
- In FY 2014 local programs received approximately 69,740 referrals and more than 48,685 children & families were served.



# Why intervene early?

- The first three years of life are critical.
- The potential for positive change is great during the early years.
- Early is best!

# What do families say about ECI?

- "I don't know what I'd do without the ECI professionals that help my child."
- "The ECI people have been very helpful and caring… They are always ready to help and listen to our needs as a family."
- "I have learned many things from the ECI staff who worked with my son. But the most important thing is not to give up."

# Who can receive ECI services?

- Any child living in Texas may be eligible. Eligibility is determined through an evaluation by a team that includes the family and at least two professionals.
- Families of all income levels may receive services.

# How is a child eligible for ECI services?

- Eligibility is based on:
  - Medically diagnosed condition
  - Auditory or Vision Impairment
  - Delay in one or more area of development

# Medically diagnosed condition

- Children who have a medically diagnosed condition that has a high probability of resulting in developmental delay

# Auditory and/or Vision Impairment

- Infant birth to age three who have a documented Audiological and/or Vision Impairment can receive access to a Certified Audiological Impairment Teacher or Licensed Teacher of the Blind and Visually Impaired (TBVI) at no cost, ever.

# Delay in one or more areas of development:

- Cognitive
- Motor
- Communication
- Social-emotional
- Self-help skills

# Process from Referral to Services

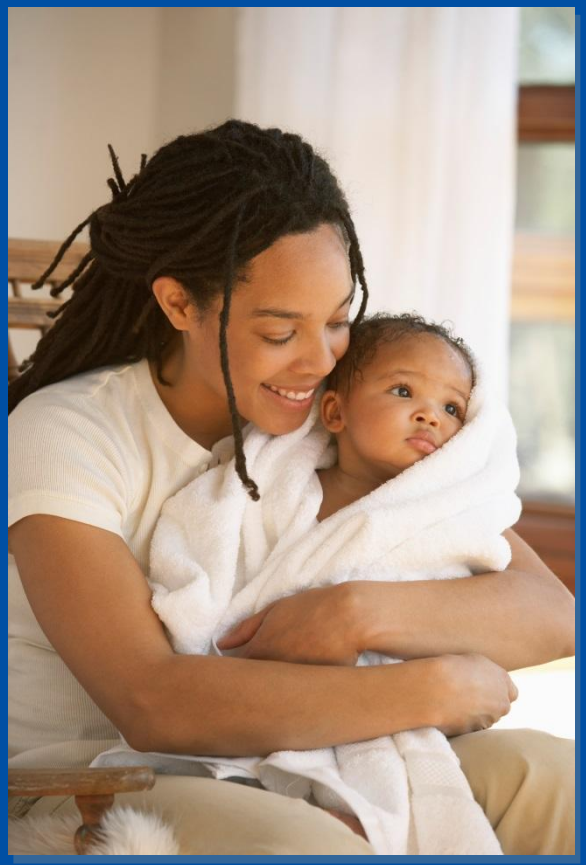
- Referral
- Pre-Enrollment
- Comprehensive evaluation/assessment
- Individualized Family Service Plan (IFSP)
- Services

# All enrolled children receive:

- Service coordination
- Screenings and evaluation/assessment
- An Individualized Family Service Plan (IFSP)
- Transition services

# Services are individualized and comprehensive.

- Services are always based on the needs of the child and family.
- ECI Services are family centered:
  - We provide families and caregivers with the support they need so they can provide the best learning opportunities for their children.
  - We listen to families, and work with them to design services and strategies that "fit" their family.



# Services are provided in homes and community settings.

- Young children learn best when they are taught skills during the times and in the places where they need to use these skills.
- Research indicates that home-based services
  - Are more effective in achieving child outcomes
  - Are preferred by more parents than clinic-based services
  - Are more cost effective

# Services for a child and family may include:

- Family education and support
- Specialized Skills Training
- Physical, Occupational, and/or Speech-language Therapy
- Nutrition, Audiology and Vision services
- Social Work services

# All eligible children receive services – there are no waiting lists.

# ECI Funding

- ECI is funded through federal, state, local funds, Medicaid, insurance and a family cost share system.
- Some services are provided at no cost to any family:
  - Evaluation and Assessment
  - Development of the IFSP
  - Service Coordination
  - Translation & Interpretation, if needed

# ECI Funding (continued)

- Services for children with Auditory & Visual Impairments eligible for services from ECI & local school districts
- Services for children in foster care

# ECI Funding (continued)

- Families with children enrolled in Medicaid or CHIP, or whose income is below 100% of the Federal Poverty Level do not pay for any services.
- Other families pay a cost share determined by a sliding fee scale and based on family size and income after allowable deductions.

# Future Steps: Leaving ECI

- If eligible, child may receive continued services from local school district or transition directly to other services.
- Not all children enrolled in ECI programs will be eligible for services provided by the public school at age 3.
- Other options for transition:
  - Head Start Program
  - Child Care Center
  - Preschool programs
  - Mothers Day Out
  - Private Therapy
  - Other

# Referring To ECI

- Who can refer? *ANYONE!*
  - ECI Program Search – https://dmzweb.dars.state.tx.us/prd/citysearch
- Remember: Early is best!
- Refer as soon as you have or a family has a concern about a child's development.
- Federal Regulations require all Primary Referral Sources to refer a child within 2 working days of identification. http://www.dars.state.tx.us/ecis/fedstateregulations.shtml

# DARS ECI YouTube Videos

- About Texas ECI
- Texas ECI Family to Family
- Parent to Parent: Knowing your rights
- Padre a Padre: Conocer sus Derechos (Español)

# Resources for Families

- Little Texans BIG FUTURES
- Zero to Three
- Preemie Voices

# To Refer a Child or Order Materials:

Any Baby Can

Any Baby Can - ECI Program
6207 Sheridan Ave
Austin, Texas 78723
512-334-4464
www.anybabycan.org

early childhood intervention
eci

1-800-628-5115
www.dars.state.tx.us/eci

TEXANS CARE for CHILDREN

# Early Childhood Intervention (ECI)

# Early Intervention Works

- ECI provides holistic, family-centered, team-based services that incorporate all developmental areas.
- Early intervention services have been shown to improve cognitive and social skills, lead to higher achievement and greater independence, and promote family competence and well-being.
- Over 75% of participating Texas children show gains in their knowledge, skills, and social relationships beyond what would be expected without intervention.
- According to national research, nearly half of children who had received early intervention services and been at risk of needing special education services did not need special education at kindergarten age.

# Changes to ECI prior to 84th Legislative Session

Program Changes

- Funding cuts during 2012-2013 fiscal year, resulting in DARS narrowing eligibility to reduce caseloads
- Increased family cost share
- Transfer of responsibility for collecting Medicaid from DARS to ECI contractors
- Families with income above 400% FPL required to pay full cost of service, up to 5% of adjusted family income

Impact on ECI population served

- Children require greater level of developmental delay to qualify for ECI
- Increased proportion of children in the program with more complex needs (ie, medical diagnosis or developmental delay in more than one area)

# ECI and the 84th Legislative Session

Reduction in Funding

- DARS requested $14 million (GR) in Exceptional Item funding to account for increased proportion of children with more complex needs
- Legislature initially funded additional $3.8 million in GR, but due to revised enrollment estimates, ultimately funded ECI at below initial base budget
- ECI appropriations for 2016/2017 biennium are below 2014/2015 expenditures, despite caseload growth

Impact of Proposed Cuts to Therapy Rates

- Many specialized acute care therapies (speech, occupational, physical) provided through ECI
- Difficulty finding qualified therapists at current rates
- Rate cuts would put additional strain on system already struggling

# Next Steps

- Education about ECI through articles and other media
- Reaching out to legislators concerned about challenges to children with disabilities
- Reporting on opportunities to strengthen system linkages between ECI and other community resources (pediatricians, home visiting, special education, etc.)
- Engaging families, pediatricians, teachers, and other stakeholders who can attest to the impact of ECI

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txchildren.org

@putkids1st

TEXAS
Health and Human
Services Commission

# HHSC Office of Social Services Update

October 16, 2015

# Document Processing Delays

- On September 20th, HHSC made systems changes to the software used to process eligibility-related documents that have been mailed or faxed (this includes applications, redeterminations, supporting documents, and changes).

- Due to this system change, HHSC is temporarily experiencing longer than normal processing times for information mailed or faxed to the agency on or after September 20, 2015. Information submitted on YourTexasBenefits.com or the Your Texas Benefits mobile app is not affected.

- We are requesting that clients do not resubmit any applications, redeterminations or changes at this time. If clients submitted supporting documentation by mail or fax, they may resubmit it by uploading the documents on the Your Texas Benefits app or YourTexasBenefits.com, or by taking it in to a local HHSC office.

- For providers submitting Form H3038-P for CHIP perinatal clients, HHSC requests that the form be faxed to 210-646-2453 until further notified.

TEXAS
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# Presumptive Eligibility and the Community Partner Program

Michelle Harper
Associate Commissioner

# Presumptive Eligibility (PE)

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

# Presumptive Eligibility (PE)

- The PE website, www.TexasPresumptiveEligibility.com, launched December 3, 2014.
- The website:
  - Provides general information about PE.
  - Facilitates the qualification process for hospitals and entities.
  - Allows access to required training.
  - Provides ongoing communications from HHSC.
  - Provides for a link used to submit the PE determinations.

# Presumptive Eligibility (PE)

As of September 30, 2015:

- 41 hospitals/entities have submitted notices of intent, which include a total of 95 locations in the state.
  - 8 notices of intent are currently in the qualification process.
  - 33 notices of intent are fully enrolled.

- 138 qualified hospital/qualified entity staff has completed the required training and have been provisioned to make presumptive eligibility determinations.

- 239 presumptive eligibility determinations have been received.
  - 118 have been received from qualified hospitals.
  - 121 have been received from qualified entities.

# Community Partner Program

- In 2011, the Texas Legislature passed H.B. 2610 directing HHSC to train and certify volunteers and staff of faith and community-based organizations to assist individuals applying for public benefits.
- In early 2012, HHSC launched the Community Partner Program (CPP) pilot with the participation of eight (8) organizations.
- As of October 2015, 1,375 Community Partners serve clients statewide.
- Since the beginning of the pilot program through September 2015, Community Partners have helped clients with:
  - 89, 590 applications
  - 265,578 document uploads

# Community Partner Program: Background Checks

- Beginning September 1, 2015, Community Partners and community-based organizations applying to participate in CPP are required to pass a background check.
- Background checks provide a measure of protection for clients by helping ensure the integrity and security of the sensitive information provided to Community Partners during the application process.
- Background checks also align HHSC with rules established by the Texas Department of Insurance.
- The background check is conducted using a name and date of birth. People convicted of any of the following are not eligible to be a Your Texas Benefits Navigator or a Community Partner Site Manager:
    - Felony
    - Misdemeanor for a violent crime
    - Crime against vulnerable populations
    - Fraud

TEXAS
Health and Human
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# Policy Strategy, Analysis, and Development Update

Stephanie Stephens

# Periodic Data Matching

- The Centers for Medicare & Medicaid Services (CMS) started conducting Periodic Data Matching (PDM).
  - The intent is to ensure consumers are not dually-enrolled in Marketplace plans with Advance Payments of the Premium Tax Credit (APTC) or Cost-Sharing Reductions (CSRs) and Medicaid or CHIP.

- Individuals who may be dually-enrolled are sent a notice instructing them to terminate their Marketplace coverage with APTC or CSRs.
  - CMS sent the first PDM notices in September.

- Federal guidance indicates that individuals dually-enrolled will be expected to pay back all or some of the premium tax credit received for the Marketplace plan for the months after the Medicaid or CHIP eligibility determination.

# September Eligibility Updates

**1. Change Reporting Improvements**

- Reasonable Compatibility implemented for changes.
- Added functionality to report additional changes on YourTexasBenefits.com.

**2. Good Cause for Social Security Number (SSN)**

- Added new good cause reasons for not having an SSN:
  - Not eligible to receive an SSN.
  - May only get an SSN for a valid non-work reason.
  - Well-established religious objection.
- Added a requirement to have an SSN for children 6 months and under.

## 3. Medicaid and CHIP Family Violence Exemption

- The exemption can be claimed by applicants for MAGI Medicaid and CHIP if they fear providing information would cause physical or emotional harm. If the exemption is granted, the person's information is excluded from the Medicaid or CHIP determination.

- This process follows the existing process for requesting an exemption from complying with child support requirements due to family violence.
  - Individual identifies they fear physical or emotional harm.
  - HHSC refers individual to a family violence shelter.
  - Family violence specialist determines if client meets good cause and submits form back to HHSC.

# Senate Bill 200

- Senate Bill 200 ends the permanent disqualification from SNAP eligibility for all individuals with a felony drug conviction that occurred after August 22, 1996.

- Beginning on September 1, 2015, individuals with a felony drug conviction that occurred after August 22, 1996 are potentially eligible to receive SNAP benefits.

- SB 200 requires the following penalties for individuals who have a felony drug conviction on or after September 1, 2015.
  - Individuals are not eligible for SNAP for two years if they have a felony drug conviction on or after September 1, 2015 and violate parole or community supervision.
  - Individuals who are receiving SNAP and have a subsequent felony drug conviction are permanently not eligible for SNAP.

# House Bill 839

- The bill requires HHSC to suspend Medicaid or CHIP eligibility for children placed in juvenile facilities and reinstate eligibility upon release.

- HHSC continues to work on implementation of the bill in coordination with the Texas Juvenile Justice Department (TJJD).
  - The soonest eligibility systems changes can be made is August 2016.
  - HHSC is still awaiting federal guidance on application of the requirement to renew eligibility once every 12 months.

- HHSC has surveyed juvenile facilities on their plans to provide notices of placement and release.
  - Of the 69 Juvenile Probation Departments that responded, 50 indicated that they plan to participate.

TEXAS
Health and Human Services System

# HHS Office of the Ombudsman Update

**Presented to**
**CHIP Coalition**
**October 16, 2015**

TEXAS Health and Human Services System

# FY 2015

**Overall Contacts for FY 2015 - 162,596**

- Complaints 20,920
- Inquiries 138,525
- Legislative - 3,151

**Top Five Reasons for Contact**

- Checking the eligibility status on an application or case
- Requesting information on how to apply for program benefits
- Requesting explanation of benefits and/or policy
- Requesting follow up information
- Assistance with access to prescriptions

TEXAS Health and Human Services System

# Recent Activity

**Presumptive Eligibility**

- 1 contact
- Request to appeal the eligibility determination.

**Administrative Renewals**

- 7 contacts
- All inquiries of clients asking for an explanation of the process or the notice they received.

TEXAS Health and Human Services System

# Recent Activity

**Same Sex Marriage**

- No contacts.

**Felony Drug Conviction**

- 4
- Requests for information about the new policy.

**Image Processing Delays**

- 20 contacts (from 09/25/2015 through 10/14/2015)
- Submitted either an application or verifications by fax to 2-1-1 but the information is not visible in the State Portal.

# Ombudsman Managed Care Assistance Team (OMCAT)

TEXAS Health and Human Services System

# Contact Us

Phone (Toll-free):
Main Line:1-877-787-8999
Managed Care Assistance: 1-866-566-8989
Relay Texas: 7-1-1 or 1-800-735-2989

Online
http://www.hhsc.state.tx.us/ombudsman

Fax (Toll-free):
1-888-780-8099

Mail
Texas Health and Human Services
Office of the Ombudsman, Mail Code H-700
P. O. Box 13247
Austin, Texas 78711-3247

*Presented to the TX CHIP Coalition October 16, 2015*

# Open Enrollment 2016 - Updates

- **Big gains in 2015**
  - **943,218 Texans had "effectuated" coverage through the Marketplace as of June 30, 2015**
  - 131,757 Texans enrolled using a special enrollment period between February and the end of June.

- **Remaining Eligible Uninsured**
  - Kaiser estimates that in Texas 31% of the eligible Marketplace population has enrolled in coverage (943,218 out of 3,061,000, does not included SEP enrollment data).
  - An estimated 23% of Texas' uninsured are eligible for tax credits to help pay for premiums for Marketplace coverage.

- **Why they remain uninsured?**
  - **Affordability and lack of knowledge about subsidies**– According to a report released in August by the Urban Institute, three in five uninsured adults (61.2%) cited affordability issues as the reason they do not have insurance; of these individuals 46.0% had not heard about subsidies and had not looked at information on the Marketplace.
  - This is consistent with research released earlier in the year from PerryUndem (61% of individuals said they can't afford insurance; of these, 59% do not understand or have not heard of the tax credit.)
  - **Competing Financial Demands** - It's important to recognize that remaining uninsured are using the information they have to make tough financial decisions. According to PerryUndem's survey 58% had $100 or less left over every month after paying bills. Also, many identified difficulties in paying for housing (27.6%) and food (42.7%) in the last 12 months (Urban Institute).

- **Many consumers Have Lost Coverage For Failure to Verify Immigration Status or Income**
  - When electronic data cannot confirm the income and/or citizenship or immigration status of a person, they can still enroll in coverage but they must provide paper documentation within 90 days.
  - From April through June of 2015, **306,000** people across the US lost Marketplace coverage because of a citizenship or immigration status data matching issues. An additional **734,000** households with income inconsistencies had their subsides adjusted.
  - Tip Sheet: http://www.healthreformbeyondthebasics.org/wp-content/uploads/2014/07/Resolving-Inconsistencies-CBPP-Resource.pdf

- **Renewals**
  - CPPP Blog on Renewals
  - **Renewal process -** Last open enrollment the Marketplace used tax return information during "passive" renewals to identify whether a person is likely to remain eligible for Advanced Premium Tax Credits (APTCs) (i.e. renewals for individuals who did not actively go to Healthcare.gov to renew their coverage). Individuals identified as eligible to passively renew (i.e. IRS data shows income below 500%) were renewed into the same plan with the same APTCs. For those who were identified as having income above 500% FPL, who had no tax return data, or who did not allow the Marketplace to access their data were passively renewed onto the same coverage but without APTCs.

- **This year the passive renewal process will be greatly improved.** The Marketplace will use additional income sources to determine the APTC and CSR amount for the 2016 plan year such as:
  1. income data from a recent 2015 application (for example: from a recent change report or application/renewal for coverage in 2015)
  2. Updated IRS income data
  3. Income data from most recent application (likely the income data from their 2014 application) adjusted to a 2016 level with expected income growth

  These are listed in the order in which they are prioritized (i.e. #2 will be used of #1 isn't available and so on).

  Also, when determining the APTC amount the Marketplace will use updated FPL tables and updated benchmark plan information to get a more accurate APTC amount (neither of which was used for passive renewals last open enrollment).

- **Passive renewals without APTCs** – Like last year, in certain circumstances individuals will be passively renewed into the same coverage but without APTCs. This will happen if:
  1. They did not give the Marketplace permission to access their tax records for renewal purposes (Opt-out Group).
  2. They did not file their taxes and reconciles their APTCs for the 2014 tax year (Did not Reconcile Group) ← **NEW this year!**
  3. They income based on tax records exceeds 500% FPL (Special Notice Group).

- **Income-Based Outreach Group** - Some individuals will receive a notice because it has been identified that it may be important for them to actively renew their coverage (i.e. their income based on tax return data is: between 350% FPL and 500% FPL, below 100% FPL, or has changed more than 50%). These individuals will still be passively renewed into their same plan and APTC's will continue but may be adjusted based on available data.

- **Active renewal is the best option** – Studies have consistently shown that most consumers can get a better deal if they actively shop on the Marketplace each year. Also, providing the most recent income information will lead to better income projections and a more accurate APTC amounts for 2016 (which means they are less likely to have to pay APTCs back on their taxes).
- Also, last year many individuals were passively renewed into the same QHP without APTCs and were hit with the full premium amount in January, causing huge administrative burdens and often resulting in the loss of coverage.

- **Push to help Consumers Look beyond the sticker prices and consider other out of pocket costs when choosing a plan.**
  - CPPP Blog Post on Choosing a plan
  - **2 million people lost out on cost-sharing help in 2015 –** Avalere study shows that of the 8.1 million individuals enrolled in exchanges in 2015 who earn incomes that make them eligible for CSRs to reduce out-of-pocket costs (100% FPL to 250% FPL), only 5.9 million are actually receiving them. This leaves 2.2 million consumers who may be paying more out-of-pocket than intended under the ACA because they did not enroll in a silver-level plan. It seems consumers are picking lower cost bronze plans based on premiums.

| 2015 Plan Selection by Metal Tier - TX | |
|---|---|
| Platinum | 1.9% |
| Gold | 4.3% |
| Silver | **66.5%** |
| Bronze | **26.3%** |
| Catastrophic | 0.4% |

- **Blue Cross Blue Shield will cancel their Marketplace PPO for 2016, this was the best option for people with high medical needs.**

- **In-person Assistance**
  - **In-person assistance remains a vital part of the enrollment process for the Marketplace.** The PerryUndem survey mentioned earlier identified that 71% of the uninsured wanted one-on-one help when buying insurance.
  - **CPPP and Enroll America** teamed up to secure funding so that any non-profit in the state of Texas can use the Enroll America Connector, an online scheduling tool where clients can find an enrollment assister in their area, schedule a time slot for an appointment and receive text and/or email reminders of their appointment.

  - **Enrollment events may be less effective** – During OE2 there was anecdotal information from regional coalitions that enrollment events were less attended and that people preferred scheduled appointments. This may be due to the fact that the remaining uninsured are the less motivated to be insured (for example: because they don't have a chronic illness) and because they are learning about the availability of in-person help through word of mouth (i.e. "my aunt said she got help at the Highland Mall so I'm going to go there").

  - **Navigators were announced September 2**.
    1. Brazos Valley Economic Development Council
    2. Change Happens
    3. Coastal Bend Center for Independent Living
    4. Community Council of Greater Dallas
    5. East Texas Behavioral Healthcare Network
    6. Latino HealthCare Forum
    7. Light and Salt Association
    8. MHP Salud
    9. National Alliance for Hispanic Health*
    10. Sacred Heart Health System, Inc.*
    11. South Plains Community Action Association, Inc.

    *Programs in more than one state.

- **Outreach Campaigns for 2016**
  - CPPP Countdown to Coverage
  - THA's insurehealthtx.org

# Children and Open Enrollment

- **Connection between parents enrolling and children enrolling and positive health impacts to children when parents have access to coverage.** Blog from the Center for Children and Families at Georgetown University

  *"Research has shown that children thrive when their parents are healthy and economically secure so improvements in health coverage for parents benefit the whole family. For example, depression in parents has been shown to pose risks to children's cognitive, socio-emotional, and behavioral development, especially early in childhood, and is linked to health and mental health problems for children as they grow. Prior coverage expansions targeting parents have also been found to increase children's enrollment in Medicaid and CHIP."*

  **Note:** This blog was written after OE1 when states were still working through many bugs and backlogs so a decrease in the number of uninsured children was not yet apparent. Please see more recent blog below that highlights that uninsured rates of children did, in fact, drop in 2014 as a result of the ACA.

- **ACA has caused the uninsured rate of children to drop between 2013 and 2014.** http://ccf.georgetown.edu/all/census-uninsured-children-historic-affordable-care-act/

  *"… over 837,000 kids picked up coverage in 2014 leaving a remaining 4.4 million uninsured."*

- **Report from Kaiser** - Children's Health Coverage: Medicaid, CHIP and the ACA

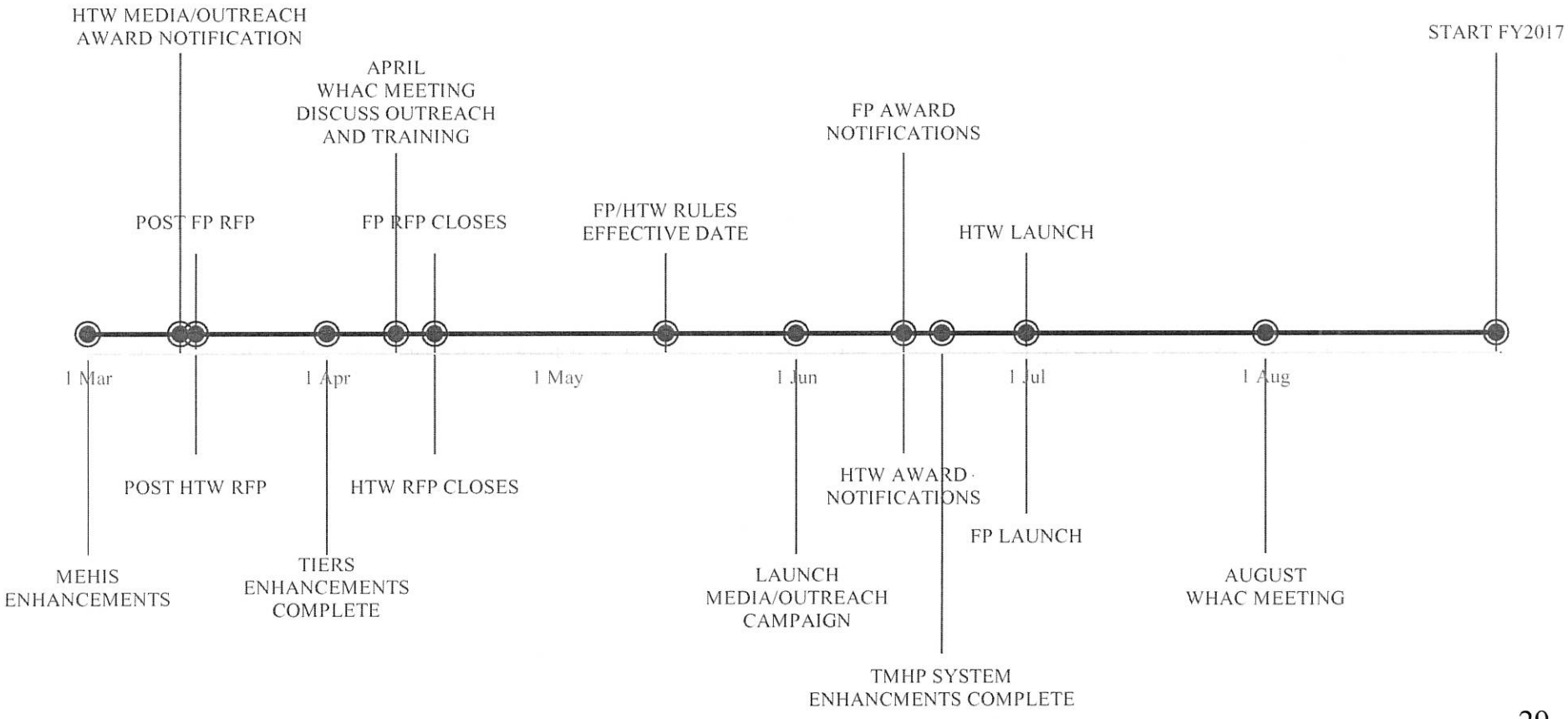
  *"**Under the ACA, streamlined enrollment processes, outreach efforts and new coverage gains for parents will spur increased enrollment of children.** The ACA creates a continuum of new insurance options through a Medicaid expansion to adults and tax credits to purchase coverage in newly established Marketplaces. Due to the ruling by the Supreme Court, the ACA Medicaid expansion for adults is effectively an option, but new coverage through the Marketplaces and streamlined and coordinated enrollment processes are required in all states. All of these changes are expected to result in increased enrollment of children…*

  ***Some currently uninsured children will gain access to new coverage options through the Marketplaces.** Children in families with moderate incomes above Medicaid and CHIP eligibility limits but below 400% FPL who do not have access to affordable employer-sponsored insurance will be eligible for premium tax credits. They can use these subsidies to help offset the purchase of qualified health plans through the new Marketplaces. Overall, it is estimated that nearly half a million currently uninsured children will qualify for these new subsidies.17 Children in families with incomes above 400% FPL will also be able to access unsubsidized coverage in the Marketplaces."*

- **In summary,** as a result of the ACA some uninsured children have new access to affordable insurance (above ~200% FPL) while those below 200% FPL may be more likely to enroll in Medicaid and CHIP as a result of their parents applying for coverage at the Marketplace and them being transferred to the Medicaid and CHIP agency. In fact, at one point the account transfers data from HHSC indicated that more than 80% of the individuals determined eligible for Medicaid/CHIP after a Marketplace account transfer were children.

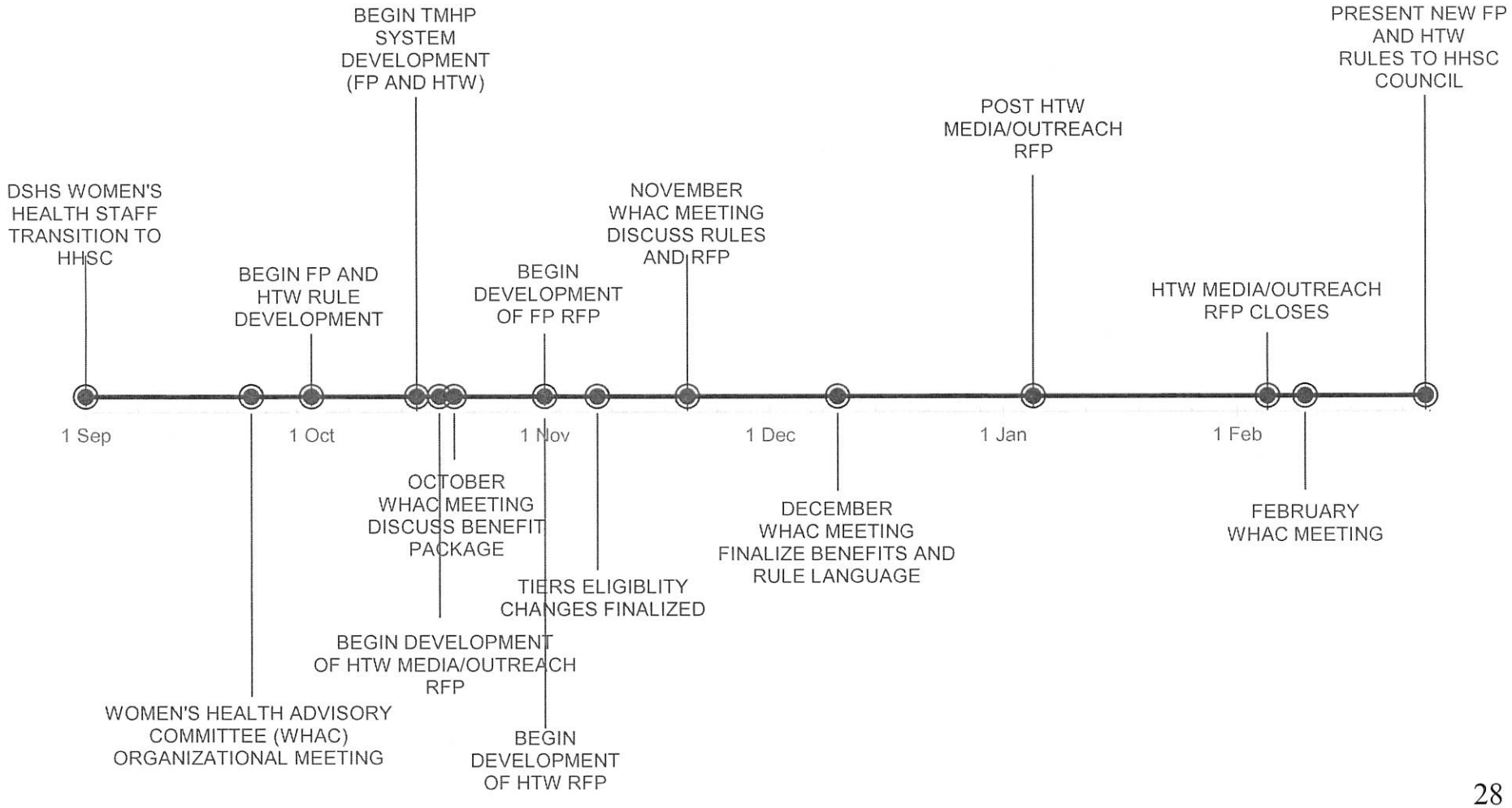
TEXAS
Health and Human
Services Commission

# Women's Health Services Milestones
# March 2016 through Sept. 2016

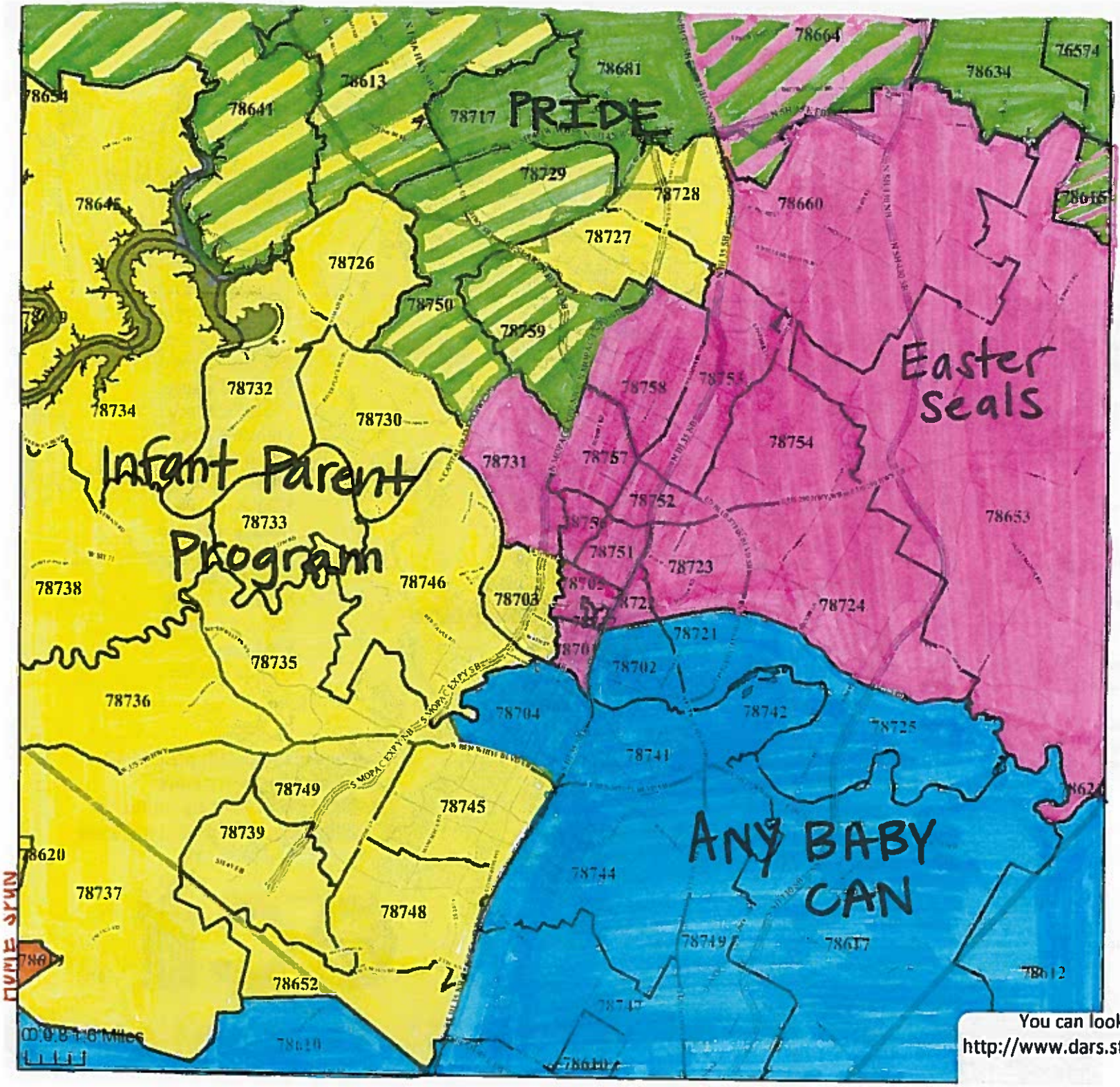


TEXAS
Health and Human
Services Commission

# Women's Health Services Milestones
# Sept. 2015 through Feb. 2016



# ZIPS and the City of Austin




You can look up additional zip codes at;
http://www.dars.state.tx.us/ecis/searchprogram.asp

# EARLY CHILDHOOD INTERVENTION - Central Texas Service Area Assignments

| | |
|---|---|
| 76527 | PRIDE |
| 76530 | PRIDE |
| 76537 | PRIDE |
| 76573 | PRIDE |
| 76574 | PRIDE |
| 76578 | PRIDE |
| 78610 | Any Baby Can |
| 78612 | Any Baby Can |
| 78613* | Infant Parent Program (Travis County) |
| 78613* | PRIDE (Williamson County) |
| 78615* | Easter Seals (Travis) |
| 78615* | PRIDE (Williamson) |
| 78617 | Any Baby Can |
| 78620 | Infant Parent Program |
| 78621 | Easter Seals |
| 78626 | PRIDE |
| 78627 | PRIDE |
| 78628 | PRIDE |
| 78630 | PRIDE |
| 78634 | PRIDE |
| 78641* | PRIDE (Williamson) |
| 78641* | Infant Parent Program (Travis) |
| 78642 | PRIDE |
| 78645 | Infant Parent Program |
| 78652 | Infant Parent Program |
| 78653 | Easter Seals |
| 78654 | Infant Parent Program |
| 78657 | Infant Parent Program |
| 78660 | Easter Seals |
| 78664* | PRIDE (Williamson) |
| 78664* | Easter Seals (Travis) |
| 78669 | Infant Parent Program |
| 78673 | PRIDE |
| 78674 | PRIDE |
| 78680 | PRIDE |
| 78681 | PRIDE |
| 78682 | PRIDE |
| 78683 | PRIDE |
| 78701 | Easter Seals |
| 78702 | Any Baby Can |
| 78703 | Infant Parent Program |
| 78704 | Any Baby Can |
| 78705 | Easter Seals |
| 78710 | Easter Seals |
| 78712 | Easter Seals |
| 78717 | PRIDE |
| 78719 | Any Baby Can |
| 78721 | Any Baby Can |
| 78722 | Easter Seals |
| 78723 | Easter Seals |
| 78724 | Easter Seals |
| 78725 | Any Baby Can |
| 78726 | Infant Parent Program |
| 78727 | Infant Parent Program |
| 78728 | Infant Parent Program |
| 78729* | PRIDE (Williamson) |
| 78729* | Infant Parent Program (Travis) |
| 78730 | Infant Parent Program |
| 78731 | Easter Seals |
| 78732 | Infant Parent Program |
| 78733 | Infant Parent Program |
| 78734 | Infant Parent Program |
| 78735 | Infant Parent Program |
| 78736 | Infant Parent Program |
| 78737 | Infant Parent Program |
| 78738 | Infant Parent Program |
| 78739 | Infant Parent Program |
| 78741 | Any Baby Can |
| 78742 | Any Baby Can |
| 78743 | Any Baby Can |
| 78744 | Any Baby Can |
| 78745 | Infant Parent Program |
| 78746 | Infant Parent Program |
| 78747 | Any Baby Can |
| 78748 | Infant Parent Program |
| 78749 | Infant Parent Program |
| 78750* | PRIDE (Williamson) |
| 78750* | Infant Parent Program (Travis) |
| 78751 | Easter Seals |
| 78752 | Easter Seals |
| 78753 | Easter Seals |
| 78754 | Easter Seals |
| 78756 | Easter Seals |
| 78757 | Easter Seals |
| 78758 | Easter Seals |
| 78759* | PRIDE (Williamson) |
| 78759* | Infant Parent Program (Travis) |

*Verify Specific County

## Programs in Travis County

**Any Baby Can – ECI**
1121 East 7th Street
Austin, TX 78702
Ph: 512-334-4464
Fax: 512-334-4465

**Easter Seals – ECI**
1611 Headway Circle, Bldg. 2
Austin, TX 78754
Ph: 512-615-6896
Fax: 512-615-7123

**Infant Parent Program – ECI**
1717 West 10th Street
Austin, TX 78703
Ph: 512-472-3142
Fax: 512-472-4008

## Programs in Williamson County

**PRIDE – ECI**
1009 North George St.
Round Rock, TX 78664
Ph: (866)-TXPRIDE (897-7433)
Fax: 512-244-8406

Bastrop County
Burnet County
Caldwell County
Fayette County
Lee County
Williamson County

## Programs in Hays County

**Homespun - ECI**
1901 Dutton Drive, Ste. D
San Marcos, TX 78666
Ph: (888)-827-7063
Fax: 512-392-1634

Bandera County
Blanco County
Comal County
Gillespie County
Llano County
Kimble County
Kinney County
Kendall County
Kerr County
Mason County
Medina County
Menard County
Real County
Uvalde County

**For zip codes not listed, please call:**
**DARS Inquiries Unit**
**1-800-628-5115 or look up online at**
**http://www.dars.state.tx.us/ecis/searchzip.asp**


9/11

TEXAS Department of Assistive and Rehabilitative Services

# TWO-DAY RULE REGARDING ECI REFERRALS

The Two-Day Rule is part of federal and state regulations implementing the Individuals with Disabilities Education Act which encourages states to provide services for infants and toddlers with disabilities and delays. The Interagency Council on Early Childhood Intervention (ECI) funds local services throughout Texas.

Federal and state legislation require primary referral sources to refer children under age 3 to ECI for services within two working days of identifying a child as having a delay. The Texas regulation states that "All primary referral sources must refer a child under age three who may be in need of and/or qualify for comprehensive early intervention services. Referrals must be within two working days of identification, and must be made to an ECI-approved program for evaluation and assessment of the child."

The intent of this regulation is to ensure that every family which may need services have information about the availability of the government-funded program as soon as a delay or disability is identified.

Testimony from families about the positive impact of intervention and early referral influenced lawmakers to include time line requirements in legislation. When referred early, families have greater opportunities to take advantage of services.

## Federal Regulations

## 34 CFR (Code of Federal Regulations) Sec. 303.321

(d) Referral procedures.

2. The procedures required...must
   - ii. Ensure that referrals are made no more than two working days after a child has been identified; and
   - iii. Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information, as described in Sec. 303.320, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.
3. As in...this section, primary referral sources include
   - ii. Hospitals, including prenatal and postnatal care facilities;
   - iii. Physicians;
   - iv. Parents;
   - v. Day care programs;
   - vi. Local educational agencies;
   - vii. Public health facilities;
   - viii. Other social service agencies; and
   - ix. Other health care providers

## State Regulations

## 40 TAC (Texas Administrative Code) §108.9

## Primary Referral Requirements

All primary referral sources must refer a child under age three who may be in need of and/or qualify for comprehensive early intervention services. Referrals must be within two working days of identification, and must be made to a program for evaluation and assessment of the child. Primary referral sources include:

(1) hospitals, including prenatal and postnatal care facilities;
(2) physicians;
(3) parents;
(4) child care programs;
(5) local educational agencies;
(6) public health facilities;
(7) other social service agencies; or
(8) other health care providers.

**Travis County ECI Programs -Early Childhood Intervention**
*Affiliates of Texas Early Childhood Intervention*

Texas Department of Assistive and Rehabilitative Services

☐ CPS Involved
☐ Transfer
☐ Re-referral

# ECI Referral Form

## Travis County ECI Programs & Surrounding Counties

**Child's Name:** _____ **DOB:** _____
*(If Born Preterm, include Adjusted Age)*

**Male / Female** *(circle one)* **Race:** White Black Asian Am. Indian Other

**Parent/Guardian Name(s):** _____

Address_____Bldg. #/Apt # _____ Name of Complex _____

City_____ Zip Code _____County _____

Phone (H) _____ **(**W) _____Other_____

Primary Language: _____ Interpreter Required? Y N

PCP_____ Insurance Information: _____
*(Primary Care Physician)* *(Medicaid#, CHIP#, SSI, Private Ins. Unknown)*

**Reason for Referral:**

□ **Developmental Delay:** □ Cognitive □ Speech/Lang. □ Physical/Motor
*(Check all areas of concern)* □ Social/Emotional □ Adaptive/Self-Help

□ **Medical Diagnosed condition:** _____
*(Include ICD-10 Code if known)*

□ **Hearing / Vision Impairment**
*(Circle one or both)*

Referral Notes: _____
_____
_____
_____

| | |
|---|---|
| **Person Making Contact** | Name: _____<br>Relation to Child: ❑ Family/Friend ❑ Social Service ❑ Childcare ❑ ECI ❑ Follow-Along ❑ Other_____<br>How did you hear about ECI? ❑ Doctor ❑ Childcare ❑ Social Service ❑ Flyer ❑ TV/Radio ❑ Presentation ❑ Other: _____ |
| **Referral Source** | *(Info. needed to provide follow-up on referral status for medical providers and tracking purposes)*<br>Agency/Org./Office: _____<br>Name of Person: _____<br>Phone: _____ Address: _____<br>Fax: _____ Email: _____ |
| **For ECI Staff Use Only** | Referral Taken By: _____ Method: *(circle one)* Phone Fax In-Person<br>**Date Referral Received:** _____ **Client #:**_____ |