



CHILDREN'S HEALTH  
COVERAGE COALITION  
FORMERLY THE CHIP COALITION

**August Children's Health Coverage  
Coalition and OTA Meeting**

Friday, August 17<sup>th</sup>  
11:00 p.m. - 2:00 p.m.

Present:

Texas Dental Association  
Laura Guerra-Cardus at CDF  
Clayton Travis, TPS  
Anne Dunkelberg, CPPP  
Others.

On Conference Line:

Matthew Moore, Children's Health System of Texas

Invited Guests:

Paige Marsala, HHSC  
Hilary Davis, HHSC  
Janie Contreras, HHSC  
Diana Forester, HHSC  
Matthew Moore, Children's Health System of Texas (on the  
conference line)  
Kaitlyn Clifton Doerge, TPS  
Caroline Plapinger, Legislative Director for Rep. Mary Gonzalez

Meeting Chair: Clayton Travis, Texas Pediatric Society

Meeting Scribe: Anne Dunkelberg, CPPP

## 1. Introductions (5 minutes)

### 2. Overview of Foster Care Update [11:05 A.M. – 11:20 A.M.]

#### 3 in 30 [Kaitlyn Clifton Doerge, TPS]

During the March CHCC Meeting we did a 3 in 30 overview [See Meeting Minutes on CHCC website]. The 3 in 30 refers to the steps needed within first 30 days of entering foster care placement, including medical exam. SB 11 2017 included this, including a comprehensive THS exam and CANS assessment. Before this, only 50% of foster kids were getting THS visit within 30 days. [See 3 in 30 doc at end of minutes.] April 2018 roll-out. [See regional map.] As of July, 50% were rolled out and are getting the new initial exam, too. [See colorful 3 in 30 attachment with arrows.] Trauma history is a huge new component where FPS gets the hx to the doctor before first exam. Providers are still hoping for future clinical training for doctors doing these exams.

Amendment to SB 11 prohibits vaccines at first exam. This is opposed by many; work continues to clarify this problematic policy.

A skull fracture was detected at an initial exam recently that might have gone untreated.

Notification of placement change to PCP should occur when child is moved; Superior is not catching them because of the flood of file updates, however, December 2018 TIERS update will fix this. Superior says they will notify doctors by mail. This is a policy needing attention, electronic and phone contact by care coordinators will likely be needed.

The Family First Prevention Act handout provided, includes a number of services for at risk of placement. Kinship Navigators are part of this. Initial funding also paired with state funding shares at some point. Kaitlyn Clifton Doerge is available for questions ([Kaitlyn.Doerge@txpeds.org](mailto:Kaitlyn.Doerge@txpeds.org)). Laura from CDF asked about medical assessments before CPS placement, e.g., during investigations. Google Forensic Assessment Center Network (google FACN).

#### Children's Health Recommendations [Matt Moore Rees-Jones, Children's Health System of TX]

Implementation of recommendations:

- Enhanced medical home communications from caseworkers at FPS;
- Expand office of FPS medical director- need additional staffing/appropriations in addition to current resources, need ombudsman/organized reactions to misses and near-misses.
- Medical professionals need expedited warm or hotline access to get rapid response.
- DFPS oversight of medical care (expedited review of denials function needed WHERE?)
- Third bucket= prior authorization process between providers and Superior peer review timelines is too slow, delaying needed care that is medically necessary.



**3. Children's Health Innovations [11:20 A.M. – 11:55 A.M.]**

HB 1697 and School-based telemedicine [Matt Moore Rees-Jones, Children's Health System of TX]

HB 1697 Tele-specialty program is about getting more primary care into school setting. Next steps is focused on rural access.

School-based telemedicine: There is a focus on non-emergent ER visits to improve access to care in better setting, partially using telemedicine. 118 schools in 13 districts, ~ 12,000 encounters partnering with school nurses who have a kit/station/tools for this purpose. This approach really helps keep kids in classes and helps parents miss less work. Behavioral health component has provided 4,000 visits to date. Texas Tech program is overseeing a program focused on violence intervention. Various expansions of telemedicine are expected for 2019 session. Technical assistance is available to help PCPs and school-based telemedicine get set up to serve Medicaid enrolled kids.

Tele-specialty programs help more than half of kids using them to stay in the hospital they arrived at, whether NICU or ER- (E.g., highest-level NICUs connect to doctors and babies in lower-level NICUs to save family from needing to travel long distances to urban Level 4 NICUs, whose remote specialist can provide the needed expertise via telemedicine) [see slides.]. This also keeps the baby with mom, which might not otherwise be possible.

HB 1697 passed but a \$5 million budget rider (enough for 30 hospitals) was cut. Both chairs instructed agency to proceed despite error. The E-health office at HHSC is working hard on a pilot program. Meanwhile, UTHSC Houston has arranged to donate some equipment to allow a pilot to begin.

*Question:*

- Laura Guerra-Cardus from CDF: Is enrollment assistance provided for kids who are not covered?
  - Matt Moore: Yes!!

**4. Health care issues for children and families in immigration detention centers [11:55 A.M. – 12:25 P.M.]**

Update from MALC [Caroline Plapinger, MALC]

[See PowerPoint]

650 children are still un-reunited. In part this is due to the hundreds of parents that have been deported. [See recommendations.] Number 2 needs more support- parents calls are being limited and in some cases they are being charged. More than 2x a week calls are needed. Also, parents were being denied second attempts if they could not reach a child! Documented as reducing trauma.

There are no real protocols or minimum standards for medical care for kids, vaccine barriers, and unreasonable medication of children without their parental consent. In the Tornillo facility, there is a shortage of SW/BH help for these kids despite many voluntary offers. They need emergency provisions like in Harvey to allow those services to get to the children who need them. They also need a broad requirement for all adults working with detained children (not just BH providers) to have trauma-



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informed training. Also, the contactor running Tornillo is not transparent or responsive; USHHS is also not receptive. Texas HHSC cites the Texas Chapter 42 Government Code exemption for oversight responsibilities.

MALC has drafted legislation to put these recommendations into place in TEXAS; they are working with Congressman Hurds office as well and seeking more Congressional offices that can provide support.

### Commentary from CDF and TACHC

CDF Texas coordinated the Austin family separation rally (Families Belong Together), where 20,000 people attended. CDF is also coordinating bi-weekly conference calls on ongoing activism around family separation issues. You can email Laura Guerra-Cardus or Cheasty Anderson to get on the d-list. Laura Guerra-Cardus reported on an ICE raid on a family detention center in Karnes City yesterday.

### 5. OTA Meeting Agenda Items [12:30 P.M. – 2:00 P.M.]

- 12:30: Office of Ombudsman Update
- 12:50: Access and Eligibility Update
  - Update on Periodic Income Checks
  - Update on sibling alignment of renewal dates
  - Impacts to MAGI income from tax reform bill

\*\*Note: The following notes were added after the meeting had adjourned. \*\*

- Updates are going in with regular annual update.
- Threshold for who has to file taxes will be increased. **This is the single biggest change.** Basically, if a person doesn't have income over the standard deduction amount they don't have to file taxes (because obviously they wouldn't owe taxes anyways). And if you remember one of the big headlines for the tax bill is that the standard deduction is going up, way up. For Medicaid eligibility, this has big implications for the inclusion of the income of tax dependents because their income only gets included if they have to file taxes. Bottom line, fewer tax dependents (mostly children) will have their income included in the eligibility determination because fewer of them will be required to file taxes.
- Alimony paid is no longer a deduction, alimony received is no longer income. This is will be handled using a CPM (HHSC acronym for "workaround") because not enough people get alimony. (Side note: Some staff at HHSC falsely believe that you can't get alimony in Texas. This is untrue, as long as you've been married 10 years you can be awarded alimony. So it's less common than other states but it still exists. And obviously a person living in TX could be paying/receiving alimony awarded in a different state.) I don't disagree with the workaround approach eventually every "CPM" is supposed to get programmed into the system they just aren't prioritized.
- Student loan debt that's forgiven for certain reasons will no longer included in income (we're pretty sure this never really happened before because people wouldn't know to provide it and



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workers wouldn't know to ask for it, so more of a technical change than an actual change in practice). There was some confusion during the discussion and they said they would follow-up in writing so I can email about that.

- Moving expenses no longer deductible except for members of the armed forces (Again this would rarely be reported and would probably never be asked for so more of a technical change with little to no impact)