Children's Health Coverage Coalition and OTA Meeting Agenda
Friday, August 16th, 2019
11:00 A.M. – 2:00 P.M.

Present:

Helen Kent Davis, TMA
King Hillier, HCHD
Nancy Walker, Harris Health System
Cole Wilson, Young Invincibles
Cindy Ji, CPPP
Clayton Travis, TPS
Laura Guerra-Cardus, CDF
Adriana Kohler, Texans Care for Children
Alison Mohr Boleware, TMA

On Conference Line:
John Pham, Lonestar Legal Aid
Betsy Coats, Maximus
Denise Gomez, Children's Health System of Texas
Celia Kaye, League of Women Voters of Texas
Diane Rhodes, TDA
Sonia Lara, TACHC
Sebastien Laroche, MHM
Stephanie Mace, United Way-Tx

Meeting Chair: Anne Dunkelberg, CPPP
Meeting Scribe: Amanda Pouncy, CPPP

I. Introductions (Anne Dunkelberg) Meeting began 11:03 AM

II. Census Update (Cindy Ji)

What do we know about the census?
Nancy - Texas is not giving any money to create Census Complete Count Committees

[Refer to Slide 4]
Census is different from other surveys and research because it aims to count every single person in the U.S.

[Refer to Slide 5-7]
This Census is different because it is the first to be conducted online as well as on paper

[Refer to Slide 8]

This is a reduction to the number of languages available in 2010 which advocates are concerned about. ~3-5 languages were cut.
Advocates have concerns about the unknown capacity of the online forms to capture information for the Census

[Refer to Slide 9]
Funding has not been allocated for testing the questions ahead of the Census to the same extent that it was in the past
One thing to note is that the Census is not doing the online form because it is more effective, but instead because they are trying to cut costs. Unfortunately, we know that participation in federal surveys has continued to drop. The need to hire people to go door to door to get surveys completed if online response is low will exceed the original cost of the Census paper forms.
Citizenship question will not be on the 2020 Census, but chilling effect on census completion from the extended debate still expected
Important to note: Census Bureau performed a test designed to determine the effect of a citizenship question and results are still pending with early reports that the question had the chilling effect as expected. Thus, chilling effect expected regardless of presence of the question and results will likely confirm that.

[Refer to slide 12-13]
Hard-to-Count Populations

[Refer to slide 15]
Experts estimate that Texas could gain 3 more seats in congress after 2020 Census count, IF it is accurate

[Refer to slide 16]
These estimates are based on only 5 programs: Medicaid, Medicare, CHIP, Adoption & Foster Care, and SNAP

[Refer to slide 18-19]
1 in 4 rural Texans don't have access to broadband internet
We are a relatively young state with a large immigrant population, which are two of the largest hard-to-count populations. We stand to lose a lot with an undercount.

Clayton – Can you give me an example of why children are missed on the Census?

Cindy – Sometimes what happens is the child is staying with a grandparent or other family member. This is the first year that the Census is adding "grandchild" on the form.

Additionally, they may think well the child doesn't pay taxes and doesn't have any reason to be on this form. A lot of the times it is not that the family didn't fill out the form but that they didn't fill it out entirely and left people off.

[Refer to slide 22]
These committees are established to help think about who the hard-to-count groups are and how to get them more engaged. There are local and state CCC's, but Texas did not allocate any funding to establish a state CCC this session.

[Refer to slide 23-24]
The governor can still send an executive order to create a Complete Count Commission but it is unclear whether that will happen. Since we also do not have a Secretary of State we cannot determine what will happen there either.

[Refer to slide 25]
CPPP is working with Communities Foundation of Texas to establish subcommittees to address needs and identify hard-to-count communities.

[Refer to slide 26]
Philanthropy may actually have been removed. Cindy will confirm.
The health subcommittee has not officially been establish but Anne will be working on that. Anne will follow up with details later.

[Refer to slide 27]
Anne – One of the questions I asked recently is how are these local committees coordinating with these state committees? There are going to be some counties that are not going to be reached. If THA got involved, for example, they could touch the other counties that maybe are not involved.
Cindy – And as far as I know the majority of CCC's are concentrated in metropolitan areas.

[Refer to slide 29]
I can't speak to what CFT's goals are right now but they are getting this pooled money and trying to figure out where to invest that money.

[Refer to slide 30]
Anne will follow up with the CHCC membership regarding starting a health subcommittee. Look out for that.

Clayton – Is this something we should consider having an interim study on?

King – I think we should make sure that Texas Association of Health Plans are represented in the subcommittee.

Clayton – How does this relate to Medicaid?

Cindy – For Medicaid, essentially what happens is that if there is an undercount, the denominator of the fraction (total personal income divided by total population) that provides the mean per capita income for Texas is too small, while the income that is calculated from more accurate annual Census surveys is more accurate. The result is higher—but inaccurate—per capita income which in turn REDUCES Texas' federal Medicaid match, because it looks like the state is wealthier than it is.

III. Children's Enrollment Update (Melissa McChesney)

[Refer to slide 2]

Just a reminder that our most current Census uninsured data only runs through 2017. We will get new Census data on September 10, 2019.

We know that Texas has the worst uninsured rate for children in the country. We expect it to get worse with the data updates this fall.

[Refer to slide 3-4]

This demonstrates what happened when the changes to healthcare went in to place related to ACA in 2014. Any child between 100 to 138% was moved from CHIP to Medicaid. Then we have relatively flat enrollment from 2014-2017. To contrast this our CHIP enrollment went up but this is also around the time periodic income check went into place. So we think this is because we no longer had continuous eligibility for Medicaid kids. It was changed to 6 months continuous eligibility, and then 6 months of month-to-month coverage. In December 2017, we start to see a decline and it is steady through March 2019. We see that there are a lot of things causing this, including a huge decrease in enrollment support and outreach. Feds cut funding for navigators. Additionally, we now have fallout from the chilling effect on families that include immigrants, with people pulling their US citizen children out or not reenrolling them.

[Refer to slide 5-6]

I chose March 2019 to stop even though we have more current data because I wanted to compare to the national data here.

[Refer to slide 7]

The red numbers should all say negative (-4.8% and -4.9% decline). If you jump to May on their website you will see that we have surpassed the -6% mark.

King – Do we know the demographics of these numbers? I think it would be helpful for us to know if this is related to the chilling effect or some other issue.

Melissa – No we don't get that information and the only one who could get that kind of information is HHSC. It would be hard to capture with children and parents if the parents are not on the program because of immigration status.

King – The information is definitely out there. I have seen some data showing this but not sure where it came from.

Anne – I'm wondering if that is modeling. I will check with Manatt.

Adriana – I'm wondering about the numbers on slide 9, what is causing this if it is not changes in economic conditions?

Melissa – I think this does relate to periodic income checks. So what is happening is that the kids are not even making it enrollment, they are being discontinued before that.

Erica, from Center for Children and Women – I am working as a client navigator and I think that what is happening is the people are not receiving notification about renewal.

IV. Public Charge & Immigrant Children Update (Anne Dunkelberg, Laura Guerra-Cardus)

[Refer to slides]

Laura – There are a lot of things being said that are just not factual and people are being made to believe that they should just pull everyone out of these programs. I would encourage people to never use blanket statements and when necessary refer to an immigration attorney.

Laura – We are also going to start seeing more empowerment messages from Univision and CDF and it sounds something like "Get involved and know your rights." There may be separate messaging for effected individuals which will not only be in Spanish but also in English. If we take into account that 1 in every 4 kids has an undocumented parent, we are always talking to the effected population.

Anne – I sent an email out with links to webinars on public charge and there will be many opportunities to talk more about this.

V. Interim Charge Discussion (Open discussion)

SKIPPED

OTA (Facilitated by Melissa McChesney)

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

VI. Connecting Kids to Coverage Grantees

John Pham, Lonestar Legal Aid
Only one of two legal aids that was awarded this grant. For those who are familiar with the program the aim is to improve the rate of children who are eligible but don't receive CHIP. We are focusing on 8 counties which includes Harris, Fort Bend, Montgomery, Brazoria, Matagorda, Wharton, Chambers and Jefferson. We are different from other grantees because we provide legal services. In addition to signing families up for Medicaid, we also do appeals for denials and changes to Medicaid.

Virginia Mika, Bexar County Hospital District
Second time awardee, we did have this grant before and this time we are extended for three years. We are targeting Hispanic children in Bexar County which is where San Antonio is located, to enroll and re-enroll or educate people on Medicaid and CHIP. We are using the parent mentor approach which allows us to hire parents that are enrolled in Medicaid and CHIP to help other parents navigate the process. We partner with three local school districts and have great relationships with them which allows us to provide services in schools. We are different from other grantees because we provide healthcare services in addition to the work we are doing around enrollment. We also work with our housing authority and take our services to people where they live.

Furjen Deng/Helen Sun, Light and Salt Association
[Refer to slides]
The areas we target were chosen because they have the highest Asian population
Target apps which Asian populations are using like WeChat and offer in multiple languages to accommodate different populations

Laura Guerra-Cardus, Children's Defense Fund
We partner with WIC, community centers and community partners to identify and enroll children in Medicaid and CHIP. One of the biggest issues we have with this is the loss of data during the application process. In the past, we used to have a code that you could put on the application that would identify them to the outreach entity. This is something we have always faced when working with CMS and we need to reach out to HHSC to see what else can be done about this. CMS does seem to get the problem which is that Texas has a bigger problem than other states related to accurately capturing data. CDF is also working on two reports (coming out of the Texas office): 1) How schools are using Medicaid for school financing and initiatives + opportunities to maximize that; 2) Best practices reaching out to ethnic communities – since the public charge rule has come out this has refocused this report. Hopefully these two reports will help inform all of our work.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

HHSC Presentations

VII. Ombudsman Update (Paige Marsala)

[Slide 2]

320,826 contacts total

[Slide 3]

You can see there is a big dip for May. The big decrease was in inquiries and there were no contacts related to how to apply for CHIP in that month. Draw what conclusions you will there.

[Slide 7]

You can see that there is a spike in June. No trend in a specific type of complaint or inquiry. We did have an increase in follow-up which means that folks are calling to check up on an on-going case. We also noticed an increase at the same time last year—we don't know why.

One of the things that we have received feedback on is that we do not have a slide which just shows Texas eligibility overall. We will provide that moving forward if it is something that you want. [Yes] I will include that next time I present.

[Slide 8]

The majority of contacts related to prescriptions are complaints. That is something we have seen as a trend for quite a long time. What happens a lot of the time is that someone gets reenrolled and backdated to the 1st by the health plan but HHSC doesn't automatically get that information—there is a lag. So when the client goes to fill the prescription they can't. Note: We do help them to get their prescription within one to two days.

[Slide 9]

This is our children who are in foster care. These numbers reflect contacts not only from clients but from other departments calling to verify.

[Slide 16]

Problem trends

Housing modifications to accommodate disabled clients; Girling (largest vendor for minor home modifications) hired a subcontractor incorrectly installed a ramp on a mobile home. Permanently connected to the mobile home and as the home began to shift, the ramp began to rip the home apart. The subcontractor eventually went out of business. Resolution: health plan eventually bought her a new mobile home. – We are working on trying to prevent these things from happening.

Projects

We would like to see more contacts coming through the online submission form, trying to figure out what how to better market that.

We are also working on figuring out how to get contacts streamlined when they call the ombudsman because they have to go through a long process to get to their correct department.

*If there are other items you would like to see please let us know.

Alison – Is there information on the behavioral health from the ombudsman? I know that many CHCC members worked on that bill.

Paige – We will add the behavioral health ombudsman to the next report. That is great info.

VIII. 86th Legislative Session Overview — Medicaid & CHIP Services (Michelle Erwin, Allison Morris)

[Slide 3]

We already do publicize data related to healthcare outcomes but we want to make sure we are doing that thoroughly and in a way the public finds useful.

[Slide 4]

Client can request renewal 60 days prior but this can be tricky (HB 3041). Would need to extend authorization to make this less difficult to accomplish

[Slide 6]

Prior to submitting assessment to TMHP to render a decision about the waiver they now share that with the family and the family will sign that they reviewed.

Allows for assessment after a denial to happen sooner

[Slide 7]

MCO requirements – imposing drug-related PAs – HHSC will have to go to federal partners to see if they will allow them to implement this considering their preferred drug list (SB1096).

[Slide 8]

Relates to continuity of care for kids in foster care – well aware of the issues that Paige related to foster youth and hopefully this will address some of them.

Skipping slides 10 & 11 but feel free to read and revist these.

[Slide 12]

Rider 32 is specific to children 20 and younger who are on the autism spectrum – implementing as a comprehensive autism benefit. We are looking at what we already provide and how this fits in.

[Slide 13]

MCOs are prohibited from denying services delivered through telemedicine based entirely on their being delivered remotely (SB 670).

Adriana – Do you have a list you can share that shows what rules you are making and what may be high priority or not so that we can inform the public on?

Allison Morris – We're working very hard on those timelines but it is going to be awhile. The effective dates have a lot to do with how we are expediting those processes.

Clayton – I think we are just asking how we can be proactive as opposed to being reactive when something happens and we feel like we should be giving input.

Michelle – Please also look through the presentation and let us know if there are things that you want to know about.

IX. Access & Eligibility Services Legislative Update (Michael Ghasemi)

SKIPPED – In the attachment called "HHSC Access and Eligibility Services 86th Legislative Session Update" no slides were covered due to time constraints. We will request that HHSC come back for the next OTA meeting to present this.

X. Periodic Income Check Data (Gina Carter)

So, on question #6 the population was only those that we contacted. Only 1% of the kids who have a PIC are contacted, the other 99% have their coverage unchanged. Vs +#3 was "of the total population of denials (both those contacted and those not contacted), why were they denied?"

Laura – On the data that y'all sent us in Appendix A compared to the data in Appendix B, can you explain that?

Gina – Appendix A is renewals. Appendix B is a different population.

Question 5 is talking about the population who actually received the PIC. Out of that population 21% of the population went through the PIC process.

Laura – There is a second part of Appendix A where it says don't get how it compares to Appendix B where it says 11% are procedural denials.

Gina – So this is a different population. Appendix A is contacts and Appendix B is denials. It is confusing but it sounds like y'all are getting it.

Adriana – The other question we had was that for the kids that are denied for being over income, does this provide us information on whether they are moved to CHIP? Or do we know what happened?

Gina – No, it just says that they don't receive Medicaid services. We do try to streamline the CHIP qualification process but we don't have data on that here.

Laura – It might be helpful to include in the letter, "if you think this is an error please contact us. If your income has changed please contact us."

Gina – Sure we will take that back and look at it.

Anne –I think more conversation is needed regarding this data and the policies we explored through this request.

Allison Morris – Please reach out to me if you have other questions and we will be in touch.

XI. Updates

Laura – People have been very receptive to our interim charge recommendations in meetings so far. Please reach out if you would like to attend any of these meetings. We have more to come.

Adriana started an email on the idea of a census interim study and we can follow up by email. Follow up on that soon.

XII. Meeting ended at 2:10

CENTER *for* PUBLIC POLICY PRIORITIES

2020 Census in Texas

Cindy Ji

RESEARCH & PLANNING INTERN, CENTER FOR PUBLIC POLICY PRIORITIES

JI@CPPP.ORG

August 16, 2019

We believe in a Texas

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

We envision a Texas

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

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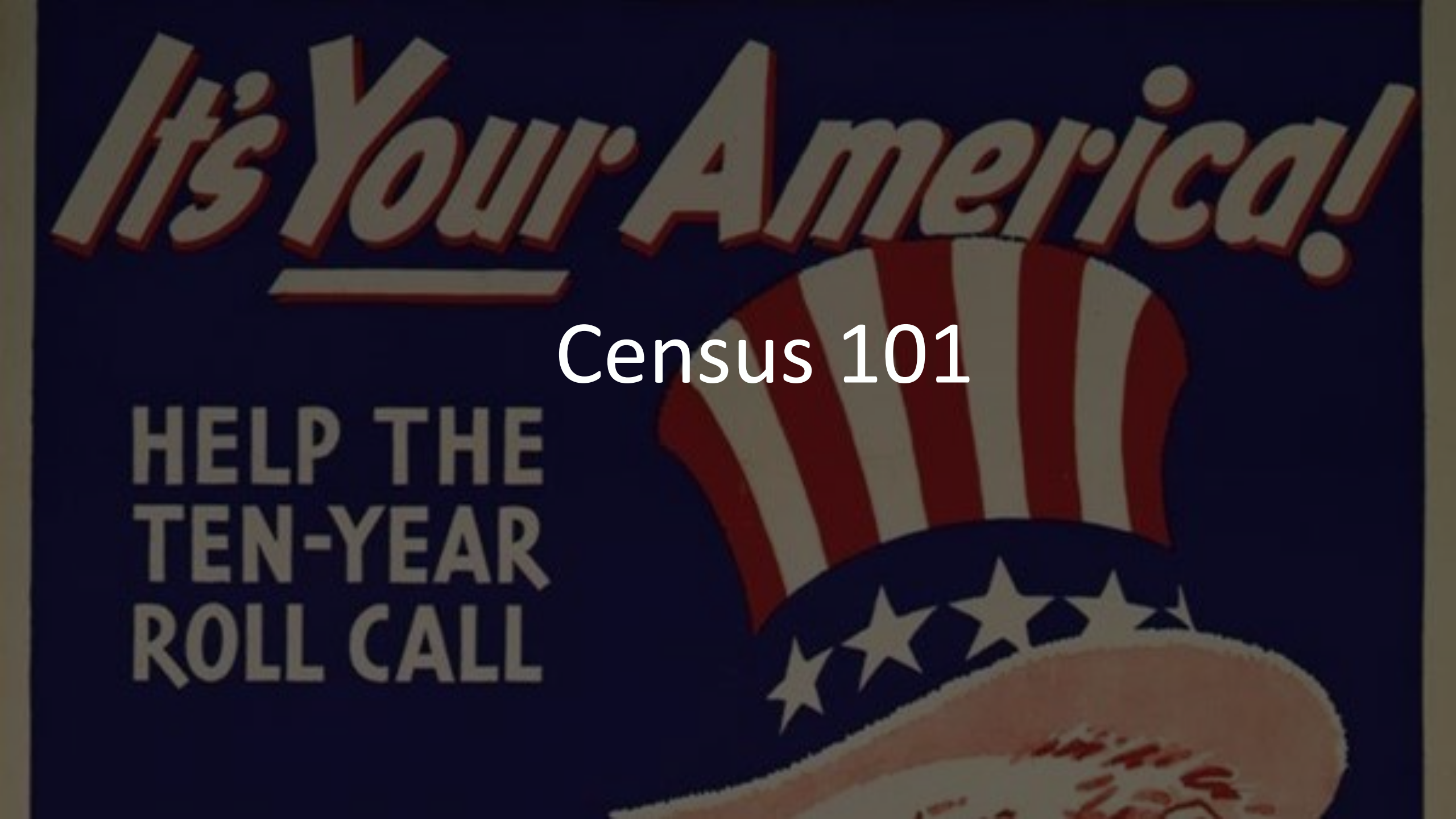
@CPPP_TX



Census 101

The Census is...

- Constitutionally mandated
- Every Person
- Foundational Data

Census Bureau Motto

Count Every person living in the US once, only once, and in the right place.

Census 2020

2020 Census Timeline

On or Between	Household will Receive
March 12-20	Invitation to respond online to the 2020 Census. Some households will receive a paper questionnaire.
March 16-24	Reminder letter
	If no response:
March 26-April 3	Reminder postcard
April 8-16	Reminder letter & paper questionnaire
April 20-27	Final reminder postcard before in-person follow-up

2020 Census Languages

- Paper forms: English & Spanish
- Online & Phone: 13 languages
- Video and printed guides: 59 non-English Language

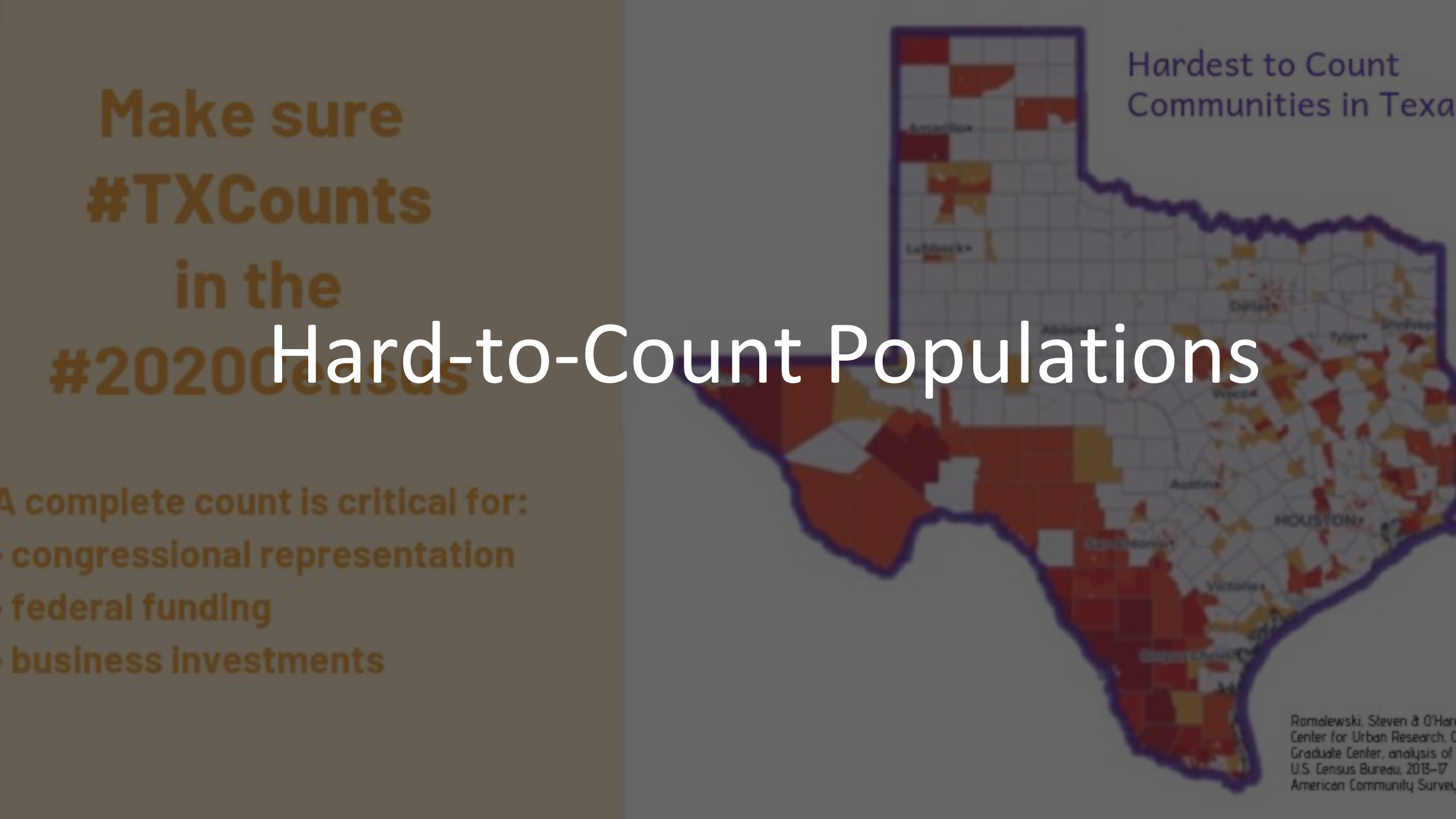
Timeline for Advocates

- Education: Now- Dec 19
- Promotion: Jan 20- Apr 20
- Targeted: May 20- Jul 20

Challenges Facing the 2020 Census

- Funding
- Online Survey
- Citizenship Question

Hard-to-Count Populations



Hard-to-Count means...

"Hard-to-count neighborhoods or groups, where past self-response rates to the decennial census have been relatively low"

Hard-to-Count Groups

- Children under 5
- Immigrants
- People in Rural areas
- People of Color
- Renters
- Transient people
- Linguistically isolated

2020 CENSUS

TEXAS-SPECIFIC INFORMATION AND RESOURCES REGARDING THE 2020 CENSUS

2020 Census in Texas

OUR VOICE

The Census shows the number of people who live in an area, which determines how many representatives

OUR QUALITY OF LIFE

Much of our federal tax money that we send to Washington comes back to Texas in accordance

OUR BUSINESSES

Companies use population and demographic data from the Census to

Why the **2020 Census** Matters to 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.

OUR BUSINESSES

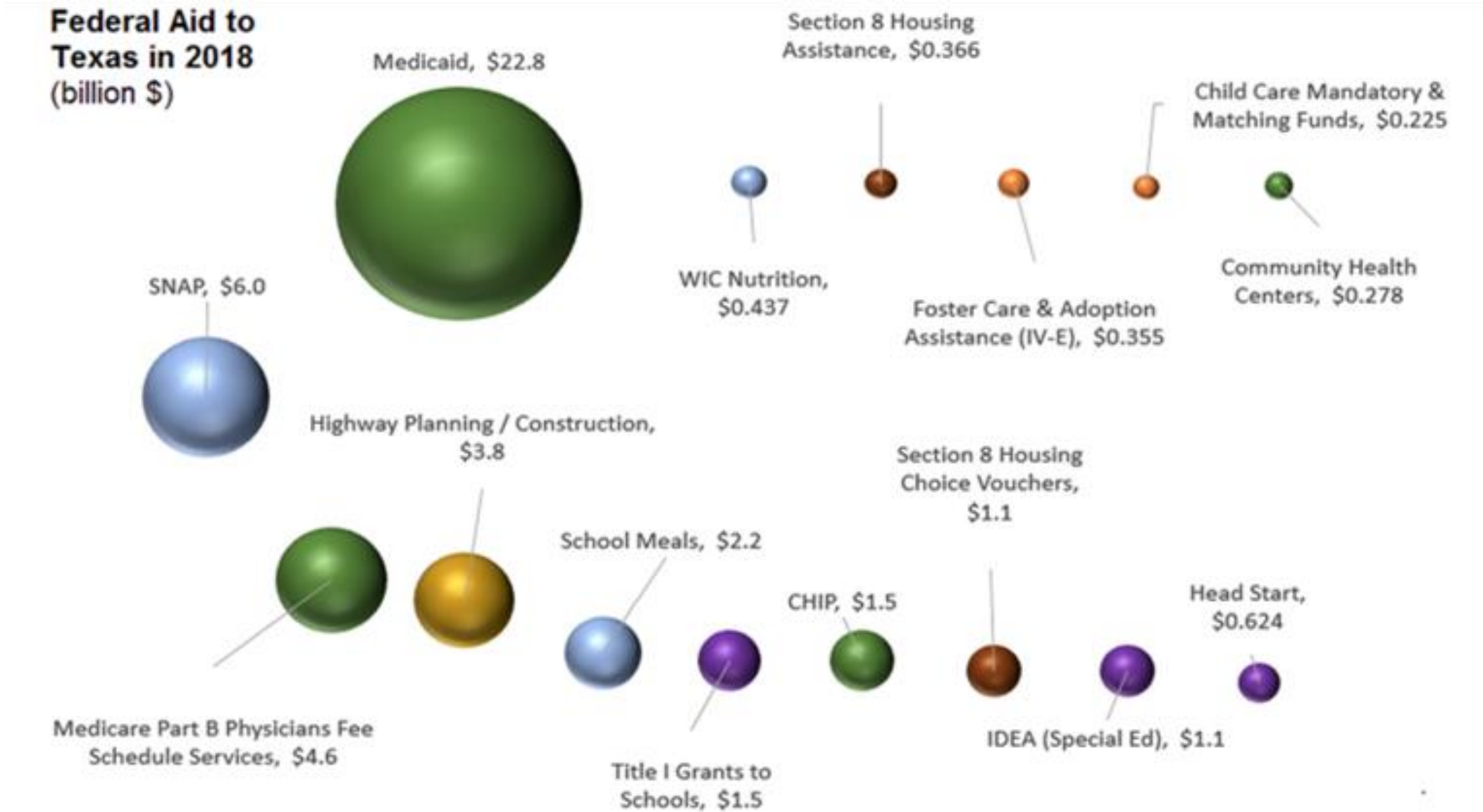
Companies use population and demographic data from the Census to determine where to set up shop and expand, creating jobs and generating opportunities for Texans.

$300 million

Amount Texas could lose in federal funding **each year over the next decade** from a 1% undercount

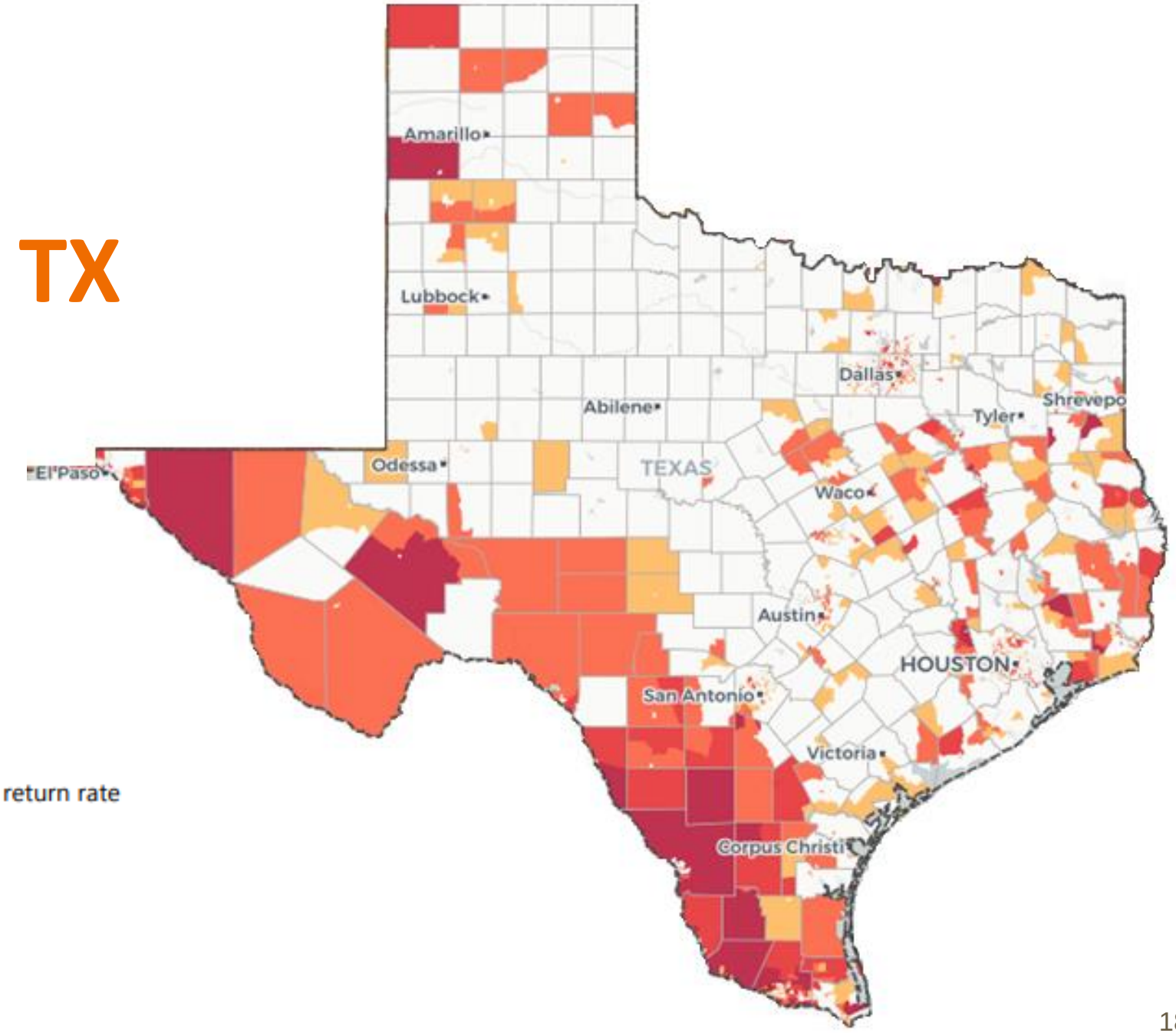
- Health Care
- Quality Schools
- Affordable Housing
- Early Childhood Prog.
- Hunger programs

Counting for Dollars 2020



Counting the Dollars (GWU Institute for Public Policy): gwipp.gwu.edu/counting-dollars-2020-initial-analysis

Hard-to-Count Communities in TX



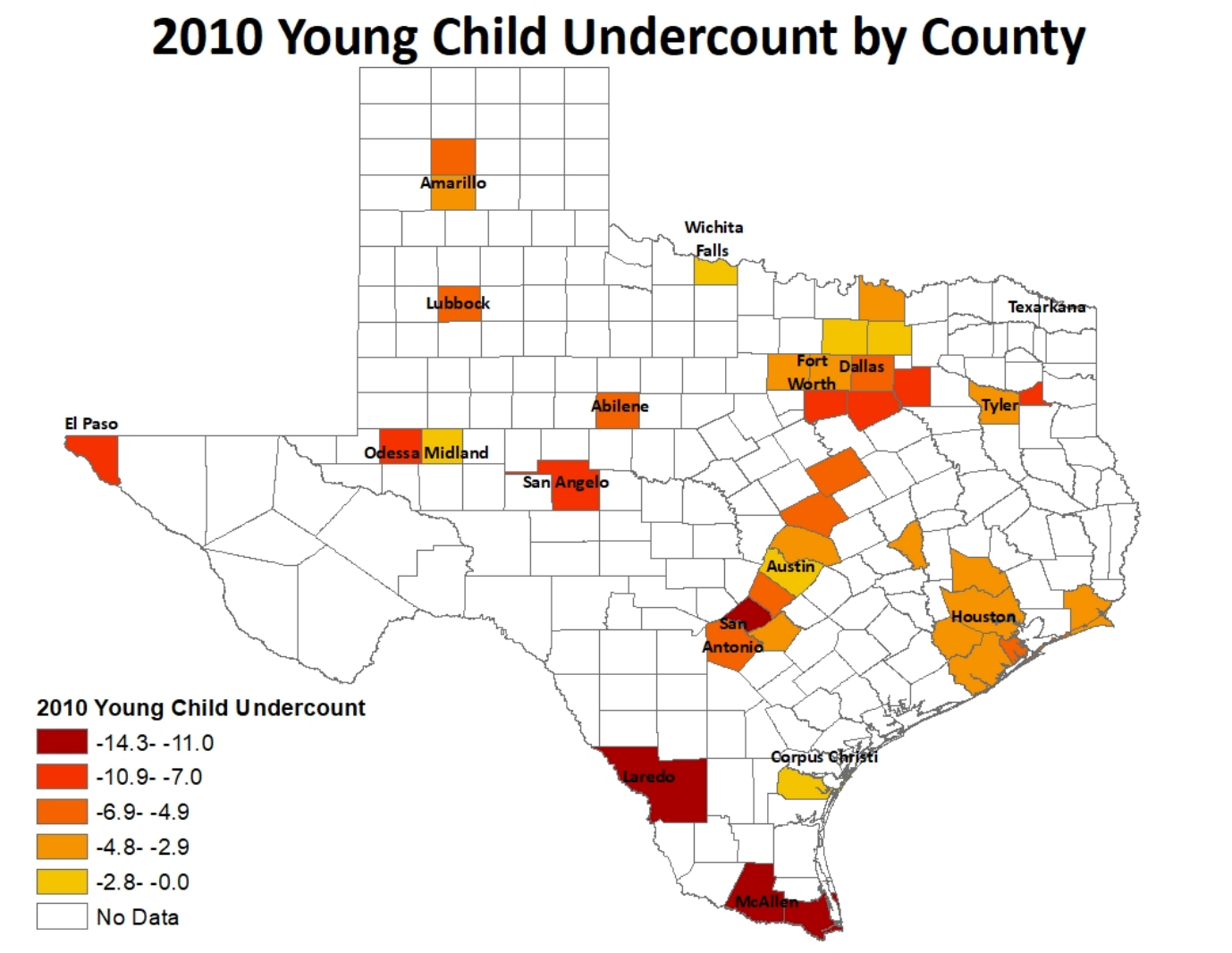
Hardest to Count (HTC) Tracts in the Nation

Tracts with 2010 mail return rates of 73% or less (in the bottom 20 percent of return rates nationwide) are shaded on the map. Tracts with >73% return rate are not displayed.

- 0 - 60% mail return rate
- 61 - 65%
- 66 - 70%
- 71 - 73%

https://www.censushardtocountmaps2020.us/

2010 Young Child Undercount



5% (over 102, 000) of young children were undercounted in the 2010 Census.

TEXANS CARE for CHILDREN

CENTER for PUBLIC POLICY PRIORITIES

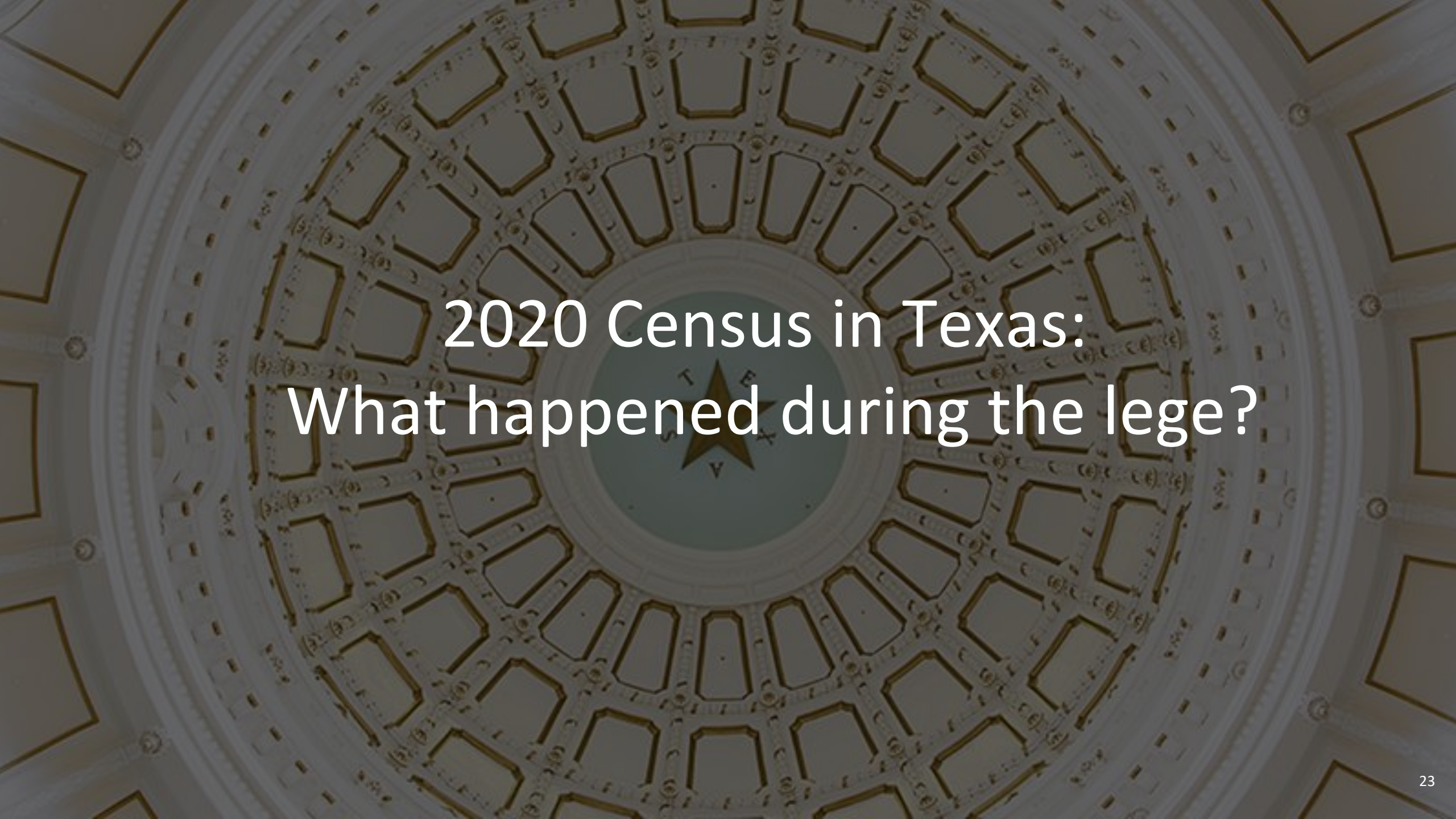
Ways to Get People Counted

Complete Count Committees

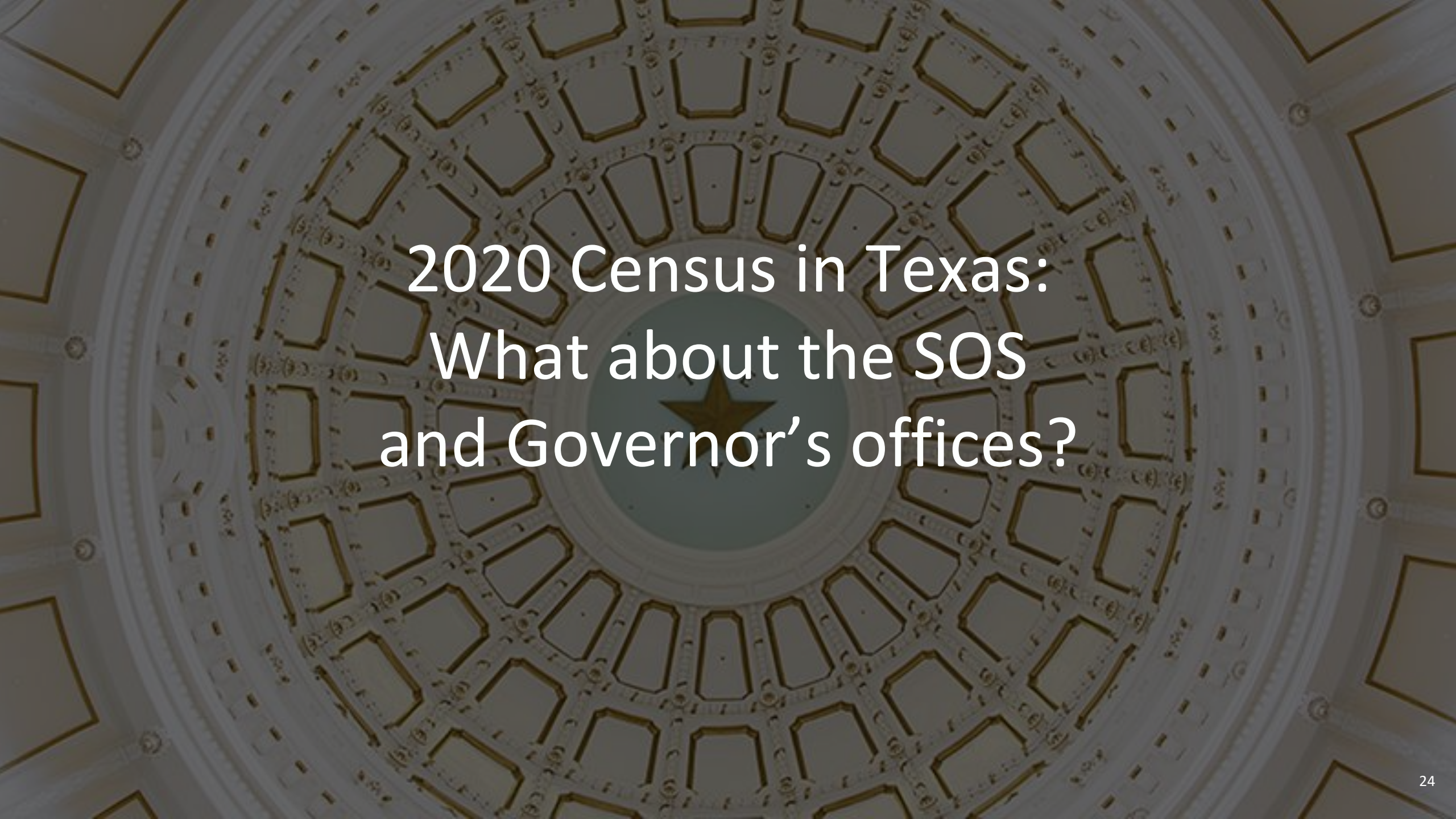
CCCs are volunteer committees established by tribal, state, and local governments and community leaders or organizations to increase awareness and motivate residents to respond to the 2020 Census.

Census 2020:
What local governments can do

- Form a Complete Count Committee
- Develop a plan for outreach to hard-to-count communities
- Donate funds and services to support outreach efforts
- Advocate with other government officials



2020 Census in Texas: What happened during the lege?



2020 Census in Texas: What about the SOS and Governor's offices?

Texas Counts Campaign

Statewide effort to Get Out the Count

- Recruit cross-sector **leaders** to amplify the 2020 Census
- Build **subcommittees** to address sector specific needs
- Aggregate and share **best practices**, **tools**, and **resources**
- ID hard-to-count communities in need of **outreach** and **education**
- Identify and connect to **funding opportunities**

Texas Counts Campaign: Subcommittees

Business
CBO/Nonprofit
Education
Faith
Government
Philanthropy
Health

CBO Subcommittee: Roles and Responsibilities

- **Leverage your existing networks and activities** to reach HTC communities for a more accurate census
- Identifying census outreach **needs** and **opportunities** across the state
- Assessing what **efforts** are and are not happening right now
- Determining which regions & organizations most need **funding** & connect them to resources
- Reporting back to the steering committee to **enhance statewide coordination**

What will this look like for your organization?

- *Participation is voluntary*
- Monthly check-in **calls**
- Designating a **point person** for committee calls
- Plugging 2020 Census work into **existing networks & activities**
- Identifying potential community **partners**
- Being informational **resource, connector and support** for local organizations in your network
- Most work will take place now through May 2020

Statewide Pooled Fund

- Headed by the Communities Foundation of Texas
- Disseminate funding for outreach & engagement in HTC communities
- Fundraising goals
- Guided by insights from the Texas Counts Campaign

Health Subcommittee (Anne)

Q & A

Other Census Resources

National Resources

NALEO Educational Fund

Ready Nation

Faith in Public Life

Leadership Conference Education Fund

American Library Association

Ethnic Media Services

Georgetown Center on Poverty & Inequity

National Association of Counties

National Conference of State Legislatures

National League of Cities

State Resources and Partners

Texas Counts Campaign

CPPP

Communities Foundation of Texas

Houston in Action

North Texas Immigration and Education Table

Texans Care for Children

Texas Education Grantmakers Advocacy Consortium (TEGAC)

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CENTER *for* PUBLIC POLICY PRIORITIES

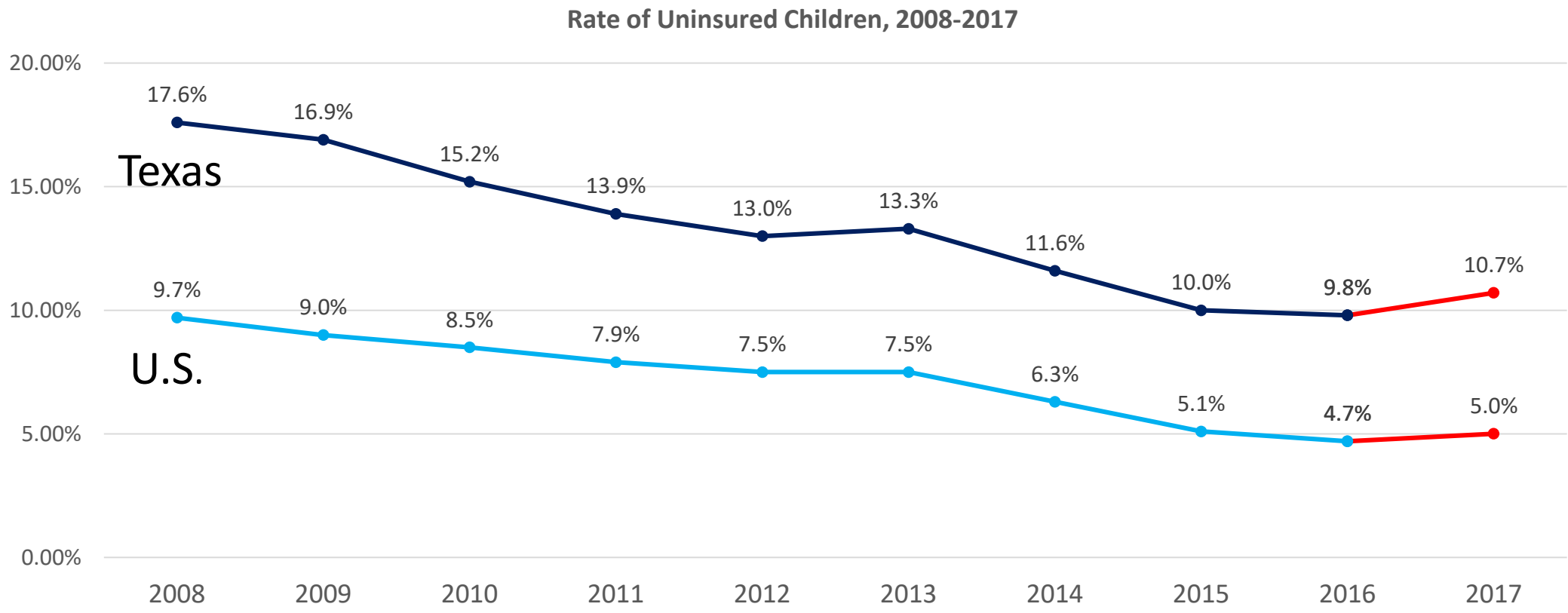
Children's Enrollment Decline Update

MELISSA MCCHESNEY
POLICY ANALYST, MCCHESNEY@CPPP.ORG

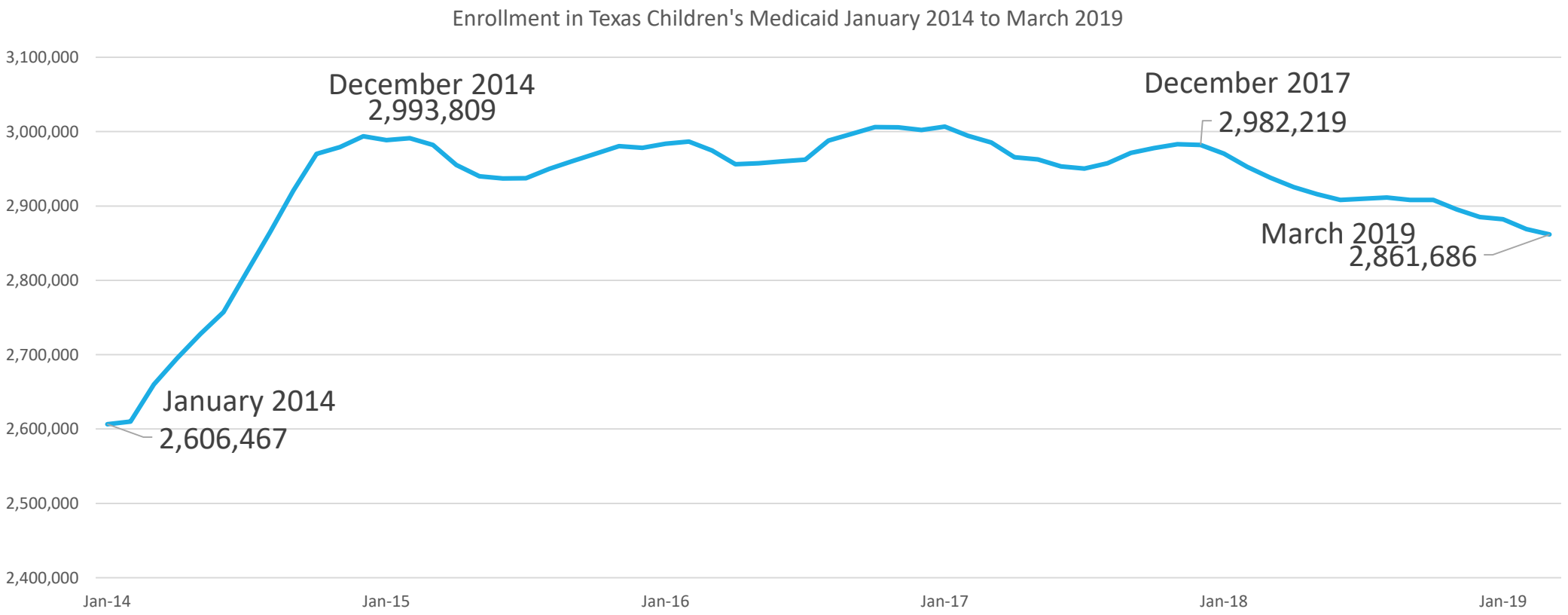
August 16, 2019

Progress on Children's Health Coverage Reverses Course: Texas Worst in the Country

In 2017, for the first time since ACA was implemented, there was a significant increase in uninsured children.



Children's Medicaid Enrollment 2014 - Present



Child Enrollment Declining Steadily Since December 2017

Beginning in December 2017, child enrollment in both programs starts to decline and has been declining ever since.

According to HHSC enrollment data, approximately 120,000 fewer children were enrolled in Medicaid in March 2019 compared to December 2017.

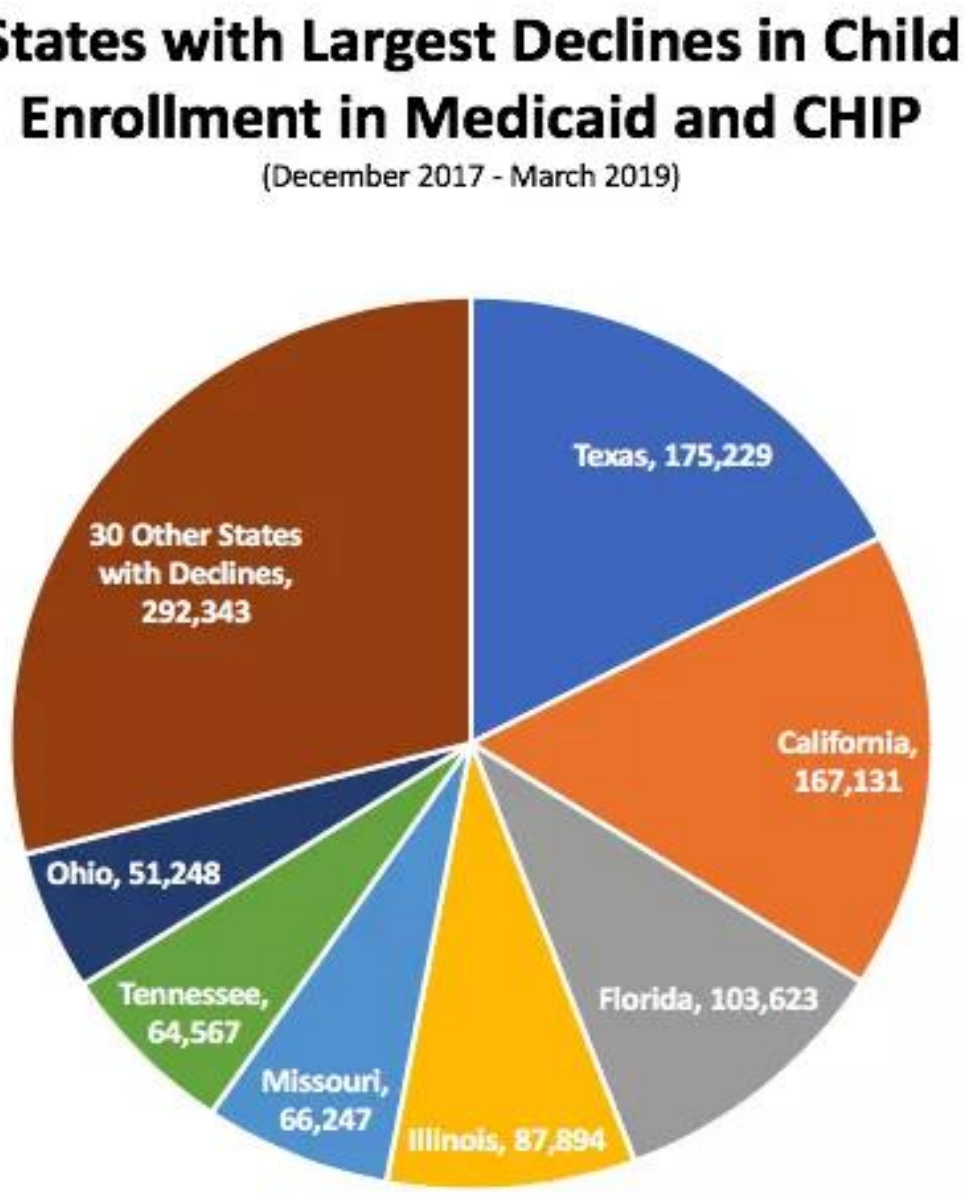
During this period CHIP enrollment also declined by 45,000 children.

Combined, in Texas children enrolled in Medicaid or CHIP dropped by more than 165,000 children between December 2017 and March 2019.

Texas Following National Trend but With The Largest Decline

This is based on analysis of CMS enrollment data of Medicaid and CHIP by Georgetown University Center for Children and Families (CCF).

https://ccf.georgetown.edu/2019/07/16/child-enrollment-in-medicaid-and-chip-slips-again/

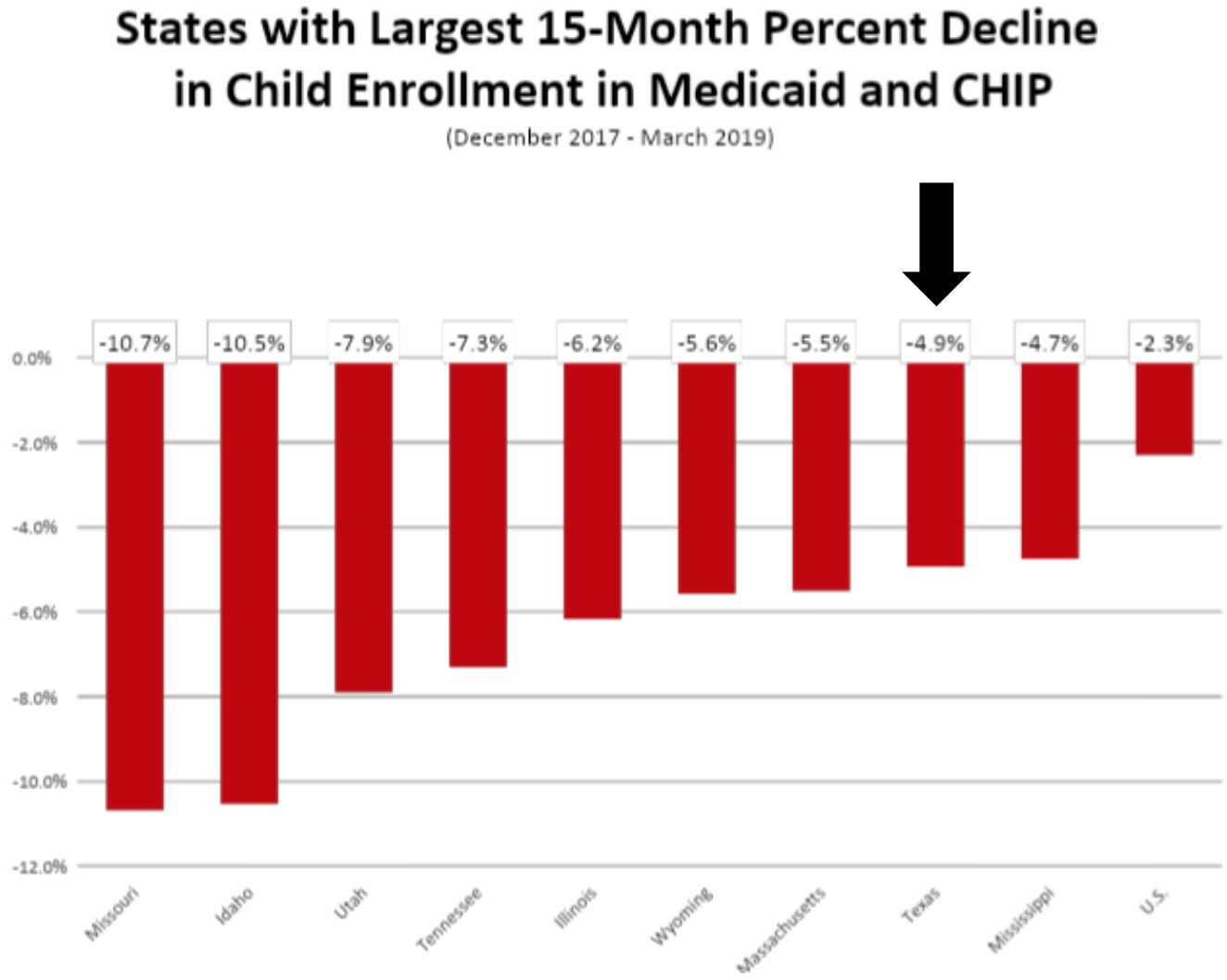


Texas children losing coverage accounting for more than one-fifth of the nationwide decline.

Texas Following National Trend 8th Highest Percent Decline

This is based on analysis of CMS enrollment data of Medicaid and CHIP by Georgetown University Center for Children and Families (CCF).

https://ccf.georgetown.edu/2019/07/16/child-enrollment-in-medicaid-and-chip-slips-again/



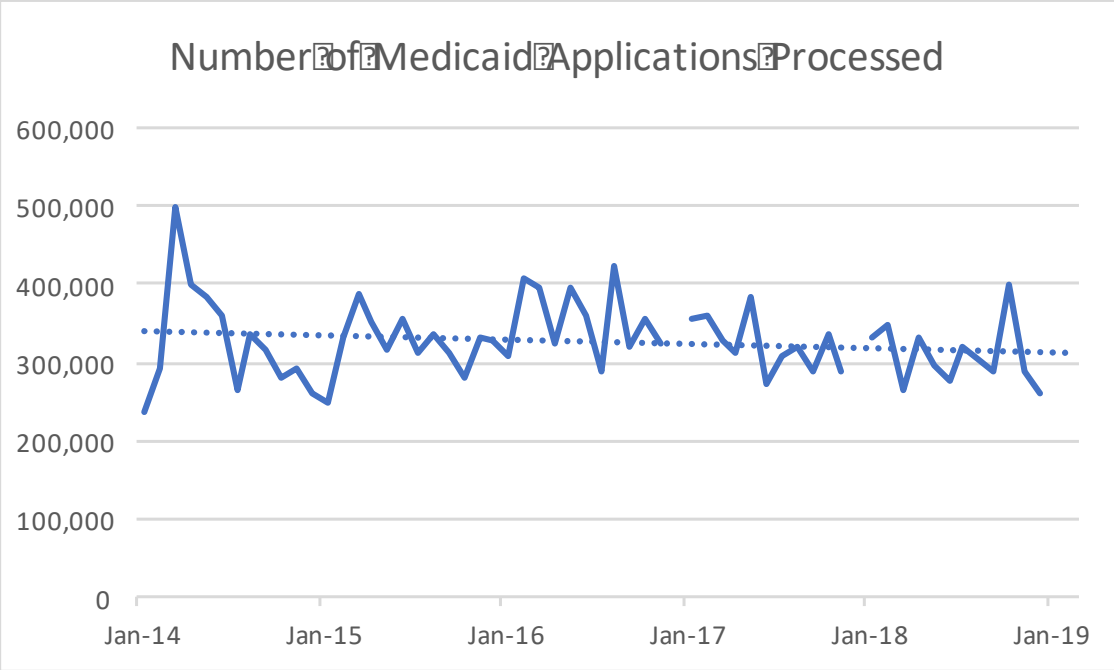
Texas' enrollment decline is more than double the national average.

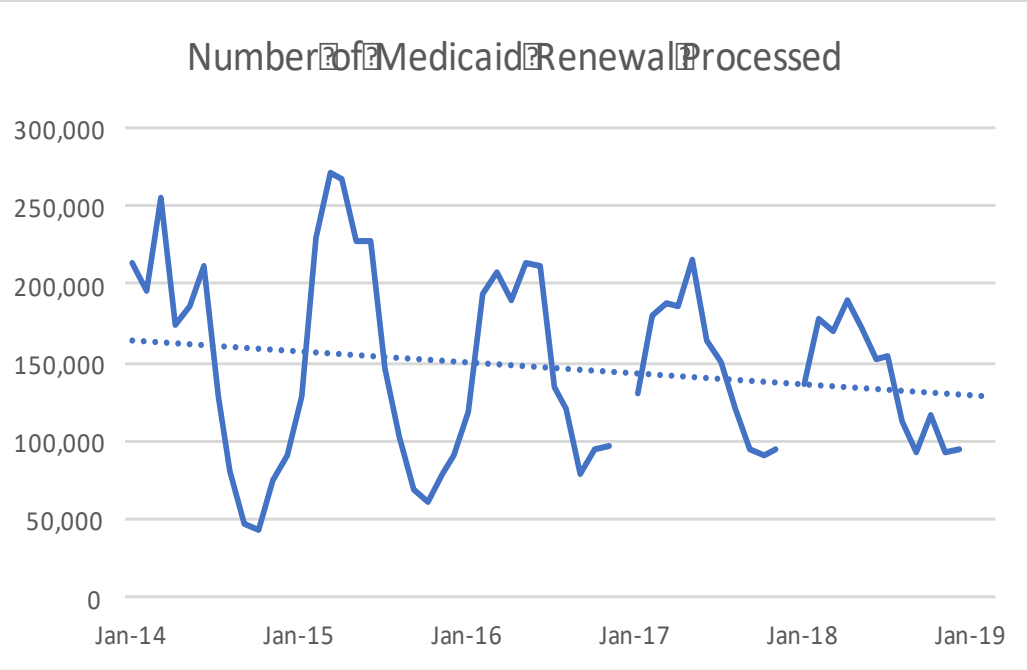
HHSC Data Compared to CMS Data

	Dec 17 - Dec 18	Dec 17 - Feb 19	Dec 17 - Mar 19	Dec 17 - May 19
Medicaid	-97,362	-113,381	-120,533	- 184,340
CHIP	-37,658	-42,171	- 45,028	-48,128
HHSC Total	-135,020	-155,552	4.8% -165,561	-6.8% -232,468
CMS Total	-145,781	-169,028	4.9% -175,229	N/A

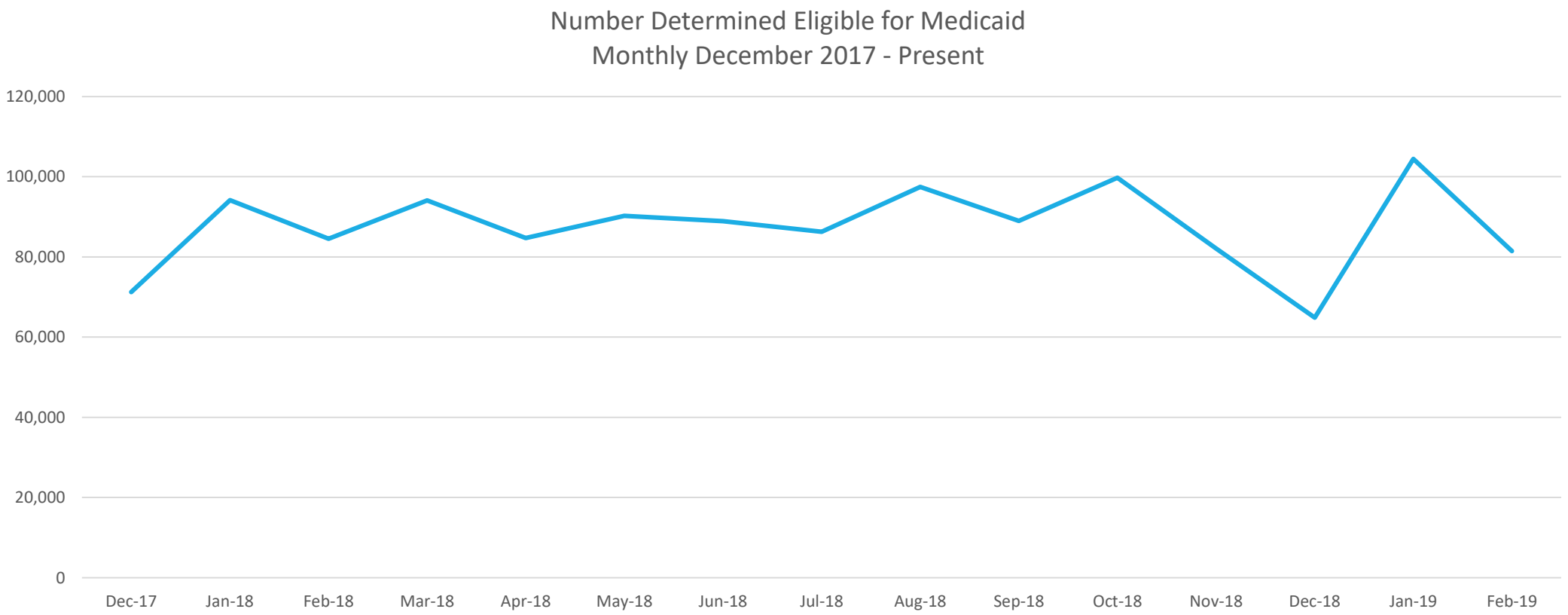
Data from HHSC and CMS suggests that the recent decline in enrollment is driven by a reduction in the number of children renewing coverage as opposed to a decrease in applications.

of Apps Processed Has Dropped Slightly
of Renewals Larger Decline





Number of Individuals Determined Newly Eligible has Remained Steady



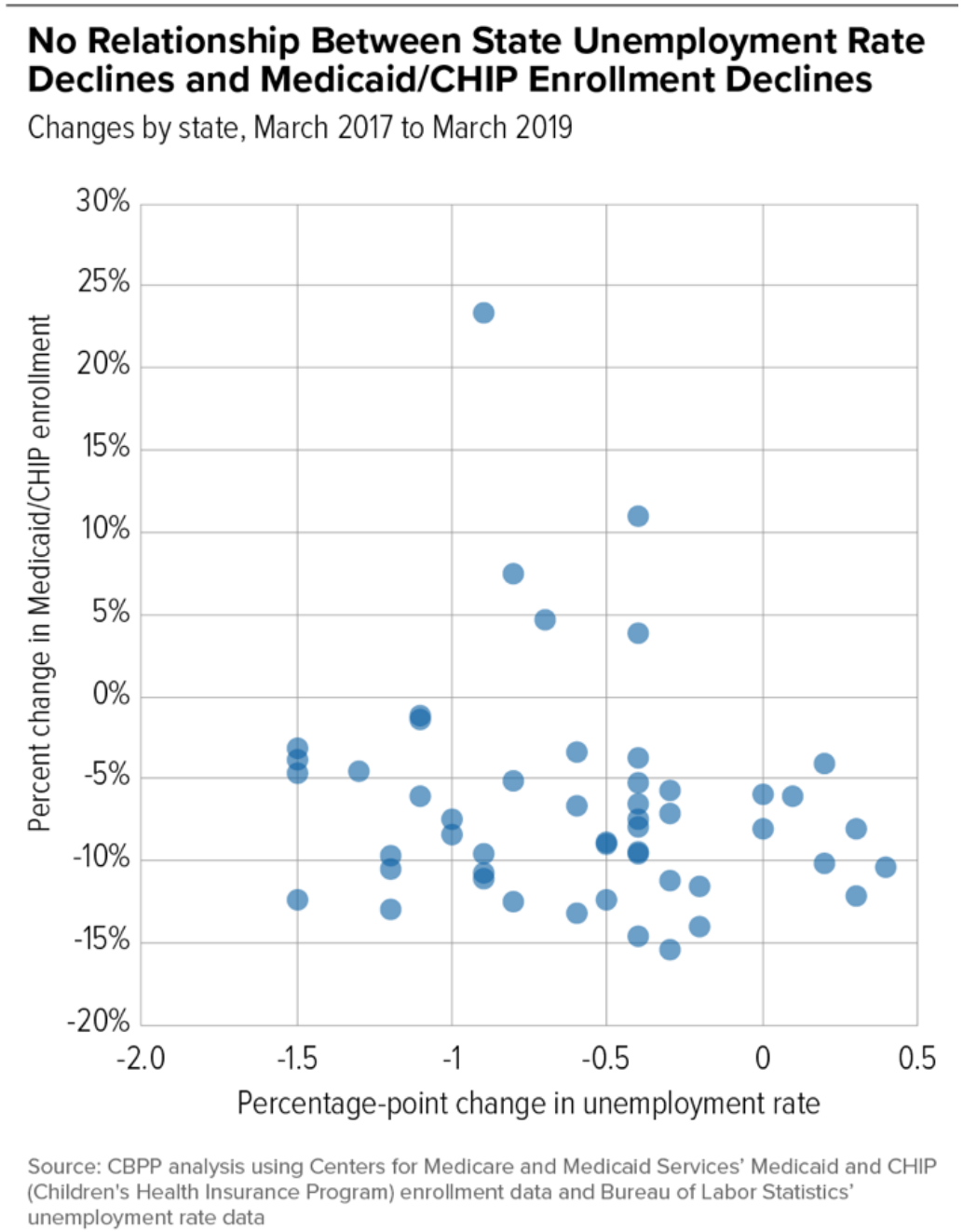
The Decline is Too Large to be Explained by Changes in Economic Conditions

- Not since 1978-1979 has the percentage reduction in Medicaid enrollment been so large over a two-year period.
- Historically, Medicaid enrollment tends to grow more slowly but not decline during a period of economic growth.
- Neither the Congressional Budget Office nor the Medicaid Office of the Actuary projected Medicaid enrollment declines in 2017 or 2018, despite anticipating a growing economy.

https://www.cbpp.org/research/health/medicaid-enrollment-decline-among-adults-and-children-too-large-to-be-explained-by

Decline Too Large to Be Explained by Falling Unemployment

The decline among children (nationally) over the 2017-2019 period is more than three times what would be expected based on the unemployment-rate decline and modeling that isolates the impact of the unemployment on children's Medicaid enrollment.



Protecting Immigrant Families Advancing Our Future Campaign

Public Charge Finalization Webinar

August 14, 12:00 pm ET / 9:00 am PT

Presented by:

Elizabeth Lower-Basch | Center for Law and Social Policy
Tanya Broder, Kat Lundie, Isobel Mohyeddin | National Immigration Law Center
Ben D'Avanzo | Asian & Pacific Islander American Health Forum
Gavin Kearney | Shriver Center on Poverty Law
Ed Walz | Springboard Partners & Consultant to PIF Campaign
Ignatius Bau, Alicia Wilson | Consultants to PIF Campaign

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PROTECTING IMMIGRANT FAMILIES

PIF Priorities for 2019

Priority # 1

Combat and document the chilling effect of Trump's anti-immigrant agenda, and empower immigrants and their families to make informed and accurate decisions

Priority # 2

Block, delay (and mitigate) the impact of proposed public charge changes and other related harmful policies from taking effect

Priority # 3

Build power and support for an affirmative vision forward

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PROTECTING IMMIGRANT FAMILIES

Questions we'll address

- **What does the DHS final public charge rule look like?**
  - What is public charge and who does it apply to?
- **How do we talk about public charge and what is this really about?**
- **What do we tell immigrants and their families?**
- **What can organizations and our communities do to fight back against public charge?**
- **Where can I learn more about public charge?**
- **Q&A**

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Other Aspects of Public Charge

- **Department of State - Foreign Affairs Manual**
- **Department of Justice - Potential Notice of Proposed Rulemaking**

We will not be covering these policies in-depth on today's webinar. We encourage you to learn more about both of these policies on the Analysis & Research page of our website.

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PROTECTING IMMIGRANT FAMILIES

Trump's Invisible Wall

PUBLIC CHARGE: Visas and green card processing *outside* the U.S.

(DOS - Foreign Affairs Manual (FAM)

PUBLIC CHARGE: Visa extensions & Status changes

(DHS Rule)

PUBLIC CHARGE: Green card processing *inside* the U.S.

(DHS Rule)

SPONSOR DEEMING & LIABILITY: Potential application to more programs

(White House memo)

PUBLIC CHARGE: Grounds for deportation

(Anticipated DOJ NPRM)

PUBLIC CHARGE: Low-income immigrants lose access to green cards & cut off from citizenship / voting rights.

CITIZENSHIP QUESTION IN CENSUS 2020: Chills civic participation and will limit funding for basic needs programs that depend on accurate count

(SCOTUS decision)

PUBLIC HOUSING ACCESS: Closes door to mixed status families

(HUD Proposed Rule)

FEE WAIVER: Removing receipt of means-tested benefits from eligibility list

(DHS Rule)

FEE WAIVER: Low-income immigrants lose access to citizenship/ voting rights.

(DHS Rule)

Public Charge: Timeline

JANUARY 2017	JANUARY 2018	OCT - DEC 2018	JULY 2019	TODAY, AUGUST 14	60 DAYS	OCTOBER 15, 2019
Leaked Executive Order	Changes to the Foreign Affairs Manual (FAM)	DHS published a proposed rule for a 60 day comment period.	The final rule went back to OMB for final review	A final rule posted to the Federal Register	There is a 60 day waiting period before the rule is in effect	**The new DHS public charge changes are in effect**

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What does the final DHS public charge regulation look like?

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Longstanding Public Charge Test

Prior Definition

A person who is considered "likely to become primarily dependent on the government for subsistence."

Prior Benefits Considered

Only two types of benefits considered:

1. **Cash assistance** for income maintenance
2. Institutionalization for **long-term care** at government expense

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Longstanding public charge test

Totality of Circumstances

- Age
- Health
- Family status
- Financial status
- Education and skills
- Affidavit of support

The public charge assessment is forward-looking

Is the person likely to rely on cash or long-term care in the future?

- No one factor (including past use of cash benefits) can alone determine whether or not someone is a “public charge”
- Positive factors can be weighed against negative factors

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Where does public charge come up?

A public charge assessment is made when a person:

- Applies to enter the U.S.
- Applies to adjust status to become a Lawful Permanent Resident (LPR) - obtaining a green card
- A green card holder leaves the U.S. for more than 180 consecutive days (6 months) and reenters

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Does this test apply to everyone?

The public charge ground of inadmissibility does NOT apply to everyone. Here are some examples of public charge does NOT apply to:

- Lawful Permanent Residents ("green card holders") applying for citizenship
- Refugees and Asylees
- VAWA Self-petitioners
- Survivors of Domestic Violence, Trafficking, or Other Serious Crimes (U or T visa applicants/holders)
- Special Immigrant Juveniles
- Certain Parolees, and several other categories of non-citizens

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Final Public Charge Rule: Overview

NEW DEFINITION	TOTALITY OF CIRCUMSTANCES	ADDITIONAL BENEFITS
A dramatically different definition of public charge	New weighted factors of the totality of circumstances (TOC) test designed to make it harder for low and moderate income people to pass	Additional public benefits programs can be considered by immigration officials.

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Final Public Charge Rule: Definition

PREVIOUS DEFINITION

An immigrant "likely to become primarily dependent on the government for subsistence"

FINAL DEFINITION

A person who "receives one or more public benefit… for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months)."

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Final Public Charge Rule: TOC Test

- **Income and Financial Status**
  - Under 125% FPL (negative); Over 250% FPL (heavy positive)
- **Age**
  - Under 18 or over 61 (negative)
- **Education and Skills**
- **Health**
  - Medical condition likely to require extensive treatment, institutionalization or interfere with ability to care for self, attend school or work
- **Family Status**
- **Affidavit of Support**

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Final Public Charge Rule: Benefits

Long-standing Policy	Newly Finalized Rule	
*Cash Assistance for Income Maintenance	Supplemental Nutrition Assistance Program (SNAP or Food Stamps)	** Medicaid (with exceptions)
Long Term Institutional Care at Government Expense	Federal, State, Local and Tribal Cash Assistance	Housing Assistance (Public Housing or Section 8 Housing Vouchers and Rental Assistance)

* Included under current policy as well

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

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Things to Keep in Mind

- **The rule is not in effect yet.**
  - Applies only to applications submitted on or after October 15, 2019.
  - Newly named benefits used prior to that date will not be considered.
- **Not everyone is subject to the rule.**
  - Many immigrants are exempt from the public charge inadmissibility ground.
  - Benefits used by family members will not be counted.
- **Positive factors can be weighed against negative factors** in this forward-looking test.
- **Every situation is different.**
  - You can consult with an immigration attorney if you have questions about your own case.

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How do we talk about public charge, and what is this really about?

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Messages - Press and Policymakers

Another brick in Trump's invisible wall

- Choose your examples (State Department, HUD, Census, "go back," etc.)

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About sending 1 message: if you're not white and you're not wealthy, you're not welcome here

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About sending 1 message: if you're not white and you're not wealthy, you're not welcome here

Dangerous threat to our country's future

- Reckless
- Abusive

Messages - Press and Policymakers

Another brick in Trump's invisible wall

- Choose your examples (State Department, HUD, Census, "go back," etc.)

About sending 1 message: if you're not white and you're not wealthy, you're not welcome here

Dangerous threat to our country's future

- Reckless
- Abusive

We're fighting back

- Litigation
- Congress

DHS Final Regulation Toolkit

TOOLKIT

- Pitch note
- Editorial board memo
- Statement + release
- Op-Ed
- Letter to the editor
- Digital (social + email)

What do we tell immigrants and their families?

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Community-Facing Talking Points

- **Fight fear with facts - <u>KNOW YOUR RIGHTS</u>.**
  - The public charge rule was designed to be confusing, complicated, and scary on purpose. You have rights in this country no matter where you were born.
- **It's not over - we still have a chance to stop the rule.**
  - Advocates are using every tool at their disposal to stop this rule from taking effect - including in the courtroom.
- **This public charge test does not apply to every immigrant.**
  - Exempt immigrants include: refugees; asylees; survivors of trafficking, domestic violence, or other serious crimes (T or U visa applicants/holders); VAWA self-petitioners; special immigrant juveniles; and certain people paroled into the U.S. Benefits received when people are in one of these statuses will not be counted against them. And lawful permanent residents (green card–holders) are not subject to a public charge test when they apply for U.S. citizenship.

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Community-Facing Talking Points

- **Use of public benefits alone will not make you a public charge.**
- **The public charge test does not consider benefits used by family members.**
  - Benefits used by eligible family members are not counted unless the family members are also applying for a green card.
- **The rule does <u>not</u> consider benefits used <u>before</u> October 15, 2019.**
- **Your personal information is protected.**

Ultimately, health care, nutrition, and housing programs can help you and your children remain strong, productive, and stable. The best thing a family can do to fight Trump is keep meeting their children's needs -- keep taking them to the doctor, keep feeding them, keep a roof over their heads.

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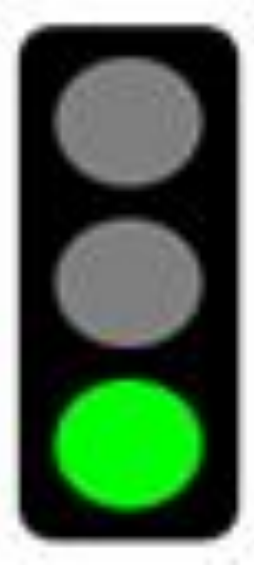
Conversations with Immigrants

Do you or your family members already have green cards?

The DHS public charge test does not apply to you. However, if you plan to leave the country for more than 6 months, it is a good idea to talk with an immigration attorney.

*The public charge test is not part of a US Citizenship application.



Do you have or have applied for one of the following statuses?

- U.S. Citizenship
- Green card renewal
- DACA renewal
- TPS
- U or T Visa
- Asylum or Refugee status
- Special Immigrant Juvenile Status

The public charge test does not apply to the categories listed here. If you already have or are in the process of applying for one of these immigration statuses, you can continue to use any government programs that you qualify for.

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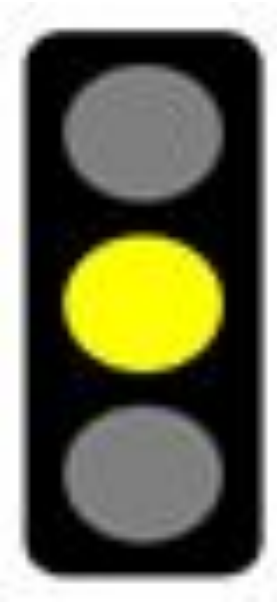
Conversations with Immigrants

Does your family plan to apply for a green card or visa from inside the United States?

If you aren't sure whether or not this policy applies to you, we recommend that you seek advice from an attorney who understands the new changes. **If you are not subject to the public charge test, we recommend that you continue to get the assistance that you and your family needs.**



Does your family plan to apply for a green card or visa from outside the United States?

U.S. consular offices abroad use different rules in making this decision You should talk with an expert for advice on your case before making any decisions.

For free or low-cost options near you, go to: www.immigrationadvocates.org/nonprofit/legaldirectory

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PROTECTING IMMIGRANT FAMILIES

Questions from Immigrants

I was just granted asylum status a few months ago, now I'm worried that using SNAP is going to stop me from getting my green card.

I'm pregnant and need help. I'm currently enrolled in Medicaid but I'm afraid it will be used against me.

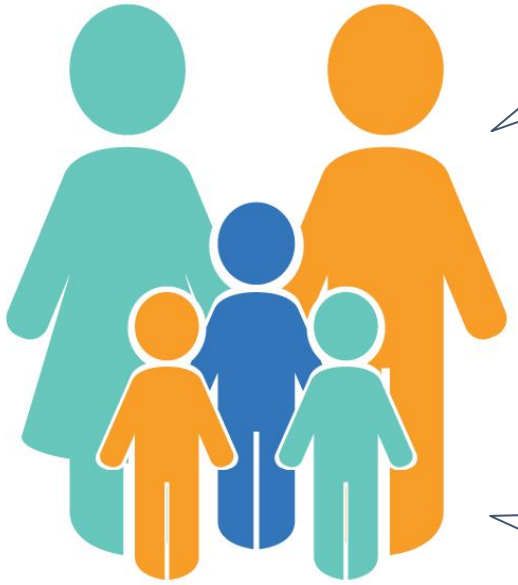
My friend says public charge will apply to her. She disenrolled from SNAP. She said I should too.

I'm scared to sign up for WIC, I know that WIC is a public benefit.

Coverage under my Medicaid plan is the only option for health insurance for my children who 12 and 19 years old.

My brother is applying for citizenship but uses Section 8 housing vouchers. Is he a public charge?

How to respond to questions



I was just granted asylum status a few months ago, now I'm worried that using SNAP is going to stop me from getting my green card.

The public charge test does not apply to asylees. We encourage you to stay enrolled in SNAP - it will not impact your green card application.

I'm pregnant and need help. I'm currently enrolled in Medicaid but I'm afraid it will be used against me.

The public charge test will not consider non-emergency Medicaid used by pregnant women up until 60 days after they give birth. We encourage you to get the health care that you and your baby need.

My friend says public charge will apply to her and so she disenrolled from SNAP. She said I should too.

Everyone's situation is different. What may be good advice for one person could be bad advice for another. We encourage you to learn more about your situation and speak to an immigration attorney.

How to respond to questions

I'm scared to sign up for WIC, I know that WIC is a public benefit.

You're right - WIC is a public benefit. BUT it is not included in the public charge test. We encourage you to sign up for programs you are eligible for.

Coverage under my Medicaid plan is the only option for health insurance for my children who 12 and 19 years old.

The public charge test has a specific exception for children under the age of 21 that use Medicaid. Your kids fall under that exception - their use of Medicaid will not be considered in their public charge test.

My brother is applying for citizenship but uses Section 8 housing vouchers. Is he a public charge?

The public charge test does not come up when people apply for U.S. citizenship. Section 8 housing vouchers are considered for public charge, yes. But since your brother is applying for citizenship - public charge does not apply.

Fight Fear with Facts: Know Your Rights

EMPOWERMENT THROUGH COMMUNITY EDUCATION

The more we know about our rights - the harder it is for Trump to intimidate us

Educate communities on the following:

- **Accessing services and assistance**
  - Feel safe going to the doctor's office and sensitive locations
- **Enrolling in benefits programs**
  - Figure out what you are eligible for
  - Privacy protections of personal information
  - Children's eligibility for programs
  - State-funded programs

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Tools and Resources for Communities

- Let's Talk About Public Charge
- Getting the Care You Need (translations coming soon)
- You Have Rights: Protect Your Health (Spanish) (French) (Chinese) (Arabic)
- **TEMPLATES AVAILABLE FOR ORGANIZATIONS**
  - Customize for YOUR community. Add YOUR branding.
  - Add contact information and more details on other programs your state/city offers immigrant families.
  - Email Kat Lundie (lundie@nilc.org) to request a template. Please be patient as we fulfill your request.

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PROTECTING IMMIGRANT FAMILIES

What can organizations and our communities do to fight back against public charge?

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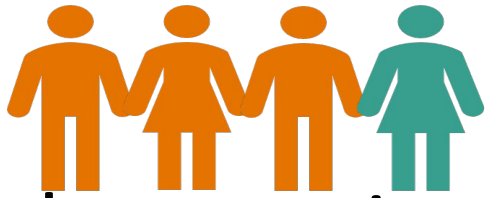
Trump's Invisible Wall: Direct and Indirect Effects

- **Directly affected individuals**
  - The proposed threats could prevent immigrants from using the programs their tax dollars help support, preventing access to healthy, nutritious food and secure housing.
- **Broader population of people subject to "chilling effect"**
  - Family members living with or sponsoring immigrants, particularly U.S. citizen children
  - Non-family sponsors, co-sponsors, and joint sponsors (community members, religious congregants, family friends, etc.)
- **States and localities**
- **Providers and communities**
- **All of us**

The Chilling Effect: The Big Picture

As many as **26 million** people in families with immigrants might be chilled from participating in programs that make their families healthier and stronger.[1]

There is already a chilling effect. The Urban Institute reported that 1 out of 5 low-income immigrant families were afraid to access public benefits.[2]



1 in 4 children have an immigrant parent.[3]

1"Public Charge Proposed Rule: Implications for Non-Citizens and Citizen Family Members Data Dashboard," Manatt Health, October 2018
2 https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018
3 Samantha Artiga and Anthony Damico"Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies" Kaiser Family Foundation, 2018

Document the Harm

Be aware how our communications could add to this chilling effect.

- Meanwhile, please help us continue to document this harm/chilling effect
- **Documentation needs:**
  - Disenrollment from Medicaid, SNAP, WIC, or other public benefits
    - Even if not included in final rule
  - Cases where immigrants/immigrant families share fears about public charge (to teachers, doctors, attorneys, pastors, etc.)
  - *For state/local governments*, ask eligibility workers to report examples of chilling effects, and monitor own administrative data for trends in decreased enrollment/utilization

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Federal Advocacy

- **Ask Members of Congress to cosponsor HR 3222 - "No Federal Funds for Public Charge"**
- **Ask Members to speak out in opposition on public charge**
  - Help them connect the dots regarding other threats - e.g., invisible wall - in addition to understanding the DHS final rule
- **Ask Members to educate their staff on public charge and activate/organize their own networks to provide services to their constituents**
  - In district offices, especially - constituent services staff
- **Oversight opportunities**

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State/Local Policies and Action

- **Toolkit with resources for public officials**
  - Community education resources
  - Guides and models of programs to mitigate harm
  - Messaging for public officials
  - Data and analysis
  - **Suggestions of key actions to mitigate the harm of public charge**

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State/Local Policies and Action

- **Action #1**: Ensure that families have access to timely and accurate information about the public charge rules, through front-line staff trainings, community outreach, and inter-agency coordination.
- **Action #2**: Ensure that benefits programs protect immigrant privacy and that people are aware of privacy protections.
- **Action #3**: Ensure that people impacted or potentially impacted by new public charge rules have access to accurate legal guidance.
- **Action # 4**: Monitor state/ local data for significant drops in enrollment for entitlement and safety-net programs to identify growing unmet needs in the community in real time.

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How can I get more involved in the fight to protect immigrant families?

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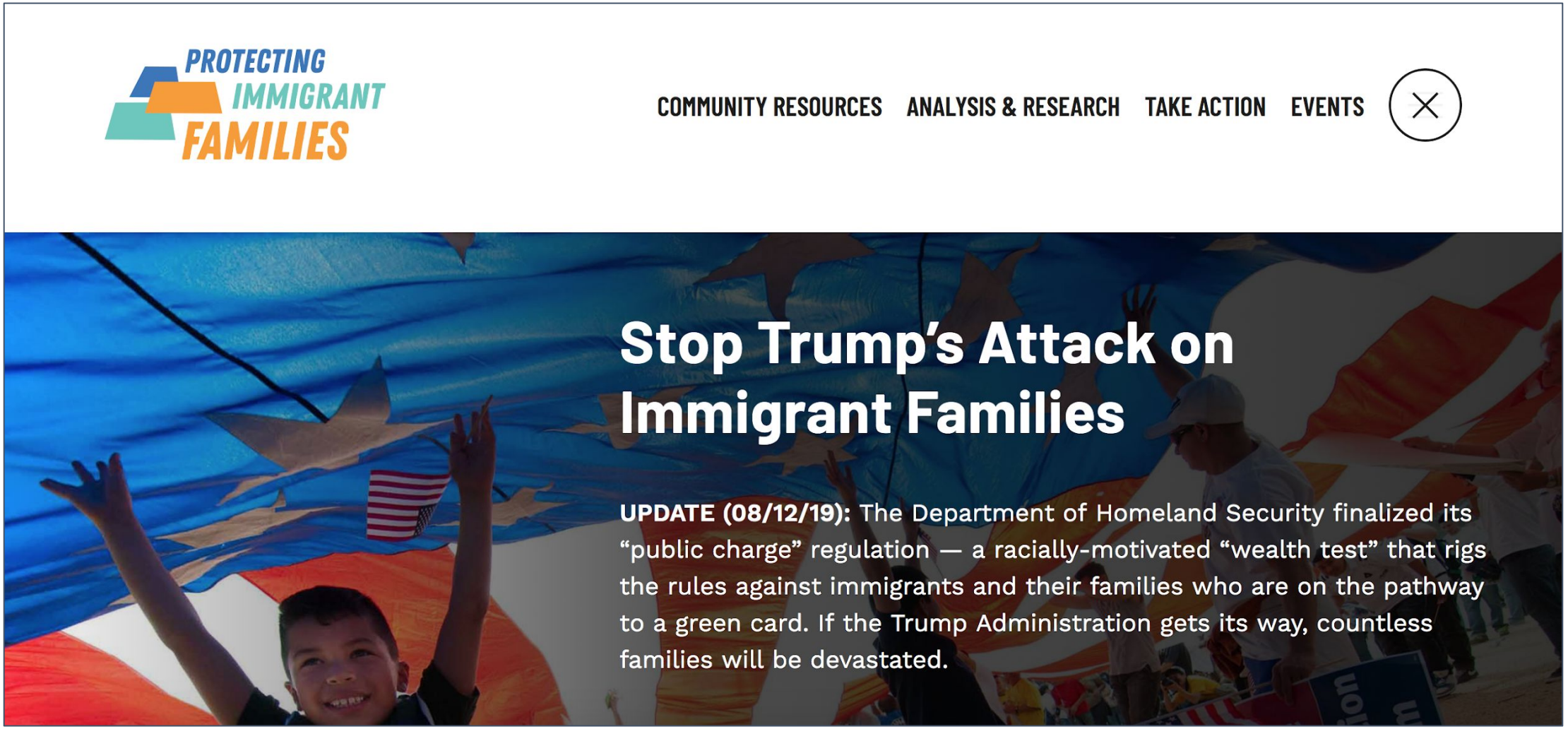
PIF's Website



Share with Us

For Organizations:

- Think the administration did a poor job responding to your comments? Be our eyes and ears in analyzing the final rule!
  - DHS Responses to Arguments
- If you have additional questions on the DHS final rule, submit them here:
  - Organizational Questions

For Individuals:

- If you have additional questions on the DHS final rule, submit them here:
  - Individual Questions

NOTE: We cannot answer questions about specific legal cases, but will try to direct you to available resources and partners in your area.

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Questions & Answers

Please type your questions and comments into the chat box

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PROTECTING IMMIGRANT FAMILIES

LET'S TALK ABOUT PUBLIC CHARGE

UPDATED AUGUST 2019

The information provided below is based on the PIF Campaign's analysis of the final public charge rule on inadmissibility and is not legal advice. For information about a specific case, please contact an immigration expert.

To find help in your area, visit www.immigrationadvocates.org/nonprofit/legaldirectory.

CORE COMMUNITY MESSAGES

Use of public benefits alone will not make you a public charge. Fight fear with facts - KNOW YOUR RIGHTS. The public charge rule was designed to be confusing, complicated, and scary on purpose. You have rights in this country no matter where you were born. The more we know about our rights, the harder it is for the Trump administration to scare us. We encourage you to learn more about your situation before making decisions that may harm you or your family.

It's not over - we still have a chance to stop the rule. Advocates are using every tool at their disposal to stop this rule from taking effect - including in the courtroom. San Francisco and Santa Clara County already filed a lawsuit to stop this rule and others will soon follow. We still have a chance to stop this rule from moving forward.

This public charge inadmissibility test does not apply to every immigrant. Exempt immigrants include: refugees; asylees; survivors of trafficking, domestic violence, or other serious crimes (T or U visa applicants/holders); VAWA self-petitioners; special immigrant juveniles; and certain people paroled into the U.S. Benefits received when people are in one of these statuses will not be counted against them. And lawful permanent residents (green card holders) are not subject to a public charge test when they apply for U.S. citizenship.

Use of public benefits will not automatically make you a public charge. Immigration officials must look at all your circumstances in determining whether you are likely to become a public charge in the future. This includes your age, health, income, assets, resources, education/skills, family you must support, and family who will support you. Positive factors, like having a job or health insurance, can be weighed against negative factors, like having used certain benefits or having a health condition. Either way, you will have a chance to show why you are not likely to rely on certain benefits in the future.

This public charge test does not consider benefits used by family members. Most immigrants who are applying for a green card are not eligible for the benefits listed in the rule. And benefits used by eligible family members are not counted unless the family members are also applying for a green card. Health care, nutrition, and housing programs can help you and your children remain strong, productive, and stable.

The rule does not consider any newly listed benefits that are used before October 15, 2019. Benefits that were previously excluded from the public charge test (such as Medicaid and SNAP) will only be considered if they are received after October 15, 2019. The new rule applies only to people whose green card application was filed (postmarked or submitted electronically) on or after October 15, 2019. Using benefits now can help you or your family members become healthier, stronger, and more employable in the future.

Your personal information is protected. Federal and state laws protect the privacy of people who apply for or receive health care coverage, nutrition, economic support, or other public benefits. Applications for public programs should not ask for information about the immigration status of people applying to get benefits for another person in their family or the household. Benefit agencies may share information with other government agencies only for purposes of administering their programs, with limited exceptions. You can provide only the information necessary and should never misrepresent anything when completing public benefit applications or dealing with any government agency.

PROTECTING IMMIGRANT FAMILIES

Background on Public Charge

What is public charge?

"Public charge" or the "public charge test" is used by immigration officials to decide whether a person can enter the U.S. or get a green card (Lawful Permanent Resident (LPR) status). In this test, officials look at all of a person's circumstances, including income, employment, health, education or skills, family situation and whether a sponsor signed a contract ("affidavit of support") promising to support the person. Officials can also look at whether a person has used specific benefit programs. **The public charge test does not apply to green card holders who are applying for U.S. citizenship.**

How are public charge decisions made?

Immigration officials look at all of a person's circumstances to determine if the person is likely to:

- Depend on the government for cash assistance or long-term care ***in the future***.
- Use one or more of the following benefits ***in the future***:
    - Supplemental Nutrition Assistance Program (also known as SNAP, food stamps, or EBT)
    - Public Housing or Section 8 housing assistance
    - Medicaid (except for emergency services, children under 21, pregnant women, and new mothers (for 60 days))

Immigration officials consider the person's age, health, family and financial status, education, and skills. If the immigration official determines that the person is likely to become a public charge *in the future*, the official can refuse to grant the person's application to enter the U.S. or get a green card.

- **For immigrants applying from inside the US:** On August 14, 2019, the Trump administration published a new rule that changes the definition of "public charge" to a person who is likely to use one or more of the government programs listed above. The rule also adds specific details about how immigration officials will take into account the applicant's income, health, age, education and family status. Immigration officials cannot start using the new rule until October 15, 2019.
    - Health, nutrition, and housing benefits used before October 15, 2019 cannot be considered by immigration officials in a public charge test.
    - Programs used by your U.S. citizen children will not be used against you in the public charge inadmissibility test, with the possible exception of cash assistance that is your family's primary source of income.
- **For immigrants applying from outside the US:** In January 2018, the U.S. State Department revised its Foreign Affairs Manual (FAM) section on public charge. The FAM provides guidance to government officers at U.S. embassies and consulates who decide whether to grant a person permission to enter the U.S. The new instructions do not change the definition of public charge but allow for consideration of other factors, such as the use of public benefits by applicants, their family members and/or their sponsors. NOTE: We anticipate that public charge decisions for immigrants applying from outside the U.S. may be updated to look more like the change from DHS.

FOR MORE INFORMATION AND RESOURCES, VISIT:

www.ProtectingImmigrantFamilies.org

Increasing Enrollment of Asian-American Children in Medicaid and CHIP in Houston, Dallas/Fort Worth, and Austin Areas of Texas

Furjen Deng, Ph. D
Chair, Board of Directors
Light and Salt Association

The project was supported by Funding Opportunity Number CMS-1Y1-19-001 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Project's Target Communities

Target Areas	Total Population	# of Asian Population Only (%)	Counties	Congressional Districts
Texas	25,145,561	964,596 (3.8%)		
Houston-The Woodlands-Ford Bend TX Metro Area	5,946,800	389,007 (6.5%)	Harris, Fort Bend, Montgomery, Brazoria, Galveston, Liberty, Waller, Chambers, Austin	Harris County: 2,7,8,9,10,18,22,29,36 Fort Bend County: 9,22 Montgomery County: 8 Brazoria County: 14,22
Dallas-Fort Worth-Arlington TX Metro Area	6,371,773	341,503 (5.4%)	Tarrant, Dallas, Denton, Wise, Collin, Hunt, Delta, Ellis, Johnson, Kaufman, Parker, Rockwall	Tarrant County: 6,12,24,25,26,33 Dallas County: 5,24,26,30,32,33 Denton County: 24,26
Austin-Round Rock-San Macros TX Metro Area	1,716,289	82,433 (4.8%)	Travis, Williamson, Bastrop, Caldwell, Hays	Travis County: 10,17,21,25,35 Williamson County: 31

Source: U.S. Census Bureau, 2010 Census, American Fact Finder

Community Needs

- **Texas still has the highest percentage of children ages 0-18 uninsured (11%, 818,700 children)**, which is more than double that of the national average (5%) - Kaiser Family Foundation (2017).
- **Language and Cultural Barriers**: 69% of the AA population in Texas were first generation immigrants and about 30-40% of them spoke English less than well (American Community Surveys, 3-23-3026; US Bureau of Census, 2016)
- The AA population in Texas have grown about 70% from 2000 to 2010, and **they are also the fastest growing.**

Goals and Target Numbers of People Served

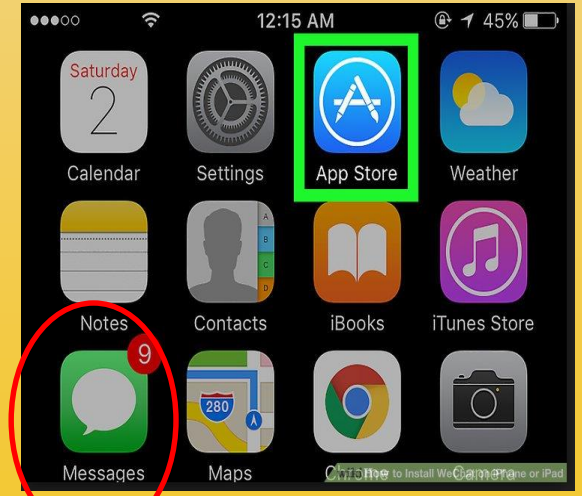
Table 2. Project's Goals, Performance Indicators, and Target Number of People Served by Year

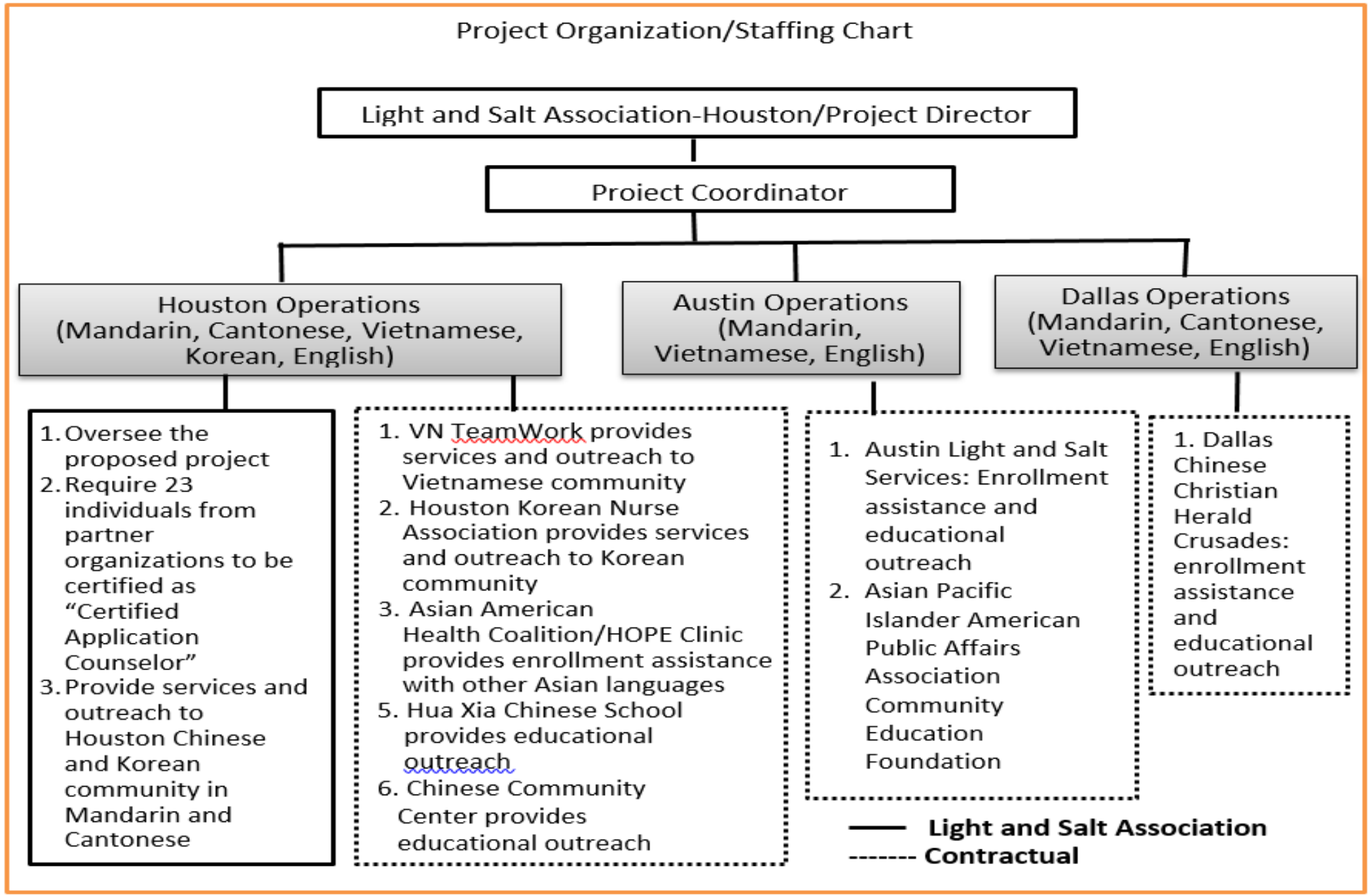
Goal A: Increase Number of Asian Americans (AA) Enrolled in Medicaid/CHIP in Houston, DFW, and Austin Metropolitan Statistical Areas (MSAs).			
As a Direct Result of CKC Funding, Number of:	Year 1	Year 2	Year 3
1. Children for whom an application for health coverage will be submitted	2,200	2,200	2,200
2. Children verified to be newly enrolled in Medicaid or CHIP	420	420	420
3. Children for who a renewal form will be submitted	1780	1780	1780
4. Children who will be renewed in Medicaid or CHIP	1780	1780	1780
5. Parents for whom an application for health coverage through the Marketplace will be submitted	814	814	814
6. Parents newly enrolled in health insurance coverage through the Marketplace	200	200	200
7. Parents for whom the grantee will submit a renewal form	614	614	614
8. Parents will be renewed in the Marketplace	614	614	614
9. Units of post-enrollment assistance through "helplines" and in-person assistance centers	7,625	7,625	7,625
10. Number of Certified Application Counselors/Texas Benefit Navigators completing and receiving appropriate training	25	25	25

Goal B: Increase Public Awareness of Relevant Medicaid and CHIP Information among AAs in Houston, DFW, and Austin MSAs.			
As a Direct Result of CKC Funding, Number of:	Year 1	Year 2	Year 3
1. Number of parents educated in educational seminars	800	800	800
2. Number of parents educated in health fairs	10,000	10,000	10,000
3. Number of parents educated through mass, small and social media	102,400	102,400	102,400
4. Number of educational materials/handout distributed	5,000	5,000	5,000
5. After participating in educational seminars or one-on-one sessions, percentage of parents report an increased in knowledge with regard to Medicaid/CHIP programs.	90%	90%	90%

Strategies:

- Form a multi-sector collaboration: 9 community-based organizations, language schools and clinic
- Provide direct in-person and “Helpline” assistances
- Bilingual trained staff and volunteers
- Convenient Locations: 7 Enrollment Assistance Centers in different AA communities
- Adopt language and culturally specific outreach strategies




Project Organization/Staffing Chart
Light and Salt Association-Houston/Project Director
Proiect Coordinator
Houston Operations (Mandarin, Cantonese, Vietnamese, Korean, English)
Austin Operations (Mandarin, Vietnamese, English)
Dallas Operations (Mandarin, Cantonese, Vietnamese, English)
1. Oversee the proposed project
2. Require 23 individuals from partner organizations to be certified as "Certified Application Counselor"
3. Provide services and outreach to Houston Chinese and Korean community in Mandarin and Cantonese
1. VN TeamWork provides services and outreach to Vietnamese community
2. Houston Korean Nurse Association provides services and outreach to Korean community
3. Asian American Health Coalition/HOPE Clinic provides enrollment assistance with other Asian languages
5. Hua Xia Chinese School provides educational outreach
6. Chinese Community Center provides educational outreach
1. Austin Light and Salt Services: Enrollment assistance and educational outreach
2. Asian Pacific Islander American Public Affairs Association Community Education Foundation
1. Dallas Chinese Christian Herald Crusades: enrollment assistance and educational outreach
Light and Salt Association
Contractual

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
August 16, 2019

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Total Ombudsman Contacts for March 2019 – July 2019

- Complaints – 10,115
- Inquiries – 23,711

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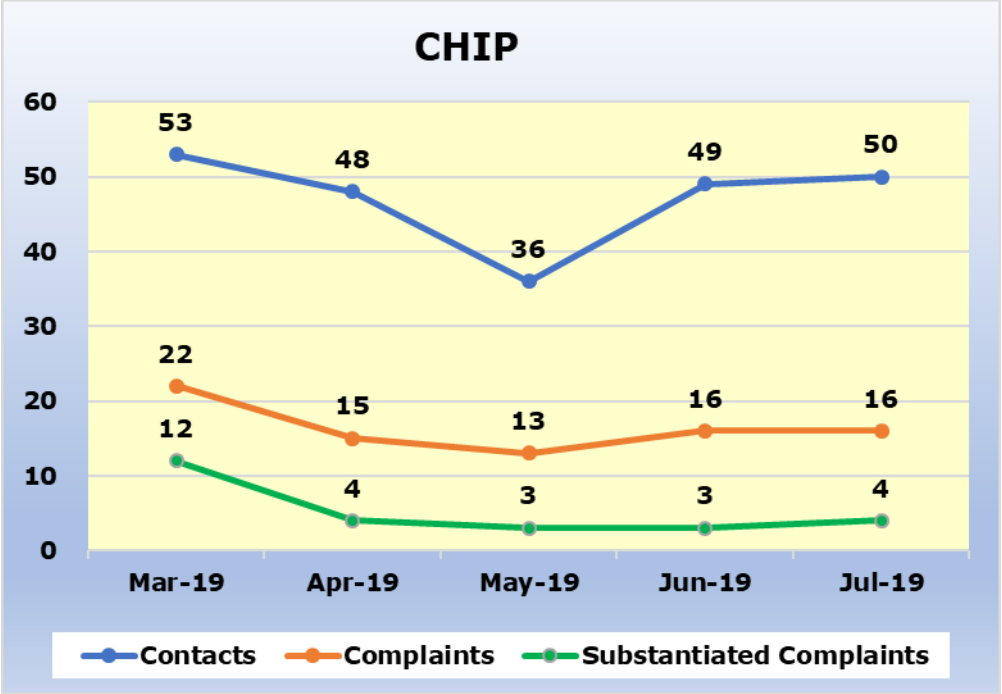
Contact Volumes and Top Three Reasons for Contact by Program Type March 2019 – July 2019

TEXAS Health and Human Services

Contact Volumes by Program Type
March 2019 – July 2019



Top 3 Contacts – CHIP

- Application/Case Denied
- Explanation of Benefits/Policy
- Check Status

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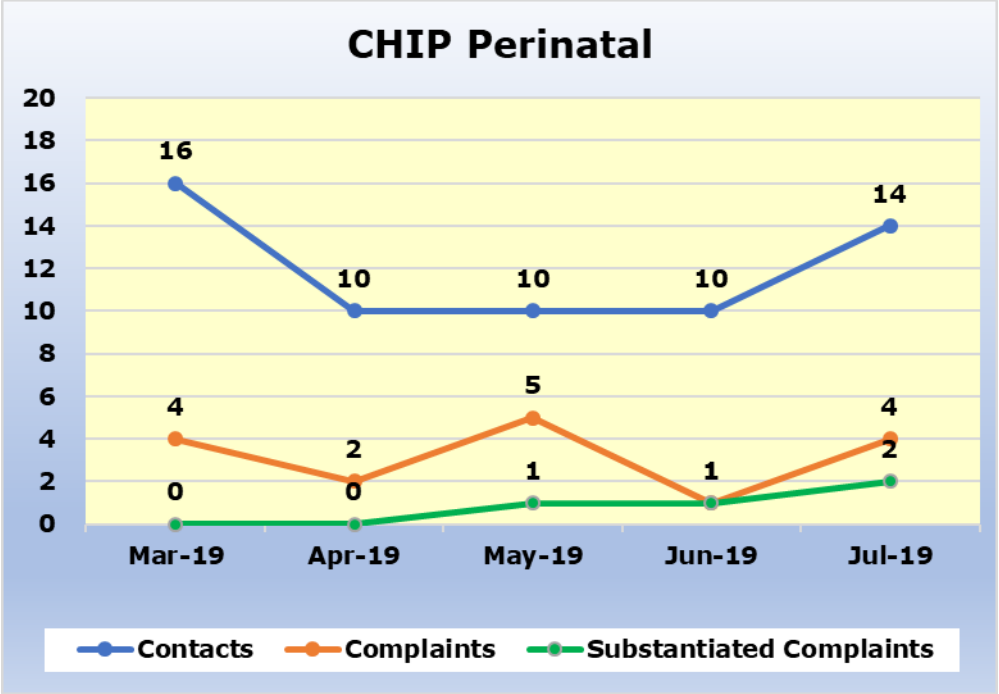
Contact Volumes by Program Type March 2019 – July 2019



Top 3 Contacts – CHIP Perinatal

- Application/Case Denied
- Check Status
- Access to Provider

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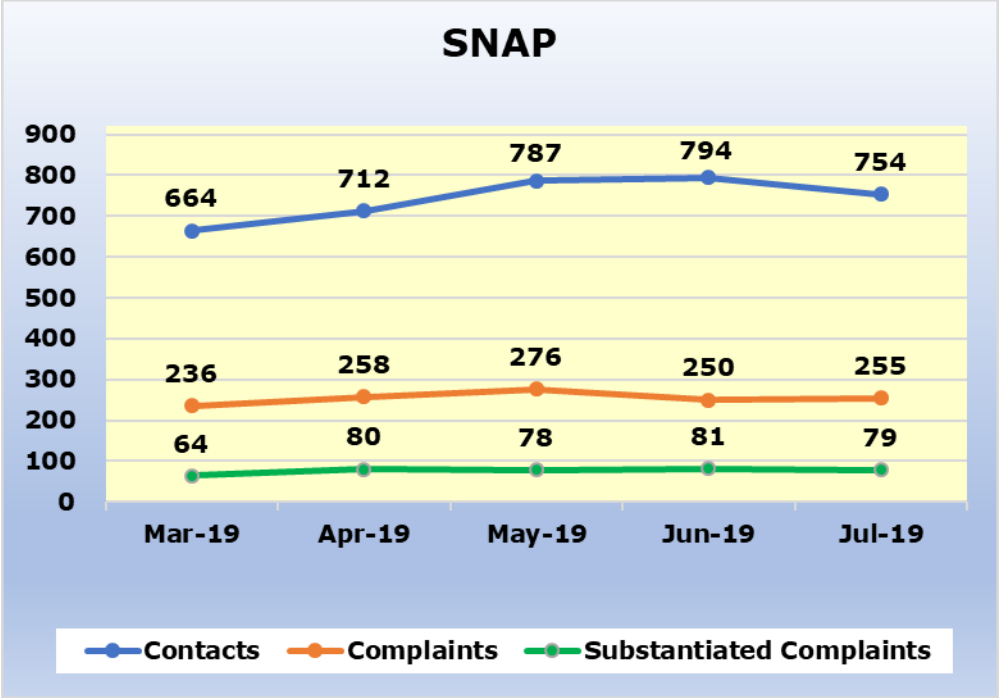
Contact Volumes by Program Type
March 2019 – July 2019



Top 3 Contacts – SNAP

- Application/Case Denied
- Check Status
- Benefit Amount

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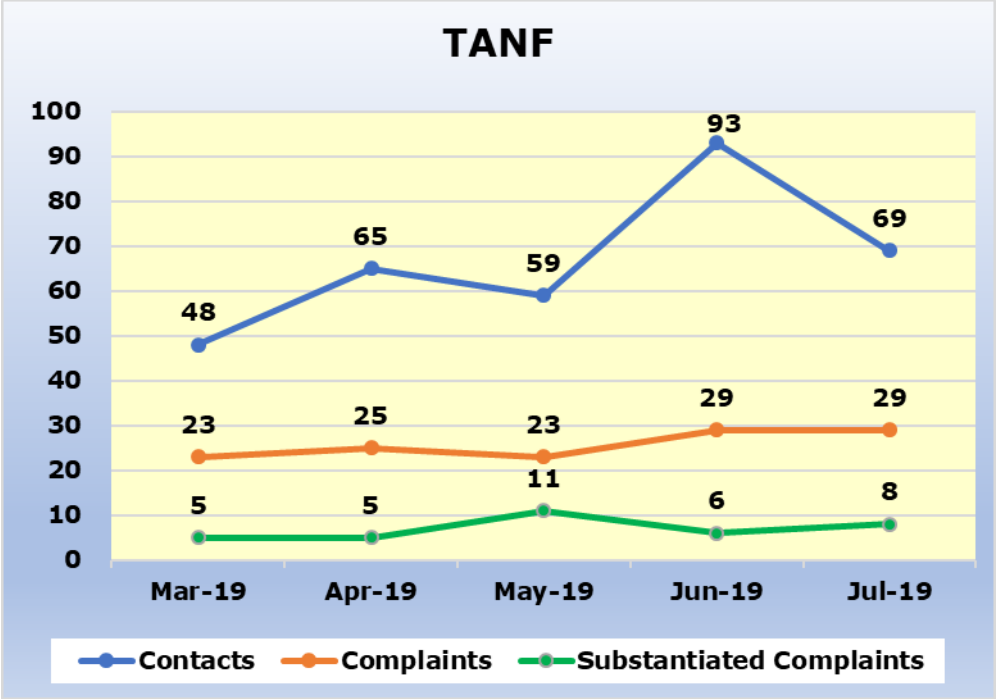
Contact Volumes by Program Type
March 2019 – July 2019



Top 3 Contacts – TANF

- Application/Case Denied
- Benefits Not Issued/Not Received
- Check Status

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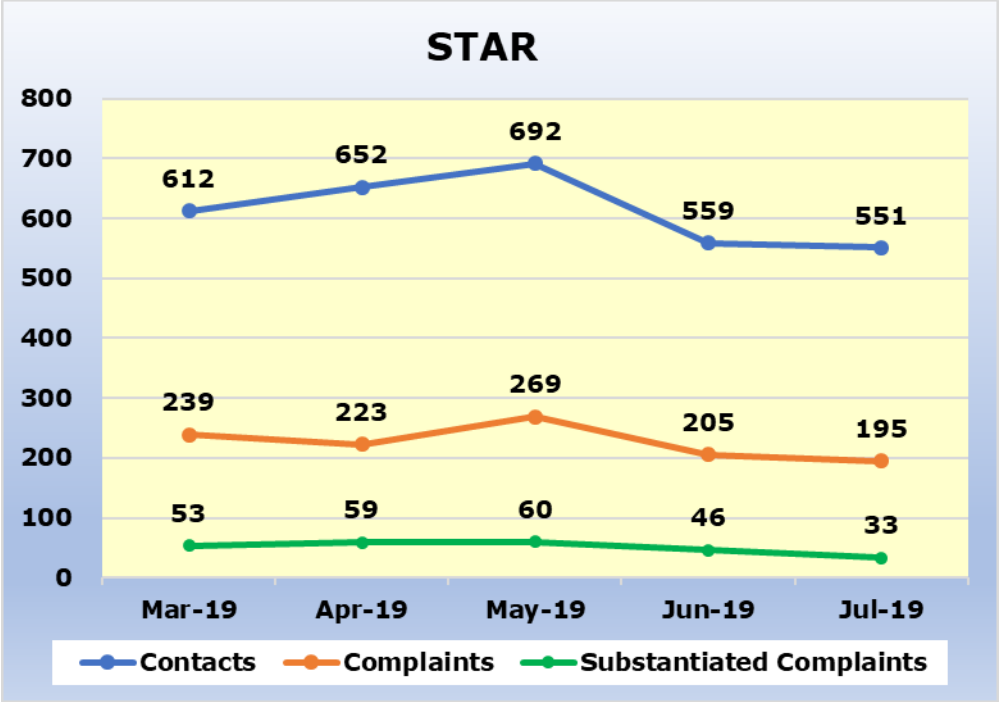
Contact Volumes by Program Type
March 2019 – July 2019



Top 3 Contacts – STAR

- Verify Health Coverage
- Explanation of Benefits/Policy
- Access to Prescriptions

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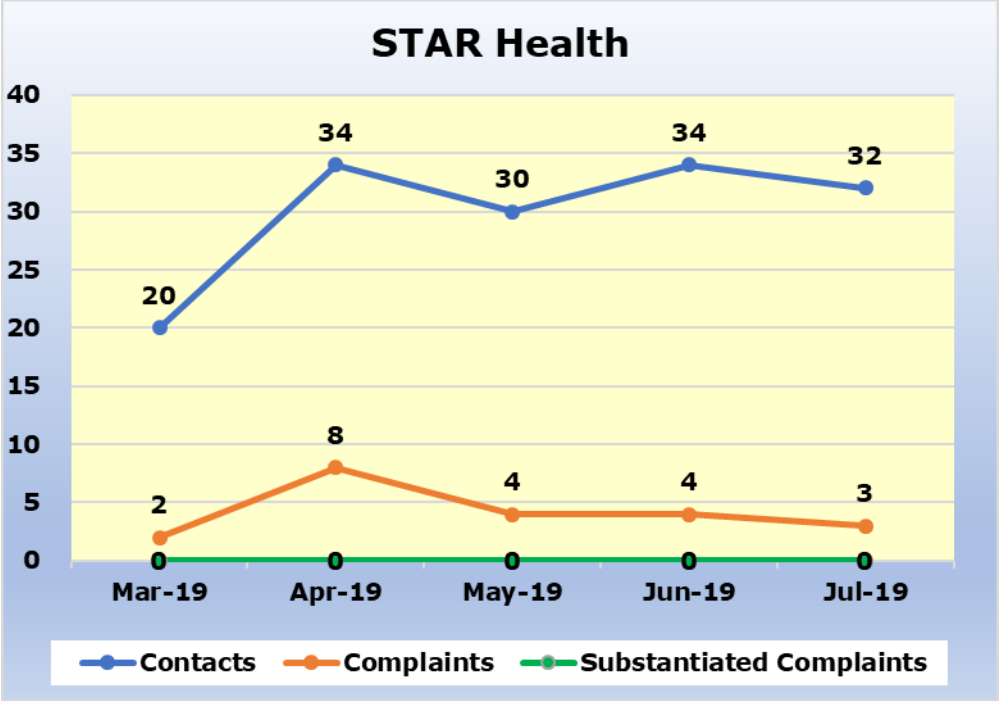
Contact Volumes by Program Type
March 2019 – July 2019



Top 3 Contacts – STAR Health

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

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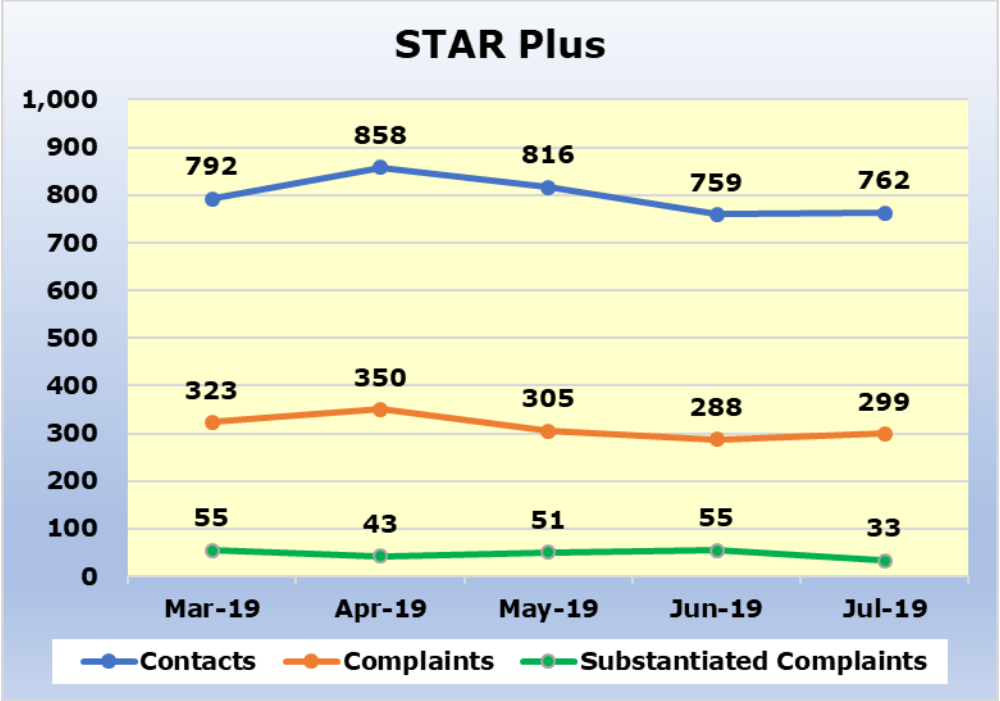
Contact Volumes by Program Type March 2019 – July 2019



Top 3 Contacts – STAR Plus

- Access to LTSS
- Access to Prescriptions
- Billing Issues

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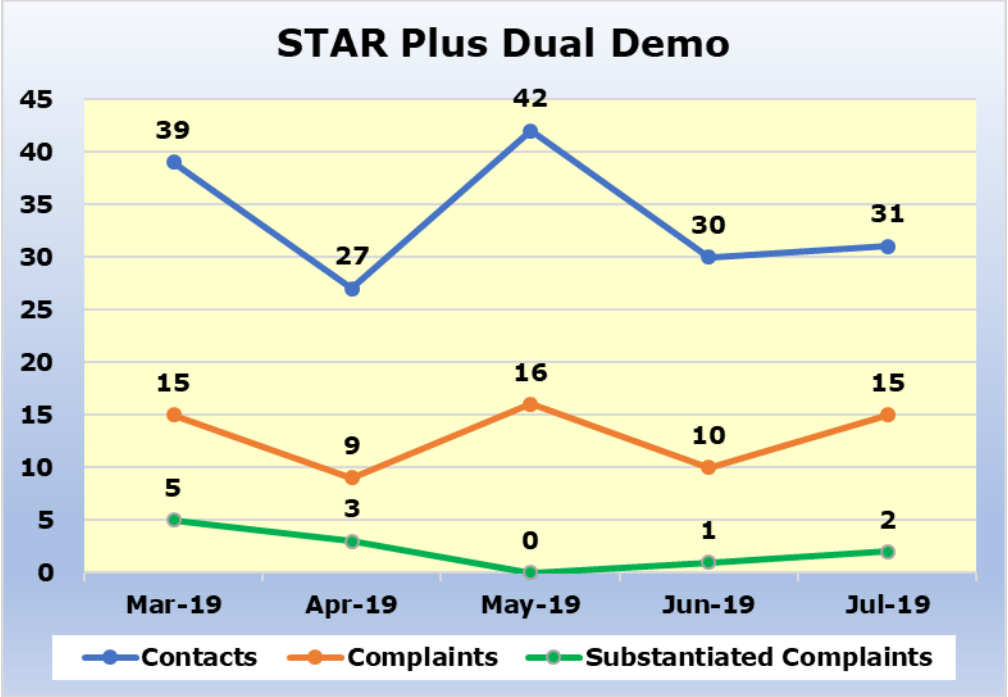
Contact Volumes by Program Type March 2019 – July 2019



Top 3 Contacts – STAR Plus Dual Demo

- Access to LTSS
- Verify Health Coverage
- Explanation of Benefits/Policy

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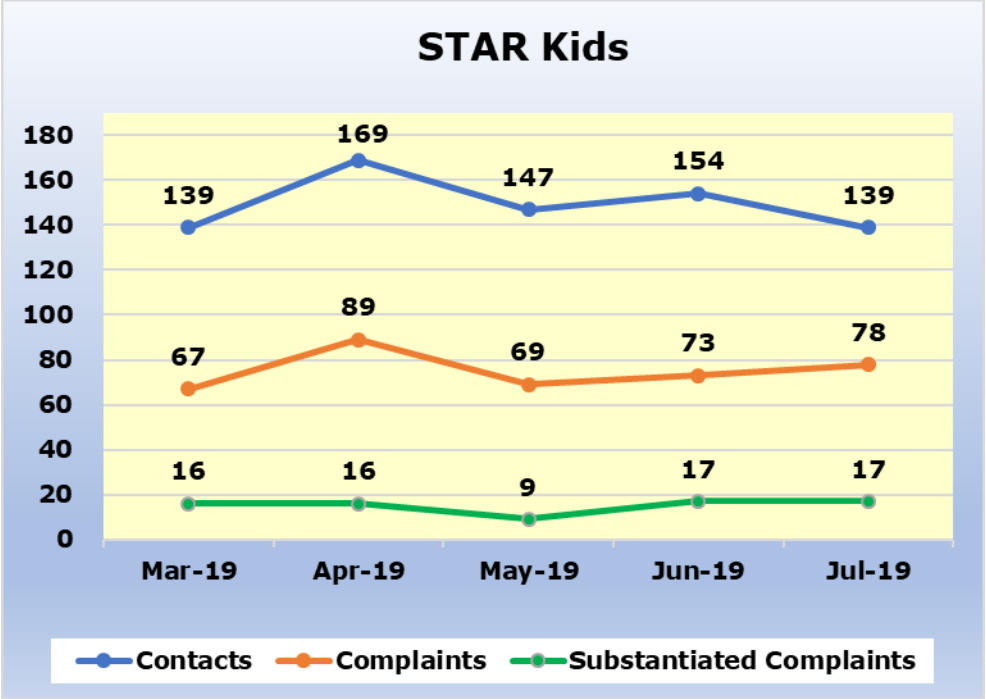
Contact Volumes by Program Type March 2019 – July 2019



Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Access to Care Coordination
- Access to DME

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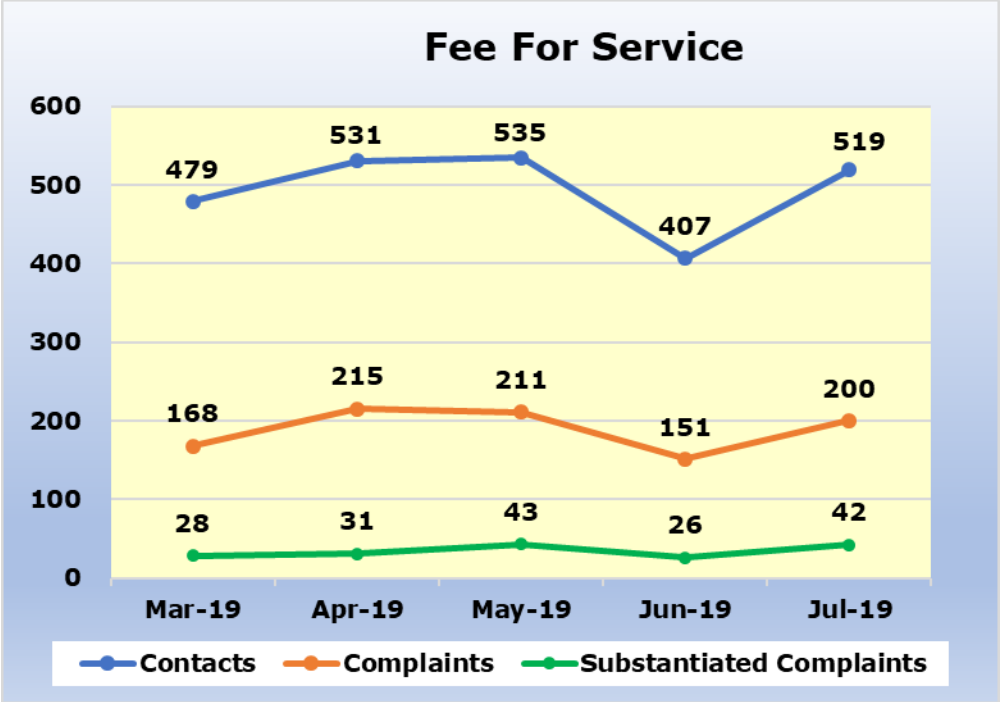
Contact Volumes by Program Type March 2019 – July 2019



Top 3 Contacts – Fee for Service

- Access to Prescriptions
- Verify Health Coverage
- Explanation of Benefits/Policy

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FOSTER CARE OMBUDSMAN

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Foster Care Ombudsman Program
March 2019 – July 2019

Contact Volume March 2019 – July 2019	
Foster Care Youth	152 (37%)
Total Contacts	406

Top Three Reasons for Contact March 2019 – July 2019
Rights of Children and Youth in Foster Care
Primary Caseworker Responsibilities
Not all facts documented in IMPACT

Information Shared

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

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Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Projects

TEXAS Health and Human Services

Contact us

Phone (Toll-free)
Main Line: 877-787-8999
Managed Care Help: 866-566-8989
Foster Care Help: 844-286-0769
Relay Texas: 7-1-1

Online
hhs.texas.gov/ombudsman

Fax (Toll-free)
888-780-8099

Mail
HHS Ombudsman
P. O. Box 13247
Austin, Texas 78711-3247

TEXAS Health and Human Services

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86th Legislative Session Overview

Medicaid and CHIP Services
July 2019

Major Medicaid Legislation

- Strengthens managed care oversight and operations.
- Pilots and carves services and populations in managed care.
- Continues to prioritize access to critical health care services.

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Managed Care Oversight & Operations

- HB 4533 requires HHSC:
  - use national provider identifier (NPI),
  - use consistent definitions of grievance processes, reporting, and data collection,
  - publicize data related to healthcare outcomes,
  - ensure managed care organizations (MCOs) are accredited (also SB 2138), and
  - study the 30-day inpatient limitation for Medicaid recipients in STAR+PLUS.
- Requires HHSC create a MCO incentive program that automatically enrolls a greater percentage of Medicaid recipients into a MCO based on quality, efficiency and effectiveness, and performance (Rider 43).

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Prior Authorization (PA)

MCO Requirements

- Issue PA determinations for people in the hospital within certain timeframes (SB 1096).
- Allow a physician to discuss PA request with similar specialty in advance of determination (SB 1207).
- Have an annual review process of PA requirements (SB 1207).
- Renew expiring PA more timely and allow members more time to request renewal (HB 3041).
- Include on websites the timeline for PA requests and process for communicating with the MCO and submitting PAs (HB 3041).

HHSC Requirements

- Establish PA time frames for MCOs (SB 1207).

Appeals & Fair Hearings

- Requires HHSC to contract with an independent external medical reviewer (SB 1207).
- Requires HHSC and MCOs to issue notices to providers and members with clear and detailed information regarding a denial, reduction, or termination of coverage or denial of a prior authorization; and requires providers and recipients to receive a detailed notice when there is insufficient documentation for a PA (SB 1207).

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STAR Kids

SB 1207

MCO Requirements

- Ensure STAR Kids service coordinators provide results of Medically Dependent Children Program (MDCP) assessment to parent/legally authorized representative.

HHSC Requirements

- Streamline STAR Kids Screening and Assessment Instrument (SK-SAI) and reassessment process.
- Extend the STAR Kids Advisory Committee through December 31, 2023 (also HB 4533).
- Develop policy for provision of wrap around services when a child has private coverage.
- Create a Medicaid escalation help line for individuals in MDCP and Deaf Blind with Multiple Disabilities (DBMD) waivers.
- Allow a child denied MDCP to be put back on the MDCP interest list in the first position or other waiver interest list in a position based on the date the child was initially placed on the MDCP interest list.
- Requires HHSC to consider, to the extent federally allowed, whether a child has certain conditions or receives certain services when determining eligibility for MDCP, DBMD, or a "Money Follows the Person" demonstration project.

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STAR Kids (cont.)

STAR Kids Advisory Committee

- Explore an assessment for private duty nursing (PDN) to streamline PA documentation (SB 1096).

MCO Requirements

- Limit MCO ability to impose drug-related PAs (SB 1096).

HHSC Requirements

- Expand the availability of the consumer-directed services (CDS) option in the MDCP waiver (HB 4533).
- Issue a Request for Information to get feedback on statewide MCOs for STAR Kids (HB 4533).
- Explore feasibility of operating STAR Kids through an alternative service delivery model, such as an accountable care organization model, and submit a report (HB 4533).

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Foster Care

- HB 72 requires HHSC and DFPS to allow:
  - certain children who were adopted through DFPS to remain in STAR Health until they are enrolled in another Medicaid managed care program.
  - certain children with disabilities who were adopted through DFPS to choose between STAR Health and STAR Kids.

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Pilots and Carve-Ins

Intellectual and Developmental Disabilities (IDD)

- Implement a pilot program for individuals with IDD in STAR+PLUS (HB 4533).
- Establishes new timelines and processes for carving IDD long-term services and supports in to managed care (HB 4533).

Medical Transportation Program (MTP)

- Add non-emergency transportation services to managed care (HB 1576).
- Pilot allowing children to ride with pregnant women and new mothers to appointments through MTP (HB 25).

TEXAS Health and Human Services

Maternal Health

HB 253

- Develop and implement 5-year postpartum depression strategic plan.

SB 748

- Report on actions to address maternal morbidity and mortality.
- Establish 2 pilot programs to deliver prenatal and postpartum care through telemedicine or telehealth and establish pregnancy medical homes.

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Maternal Health

SB 750

- Apply for federal funding to implement a model of care for certain women with opioid use disorder and their children.
- Enhance prenatal and postpartum care services.
- Ensure continuity of care for women who transition from Medicaid to Healthy Texas Women (HTW).
- Implement postpartum depression treatment network.
- Assess providing HTW services through managed care.
- Develop statewide initiatives to improve the quality of maternal care services and outcomes.

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Behavioral Health

MCO Requirements

- Allows offering services in lieu of mental health or substance use disorder services (SB 1177).
- Prohibits PAs for medication-assisted opioid or substance use disorder treatment (HB 2174, HB 3285).

HHSC Requirements

- Requires increasing access to telehealth for substance use disorder treatment and addressing it in the behavioral health strategic plan (HB 3285).
- Allows adding additional clinicians to provide buprenorphine for opioid use disorder treatment (HB 3285).
- Requires adding intensive behavioral intervention (IBI) as a Medicaid benefit (Rider 32).

TEXAS Health and Human Services

Telemedicine, Telehealth, Telemonitoring

- Fund the pediatric teleconnectivity resource program (Rider 94).
- Report on cost savings and expand home telemonitoring to certain pediatric populations (HB 1063).
- Specify requirements for MCOs for reimbursing telemedicine and telehealth services and promoting patient-centered medical homes (SB 670).
- Allow Federally Qualified Health Centers to be telemedicine distant and patient site providers, contingent on appropriations (SB 670).

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Other

Electronic Visit Verification (EVV)

- Requires HHSC to reimburse providers even if their EVV system is proprietary, and oversee MCO payment recovery efforts and recoupments (SB 1991).

Pharmacy

- Requires HHSC to conduct utilization review on drug-related clinical prior authorizations (SB 1096).
- Allows HHSC to enter into a value-based arrangement with a prescription drug manufacturer (SB 1780).

School Health and Related Services (SHARS)

- Extends eligibility for the SHARS program to children who are deaf or hard of hearing for audiology services (HB 706).

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Services

Thank you

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Health and Human Services

HHSC
Access and Eligibility Services
86th Legislative Session Update

86th Legislative Session

Rider 99

- Increase the maximum rate for Home Delivered Meals from $4.95 to $5.31 per meal.

Rider 35

- Evaluate the number of former foster care youth who do not renew Medicaid coverage to maintain continuous health coverage until age 26.

86th Legislative Session

- Rider 174
  - Improve disaster response capabilities, system integration, data transparency, and effectiveness within the Texas Information and Referral Network's 2-1-1 Help Line System.
  - Improvements such as texting and web-based chat capabilities.

86th Legislative Session

- HB 558
  - Allows the court to assign child support for an adult disabled child into a special needs trust which is exempt when determining Medicaid eligibility.

- HB 1218
  - Establish a schedule for the even distribution, over a 28-day period, of SNAP benefits.

86th Legislative Session

- HB 1483
  - Establish a pilot program and research study to help 500 TANF or SNAP recipients gain self-sufficiency from public benefits.

- HB 3428
  - AAAs must ensure that agency employees/volunteers who provide services directly to elderly individuals/family members or caregivers receive Alzheimer disease and dementia training.

86th Legislative Session

- SB 1784
  - Increases the allowable deduction for a court ordered guardianship fee from not less than $175 to not more than $250 per month for Medicaid recipients with an applied income.

- SB 1834
  - Requires a study on programs in Texas that incentivize the purchase of Texas-grown fruits and vegetables under SNAP.
  - Following the study, a pilot program may be established in one or more geographic areas of Texas.

86th Legislative Session

- SB 2132
  - HHSC must consult with the Maternal Mortality and Morbidity Task Force to improve the process for providing information to women who are automatically enrolled in Healthy Texas Women.

86th Legislative Session – Disaster Bills

- HB 2325
  - Conduct community outreach, including public awareness campaigns, and education activities on disaster preparedness each year, to the extent practical.

- SB 981/HB 2335
  - Coordinate and identify potential locations for D-SNAP sites.

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

Periodic Income Check (PIC)

A PIC is an automated process used to determine whether there has been a change in an individual's household income that could potentially make them ineligible for Medicaid or the Children's Health Insurance Program (CHIP).

For children on Medicaid, PICs are processed in months five through eight of the certification period. The first month a child's eligibility could be impacted due to new income is the 7th month since the first six months of the certification period are continuous eligibility.

For the CHIP program, an income check is administered in month six of the certification period for households with income above 185 percent of the federal poverty level, as required by state statute.

HHSC does not contact the household if the PIC "passed." This means that the PIC did not identify changes that could result in an eligibility change for the child. The majority of children (99%) who receive a PIC per month fall into this category.

HHSC contacts the household if the PIC results identify there is a change that may cause the child to become ineligible. Households are given the opportunity to provide verification to validate or dispute the PIC results. 1% of the monthly PICs require HHSC to contact the household.

On average, 30% of the children whose households are contacted as a result of a PIC remain eligible because the household submitted verification that indicates the child is still eligible for Medicaid. In addition on average, 8% of the children whose households are contacted and denied as a result of a PIC are denied for excess income. The majority of the children whose households are contacted as a result of a PIC are denied for a procedural reason (i.e., failure to provide verification). The total number of children who are denied after their households are contacted for a PIC, on average, represent 0.1% of the total monthly enrollment in Children's Medicaid.

The tables below address Item #5 and Item #6 of the Children's Health Coverage Coalition Request for Information. Appendix A provides the monthly breakdown of the data presented in the tables below.

January 2017 through December 2018 PICs – Appendix A

Average number of PICs completed per month.	Average monthly percentage of children enrolled in Medicaid who have a PIC.	Average number of PICs "passed" per month.	Average number of PICs that result in a contact. *Details provided in the Contacted Group table below*
656,334	**21%**	**649,864**	**6,471**
		99%	**1%**

Note: Since these are averages, the Average number of PIC's "passed" per month and the Average number of PICs that result in a contact will not equal the Average number of PICs completed per month.

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

Households Contacted Due to PIC – Appendix A

Of those contacted, average number of children who remain eligible.	Of those contacted, average number of children denied.	Of those denied, average number of children denied due to excess income.	Of those denied, average number of children denied due to procedural reasons.
1,932	4,539	372	4,162
30%	70%	8%	92%

***Notes**: Includes only Income and Failure to Provide denials.*

Total Number of PIC Denials

The table below addresses Item #3 of the Children's Health Coverage Coalition Request for Information. Appendix B provides the monthly breakdown of the data presented in this table.

Children's Medicaid Denials at the 5 to 8 Month Periodic Income Check – Appendix B

Year	Total Denied	Denial Type and Percentage			
		Procedural	Percentage	Non-Procedural	Percentage
2017	77,520	8,996	11.6%	68,524	88.4%
2018	77,053	9,621	12.5%	67,432	87.5%

Note: Includes Income and Failure to Provide denials in addition to other non-procedural denials such as aging-out, moved out of state, etc.

Periodic Income Check Data Analysis - FY 2017 Estimates

Based on estimated FY2017 total PIC disenrollment, 52.3% of the children who disenrolled regained coverage within 12 months under Medicaid or CHIP. Of the estimated 11,996 children that returned within 12 months, 90% or 10,792 experienced a gap of at least one month. Of the total estimated 23,038 children disenrolled, 48% or 11,042 did not return within 12 months. The table below addresses Item #4 of the Children's Health Coverage Coalition Request for Information.

FY 2017 Est.	PIC Avg. Monthly Disenrollments	% Return Same Month	% Return <= 1 Month	% Return <= 2 Month	% Return <= 3 Month	% Return <= 6 Month	% Return <= 12 Month
Back in Medicaid	1,920	4.0%	11.1%	16.2%	20.0%	27.9%	34.9%
Moved to CHIP		1.2%	4.2%	6.9%	9.2%	12.9%	17.4%
Total w/CHIP		5.2%	15.3%	23.0%	29.2%	40.8%	52.3%

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

FY 2017 Est.	PIC Total Disenrollments	# Return Same Month	# Return <= 1 Month	# Return <= 2 Month	# Return <= 3 Month	# Return <= 6 Month	# Return <= 12 Month
Back in Medicaid	23,038	922	2,560	3,724	4,616	6,426	8,002
Moved to CHIP		282	962	1,586	2,110	2,966	3,994
Total w/CHIP		1,204	3,522	5,310	6,726	9,392	11,996
Med True Retro		6	26	44	48	86	116
% of Med Returns		0.7%	1.0%	1.2%	1.0%	1.3%	1.4%

Notes:

Figures based on actual PIC disenrollment data for March-August of 2017, adult clients are excluded. FY 2017 total figures are estimated by extrapolating the results of the 6 month analysis, Mar-Aug 2017. Disenrolled children for each month are tracked for 12 months post-disenrollment to identify re-enrollment. Counts/percent for 'Same Month' indicate clients returning in the disenrollment month, no resulting gap in coverage. Figures are cumulative across each return timeframe specified, do not add across time periods. Med True Retros indicate clients that received coverage under the 90 day prior policy, already included in total Medicaid figures above.

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

Appendix A – Item #5 and Item #6

January 2017 through December 2018 PICs

	Children's Medicaid Enrollment	Number of PICs completed	Percentage of Children's Medicaid enrollees who have a PIC	Number of PICs that "passed"	Percentage of PICs that "passed"
January-17	3,260,906	835,462	25.6%	829,607	99.3%
February-17	3,255,796	735,870	22.6%	732,098	99.5%
March-17	3,243,871	659,785	20.3%	654,754	99.2%
April-17	3,221,037	575,553	17.9%	572,166	99.4%
May-17	3,216,559	536,208	16.7%	526,626	98.2%
June-17	3,210,935	546,731	17.0%	542,016	99.1%
July-17	3,207,906	601,841	18.8%	596,336	99.1%
August-17	3,214,716	689,327	21.4%	679,532	98.6%
September-17	3,227,962	453,696	14.1%	449,775	99.1%
October-17	3,240,273	597,703	18.5%	594,362	99.4%
November-17	3,249,458	668,432	20.6%	654,415	97.9%
December-17	3,251,377	750,099	23.1%	744,421	99.2%
January-18	3,236,788	773,569	23.9%	768,123	99.3%
February-18	3,217,794	723,917	22.5%	715,457	98.8%
March-18	3,203,417	654,600	20.4%	649,077	99.2%
April-18	3,183,831	554,340	17.4%	550,836	99.4%
May-18	3,170,983	516,546	16.3%	510,031	98.7%
June-18	3,153,309	531,070	16.8%	526,917	99.2%
July-18	3,150,503	589,144	18.7%	583,898	99.1%
August-18	3,151,953	685,780	21.8%	676,494	98.6%
September-18	3,148,812	632,524	20.1%	627,025	99.1%
October-18	3,143,694	803,545	25.6%	796,265	99.1%
November-18	3,129,465	829,111	26.5%	816,059	98.4%
December-18	3,116,107	807,169	25.9%	800,438	99.2%

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

January 2017 through December 2018 PICs

Households that were contacted as a result of a PIC.

	Number of households contacted	Percentage of households contacted	Of those contacted, number of children who remain eligible	Of those contacted, percentage of children who remain eligible	Of those contacted, number of children denied	Of those contacted, percentage of children denied
January-17	5,855	0.7%	1,769	30.2%	4,086	69.8%
February-17	3,772	0.5%	1,090	28.9%	2,682	71.1%
March-17	5,031	0.8%	1,369	27.2%	3,662	72.8%
April-17	3,387	0.6%	1,007	29.7%	2,380	70.3%
May-17	9,582	1.8%	3,386	35.3%	6,196	64.7%
June-17	4,715	0.9%	1,538	32.6%	3,177	67.4%
July-17	5,505	0.9%	1,785	32.4%	3,720	67.6%
August-17	9,795	1.4%	3,473	35.5%	6,322	64.5%
September-17	3,921	0.9%	1,000	25.5%	2,921	74.5%
October-17	3,341	0.6%	946	28.3%	2,395	71.7%
November-17	14,017	2.1%	3,902	27.8%	10,115	72.2%
December-17	5,678	0.8%	1,719	30.3%	3,959	69.7%
January-18	5,446	0.7%	3,154	57.9%	2,292	42.1%
February-18	8,460	1.2%	2,103	24.9%	6,357	75.1%
March-18	5,523	0.8%	1,725	31.2%	3,798	68.8%
April-18	3,504	0.6%	1,082	30.9%	2,422	69.1%
May-18	6,515	1.3%	1,764	27.1%	4,751	72.9%
June-18	4,153	0.8%	1,186	28.6%	2,967	71.4%
July-18	5,246	0.9%	1,471	28.0%	3,775	72.0%
August-18	9,286	1.4%	2,317	25.0%	6,969	75.0%
September-18	5,499	0.9%	1,404	25.5%	4,095	74.5%
October-18	7,280	0.9%	2,393	32.9%	4,887	67.1%
November-18	13,052	1.6%	2,896	22.2%	10,156	77.8%
December-18	6,731	0.8%	1,883	28.0%	4,848	72.0%

Note: Appendix A only includes Income and Failure to Provide denials.

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

January 2017 through December 2018 PICs

Households that were contacted and denied.

	Of those denied, number of children denied due to excess income	Of those denied, percentage of children denied due to excess income	Of those denied, number of children denied due to procedural reasons	Of those denied, percentage of children denied due to procedural reasons
January-17	265	6.5%	3,814	93.3%
February-17	188	7.0%	2,489	92.8%
March-17	165	4.5%	3,492	95.4%
April-17	115	4.8%	2,261	95.0%
May-17	765	12.3%	5,425	87.6%
June-17	206	6.5%	2,966	93.4%
July-17	383	10.3%	3,328	89.5%
August-17	744	11.8%	5,574	88.2%
September-17	108	3.7%	2,810	96.2%
October-17	134	5.6%	2,260	94.4%
November-17	1,190	11.8%	8,918	88.2%
December-17	278	7.0%	3,677	92.9%
January-18	203	8.9%	2,088	91.1%
February-18	611	9.6%	5,737	90.2%
March-18	291	7.7%	3,501	92.2%
April-18	119	4.9%	2,300	95.0%
May-18	448	9.4%	4,295	90.4%
June-18	148	5.0%	2,818	95.0%
July-18	305	8.1%	3,470	91.9%
August-18	704	10.1%	6,261	89.8%
September-18	178	4.3%	3,913	95.6%
October-18	294	6.0%	4,586	93.8%
November-18	865	8.5%	9,285	91.4%
December-18	223	4.6%	4,621	95.3%

Note: Appendix A only includes Income and Failure to Provide denials.

PERIODIC INCOME CHECKS - CHILDREN'S MEDICAID

Appendix B – Item #3

Children's Medicaid Denials at the 5 to 8 Month Periodic Income Check

Month	Total Denied	Denial Type and Percentage			
		Procedural	Percentage	Non Procedural	Percentage
January-17	7,480	765	10.2%	6,715	89.8%
February-17	6,115	679	11.1%	5,436	88.9%
March-17	6,390	720	11.3%	5,670	88.7%
April-17	6,411	622	9.7%	5,789	90.3%
May-17	6,613	731	11.1%	5,882	88.9%
June-17	6,212	823	13.2%	5,389	86.8%
July-17	6,465	690	10.7%	5,775	89.3%
August-17	7,374	1,570	21.3%	5,804	78.7%
September-17	5,044	548	10.9%	4,496	89.1%
October-17	4,788	448	9.4%	4,340	90.6%
November-17	7,040	616	8.8%	6,424	91.3%
December-17	7,588	784	10.3%	6,804	89.7%
2017 Total	**77,520**	**8,996**	**11.6%**	**68,524**	**88.4%**
January-18	7,231	698	9.7%	6,533	90.3%
February-18	7,007	1,450	20.7%	5,557	79.3%
March-18	5,007	512	10.2%	4,495	89.8%
April-18	4,581	497	10.8%	4,084	89.2%
May-18	5,489	610	11.1%	4,879	88.9%
June-18	5,483	707	12.9%	4,776	87.1%
July-18	5,843	703	12.0%	5,140	88.0%
August-18	6,627	804	12.1%	5,823	87.9%
September-18	6,781	780	11.5%	6,001	88.5%
October-18	7,691	1,034	13.4%	6,657	86.6%
November-18	7,756	914	11.8%	6,842	88.2%
December-18	7,557	912	12.1%	6,645	87.9%
2018 Total	**77,053**	**9,621**	**12.5%**	**67,432**	**87.5%**

Note: Includes Income and Failure to Provide denials in addition to other non-procedural denials such as aging-out, moved out of state, etc.

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST RENEWAL DATA

As requested, the tables below document the number of children who renewed their Medicaid and CHIP benefits in 2017 and 2018, and the number of children whose eligibility was denied at their 12-month redetermination.

In 2017 and 2018, 89.1% of children continued to receive medical benefits after their 12-month redetermination. In addition, the renewal rate from 2017 to 2018 improved by 2.4%.

This data addresses Item #1 from the Children's Health Coverage Coalition (CHCC) data request. In this data set, denials are only counted if the child is denied for all medical assistance programs. A child moving from one type of Medicaid program to another type, or a child moving from Medicaid to CHIP is counted as a redetermination.

Appendix A provides the monthly breakdowns of this data.

Year	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
2017	CHIP and Medicaid for Children 1-18	2,302,905	293,069	24,128
		87.9%	11.2%	0.9%
2018	CHIP and Medicaid for Children 1-18	2,250,888	224,984	16,597
		90.3%	9%	0.7%
Total	CHIP and Medicaid for Children 1-18	4,553,793	518,053	40,725
		89.1%	10.1%	0.8%

Year	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
2017	Medicaid for Children 1-5	679,965	47,410	3,254
		93.1%	6.5%	0.4%
2018	Medicaid for Children 1-5	664,061	34,941	1,664
		94.8%	5%	0.2%
Total	Medicaid for Children 1-5	1,344,026	82,351	4,918
		93.9%	5.8%	0.3%

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST RENEWAL DATA

Year	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
2017	Medicaid for Children 6-18	1,387,143	159,954	12,895
		88.9%	10.3%	0.8%
2018	Medicaid for Children 6-18	1,351,131	105,735	6,515
		92.3%	7.2%	0.5%
Total	Medicaid for Children 6-18	2,738,274	265,689	19,410
		90.6%	8.8%	0.6%

Year	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
2017	CHIP	235,797	85,705	7,979
		71.6%	26%	2.4%
2018	CHIP	235,696	84,308	8,418
		71.8%	25.7%	2.5%
Total	CHIP	471,493	170,013	16,397
		71.7%	25.8%	2.5%

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST
RENEWAL DATA

Denial Reasons

Children can be denied eligibility at their 12-month redetermination for a variety of reasons. The data below reflects denials for redeterminations that occurred from January 2017 – December 2018.

From January 2017 – December 2018, the most common denial reason at the 12-month redetermination was failure to provide information. 86.8% of the children who were denied eligibility at their redetermination were denied for this reason.

The tables below addresses Item #2 of CHCC's data request.

	All Denial Reasons	Total # Denials	Percentage
1	Failure to provide information	484,871	86.8%
2	Failed alien status requirement	24,198	4.3%
3	Individual not certified, does not meet age requirements	21,010	3.7%
4	Exceeds CHIP income limit	12,707	2.3%
5	Does not meet program requirements[1]	5,483	1.0%
6	No eligible members	3,236	0.6%
7	State Office Use - certification period ended	2,728	0.5%
8	Individual has adequate health coverage[2]	1,525	0.3%
9	Voluntary withdrawal	1,119	0.2%
10	Unable to locate	987	0.2%
11	Failed residency requirement	541	0.1%
12	Individual not certified - deceased	279	<0.1%
13	Non-cooperation with enumeration requirement	38	<0.1%
14	Failure to sign application	28	<0.1%
15	Failed to pay enrollment fee[3]	21	<0.1%
16	Resides in public institution	7	<0.1%
	Total EDGs	**558,778**	

[1] This is a generic denial reason that includes non-procedural reasons.
[2] CHIP only.
[3] CHIP only.

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST
RENEWAL DATA

	Non-Procedural Denial Reason	Total # Denials
1	Individual not certified, does not meet age requirements	21,010
2	Exceeds CHIP income limit	12,707
3	Does not meet program requirements[4]	5,483
4	Individual has adequate health coverage[5]	1,525
	Total	**40,725**

	Procedural Denial Reason	Total # Denials
1	Failure to provide information	484,871
2	Failed alien status requirement	24,198
3	No eligible members	3,236
4	State Office Use - certification period ended	2,728
5	Voluntary withdrawal	1,119
6	Unable to locate	987
7	Failed residency requirement	541
8	Individual not certified - deceased	279
9	Non-cooperation with enumeration requirement	38
10	Failure to sign application	28
11	Failed to pay enrollment fee[6]	21
12	Resides in public institution	7
	Total EDGs	**518,053**

[4] This is a generic denial reason that includes non-procedural reasons.
[5] CHIP only.
[6] CHIP only.

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST
RENEWAL DATA

Appendix A

Medicaid for Children 1-5 (TP 48)

Month	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
January-17	Medicaid for Children 1-5	45,261	4,280	299
February-17	Medicaid for Children 1-5	56,576	4,278	323
March-17	Medicaid for Children 1-5	68,763	5,126	377
April-17	Medicaid for Children 1-5	65,492	4,660	332
May-17	Medicaid for Children 1-5	64,320	4,657	341
June-17	Medicaid for Children 1-5	62,926	4,621	321
July-17	Medicaid for Children 1-5	64,579	4,738	323
August-17	Medicaid for Children 1-5	58,905	3,005	228
September-17	Medicaid for Children 1-5	47,716	2,428	169
October-17	Medicaid for Children 1-5	47,593	2,938	147
November-17	Medicaid for Children 1-5	48,607	2,605	116
December-17	Medicaid for Children 1-5	49,227	4,074	278
January-18	Medicaid for Children 1-5	47,781	3,039	155
February-18	Medicaid for Children 1-5	56,341	2,933	127
March-18	Medicaid for Children 1-5	64,571	3,157	173
April-18	Medicaid for Children 1-5	66,403	3,171	172
May-18	Medicaid for Children 1-5	70,132	2,934	141
June-18	Medicaid for Children 1-5	58,256	2,760	122
July-18	Medicaid for Children 1-5	60,742	3,066	141
August-18	Medicaid for Children 1-5	57,758	2,818	136
September-18	Medicaid for Children 1-5	48,627	2,923	146
October-18	Medicaid for Children 1-5	45,380	2,930	147
November-18	Medicaid for Children 1-5	41,107	2,440	82
December-18	Medicaid for Children 1-5	46,963	2,770	122

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST
RENEWAL DATA

Medicaid for Children 6-18 (TP44)

Month	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
January-17	Medicaid for Children 6-18	77,779	12,749	1,656
February-17	Medicaid for Children 6-18	124,205	14,957	1,368
March-17	Medicaid for Children 6-18	164,838	18,130	1,482
April-17	Medicaid for Children 6-18	156,763	17,028	1,179
May-17	Medicaid for Children 6-18	147,390	16,839	1,207
June-17	Medicaid for Children 6-18	149,949	16,363	1,142
July-17	Medicaid for Children 6-18	146,726	17,636	1,139
August-17	Medicaid for Children 6-18	117,746	9,979	967
September-17	Medicaid for Children 6-18	76,400	7,761	845
October-17	Medicaid for Children 6-18	71,498	8,304	586
November-17	Medicaid for Children 6-18	75,520	8,155	662
December-17	Medicaid for Children 6-18	78,329	12,053	662
January-18	Medicaid for Children 6-18	81,088	8,884	590
February-18	Medicaid for Children 6-18	123,066	8,664	485
March-18	Medicaid for Children 6-18	157,537	9,136	574
April-18	Medicaid for Children 6-18	159,075	9,572	509
May-18	Medicaid for Children 6-18	156,887	8,851	513
June-18	Medicaid for Children 6-18	140,876	8,812	557
July-18	Medicaid for Children 6-18	140,974	10,196	575
August-18	Medicaid for Children 6-18	114,307	9,792	587
September-18	Medicaid for Children 6-18	75,116	8,524	552
October-18	Medicaid for Children 6-18	67,224	8,476	564
November-18	Medicaid for Children 6-18	61,862	6,900	516
December-18	Medicaid for Children 6-18	73,119	7,928	493

CHILDREN'S HEALTH COVERAGE COALITION DATA REQUEST
RENEWAL DATA

CHIP (TA 84)

Month	TOA	Total Renewed (Benefits Sustained)	Denied	
			Procedural	Non-Procedural
January-17	CHIP	15,385	7,134	538
February-17	CHIP	22,915	9,050	783
March-17	CHIP	21,156	10,824	706
April-17	CHIP	19,026	8,305	656
May-17	CHIP	20,541	8,944	626
June-17	CHIP	16,674	7,201	576
July-17	CHIP	14,542	6,279	569
August-17	CHIP	22,879	5,067	800
September-17	CHIP	17,842	4,899	620
October-17	CHIP	21,258	6,041	513
November-17	CHIP	25,793	5,064	747
December-17	CHIP	17,786	6,897	845
January-18	CHIP	18,454	8,016	557
February-18	CHIP	23,686	6,478	745
March-18	CHIP	20,268	8,840	579
April-18	CHIP	21,346	7,594	459
May-18	CHIP	28,157	7,650	633
June-18	CHIP	17,371	7,112	519
July-18	CHIP	16,813	7,307	493
August-18	CHIP	21,393	5,402	543
September-18	CHIP	18,256	8,729	629
October-18	CHIP	18,267	6,977	766
November-18	CHIP	19,689	4,644	1,433
December-18	CHIP	11,996	5,559	1,062

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

2019 Interim Study Proposals For Children's Health

The Children's Health Coverage Coalition (CHCC) is dedicated to ensuring the health and wellbeing of children and families in Texas. CHCC engages in public education and advocacy, working closely with state agencies and the Texas Legislature on behalf of children and their families. The following interim study recommendations highlight strategies Texas leaders can take to improve newborn outcomes and children's health, strengthen maternal health and safety, and ensure Texas children and families have health care they need to be healthier and more productive at home, school, and work.

For additional information or questions, please contact Adriana Kohler, Senior Health Policy Associate at akohler@txchildren; and Laura Guerra Cardus, Deputy Director at Children's Defense Fund - Texas at LGuerraCar@childrensdefense.org.

House Human Services Committee

Early Childhood Brain Development

- Examine strategies and make recommendations for promoting early childhood brain development in Texas. Assess opportunities to scale up promising practices, achieve longer-term savings, and better leverage family supports, home visiting, and early childhood health initiatives, including using value-based payment models in Medicaid and Children's Health Insurance Program (CHIP) to promote infant health, reduce infant mortality, and ensure young children are ready to succeed in school.
  ** This is recommended as a joint charge: House Human Services and House Public Health Committees*

  Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. Strong parent-child relationships, robust early learning experiences, and access to preventive and medical care all create a strong foundation that affects whether a child is prepared to begin school, achieve academic success, and thrive as an adult in the workforce. With so much to gain, it's imperative that lawmakers focus on supporting early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Children's Health Coverage

- Examine strategies for improving efficiency and reducing red tape in Children's Medicaid processes in order to decrease gaps in coverage for CHIP and Medicaid eligible children, avoid related costs to the state and managed care system, and promote quality-based value initiatives in Medicaid managed care. Determine how Texas' high child uninsured rate and drop in Medicaid enrollment are affecting rural areas and counties, including rural and safety-net hospitals, physicians, and providers.

Rationale: After years of steady improvement, Texas' child uninsured rate got worse between 2016 and 2017. Kids' enrollment in Children's Medicaid and CHIP has been steadily declining, with over 232,000 fewer children enrolled in Medicaid or CHIP in May 2019 compared to December 2017. This enrollment decline is far too steep to be entirely explained by a strong economy or income growth. Lawmakers have an opportunity to examine factors contributing to declining health coverage among children, study the impact of red tape in the Medicaid eligibility process, and evaluate how this enrollment declines impact health providers, the state's budget, and child health outcomes.

Medical Transportation

- Monitor the implementation of medical transportation legislation passed by the 86th Legislature, including HB 1576 and HB 25, as well as legislation addressing transportation barriers to health services. Monitor the agencies and programs affected by policy changes to the Medical Transportation Program, review readiness among Medicaid managed care plans and other relevant entities, and examine how transitions in the Medical Transportation Program will impact Medicaid clients, transportation providers, and health providers. The committee will study existing practices that ensure passenger safety, current regional availability and gaps, and opportunities to strengthen innovative, client-centered non-emergency medical transportation models.

  Rationale: Texas enacted significant reforms to the Medicaid non-emergency medical transportation program during the 86th legislative session. Many changes were made to legislation during the final steps of the legislative process and the timelines for implementation are extremely tight. The Legislature should closely monitor implementation, examine the agency's and health plans' readiness, and understand the implications for health providers, contractors, and Medicaid clients.

Medicaid Managed Care

- Monitor the implementation of legislation passed by the 86th Legislature that made reforms to Medicaid managed care in Texas, including SB 1207, SB 1096, and HB 4533. Identify additional opportunities to improve timely availability of health care, decrease red tape and administrative costs, and improve patient and provider satisfaction. The committee should:
  - Review the status of rulemaking, HHSC contracts with managed care organizations, and federal approval needed to implement changes.
  - Examine how Medicaid managed care reforms affect access to and quality of care for kids, pregnant women and new mothers, and Texans with disabilities in Medicaid.
  - Make recommendations for steps needed to improve access to behavioral and specialty care, strengthen network adequacy, and ways to leverage quality measures and value-based funding strategies to support the health, brain development, and wellbeing of children.
  - Examine options for eliminating red tape that results in the erroneous denial of children's Medicaid coverage, which contributes to higher per-person Medicaid costs and harms the financial viability of rural and safety-net providers across Texas.
  - Evaluate opportunities in Medicaid to foster team-based and family-centered care, including rewarding high-quality pediatric care and leveraging community health workers, home visiting, and other family supports to improve child outcomes and achieve savings.

- Evaluate opportunities to improve care coordination for Medicaid enrollees with high-risk, chronic and/or complex medical conditions, including best practices to:
    - More timely connect care coordinators with patients and providers;
    - Deploy virtual care coordination models to rural and underserved communities;
    - Decrease administrative hassles for patients, physicians, and providers by reducing duplicative efforts to arrange and coordinate care; and
    - Pay providers to incorporate care coordination directly into their practices in lieu of using MCO coordinators.

** This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas adopted important Medicaid managed care reforms during the 86th legislative session. The Legislature should closely monitor implementation of the changes and continue to build on its efforts to increase managed care accountability and transparency.

Health Improvement Opportunities

➢ Identify opportunities for Medicaid managed care organizations, health care providers, and communities to partner to implement non-medical initiatives that will help patients be healthier and more productive at home, school, and work while also constraining Medicaid costs.

Rationale: Access to high quality, timely medical care is only one component of achieving better health outcomes. Texans also need safe, clean places to live, ready access to nutritious foods, and economic opportunities. The state cannot make meaningful headway towards reducing chronic diseases and poor health outcomes without addressing access to health care as well as non-medical factors that contribute to people's overall health.

Health Care Access and Financing

➢ Examine how Texas is preparing for funding changes, such as phase down of the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver and the end of Texas' Targeted Opioid Response Grant. Evaluate factors contributing to declining health insurance coverage among all Texans, especially among children, and study the impact of the uninsured rate on the state budget, counties, and rural hospitals. Evaluate options to extend Texas' 1115 Transformation Waiver in a way that will enhance health coverage for low-income Texans as a means to promote greater prosperity among families and in a way that will bolster Texas' ongoing efforts to improve health for children and pregnant and postpartum women.
**This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. Texas is tasked with developing and finalizing a transition plan that incorporates the state's delivery system reform efforts without Delivery System Reform Incentive Program (DSRIP) funding.

House Public Health Committee

Early Childhood

- Examine strategies and make recommendations for promoting early childhood brain development in Texas. Assess opportunities to scale up promising practices, achieve longer-term savings, and better leverage family supports, home visiting, and early childhood health initiatives, including using value-based payment models in Medicaid and CHIP to promote infant health, reduce infant mortality, and ensure young children are ready to succeed in school.
  ** This is recommended as a joint charge: House Public Health and House Human Services Committees*

  Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. Strong parent-child relationships, robust early learning experiences, and access to preventive and medical care all create a strong foundation that affects whether a child is prepared to begin school, achieve academic success, and thrive as an adult in the workforce. With so much to gain, it's imperative that lawmakers focus on supporting early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Healthy Mothers and Babies

- Monitor the implementation of legislation passed by the 86th Legislature to improve the health of mothers and babies, including SB 750, SB 748, SB 749, SB 436, and SB 2132, and relevant budget riders (including Rider 28 and Rider 64). In conducting this review:
  - Examine investments aimed at fighting maternal mortality, improving infant health and early childhood brain development, and addressing primary, behavioral, and specialty care for women.
  - Analyze the health benefits and cost effectiveness of community health workers, doulas, and other labor and postpartum supports.
  - Identify strategies to provide women of reproductive age twelve-months comprehensive health care coverage to ensure they can obtain needed care before, during, and after pregnancy.

  **This is recommended as a joint charge: House Public Health and House Appropriations Committees*

  Rationale: Over the past several legislative sessions, lawmakers adopted important initiatives to improve maternal and newborn health, provide preventive and primary care services for low-income women, and improve birth outcomes for both mothers and babies. Yet there is still room for improvement. One in four women of child bearing age (ages 15 to 44) lack health insurance, which Texas' own data shows contributes to the death or severe complications for postpartum women.

- Review how Texas is best preparing for federal changes that impact health, including the Family First Prevention Services Act, which authorizes federal funding for behavioral health, the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver, the Texas Targeted Opioid Response Grant, and the Healthy Texas Women Section 1115 Demonstration Waiver.
  **This is recommended as a joint charge: House Public Health and House Appropriations Committees*

Rationale: The Healthy Texas Women waiver has been pending federal approval for over 3 years. Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. The Family First Prevention Services Act is a future opportunity for Texas to prevent child abuse/neglect, promote healthy mothers and babies, and ensure more parents can get behavioral health services to be strong parents. Texas must be prepared to capitalize on upcoming opportunities in the next few years.

House Public Education Committee

Children's Health and School Success

- Explore the relationship between school performance and child health insurance and identify ways to eliminate barriers to more children gaining health insurance, including removal of red tape that results in children on Medicaid and CHIP unnecessarily losing coverage. Evaluate opportunities to maximize Medicaid funds to promote student health through improved health services, school-based health centers, and enrollment and retainment strategies for CHIP and Children's Medicaid.

Rationale: Research shows that children with health insurance have better school attendance, perform better academically, and are more likely to graduate high school -- all of which are key factors to a child's future success as an adult. Yet the number and percent of Texas children without health insurance are growing after years of steady progress. Healthy, educated children go hand in hand. Texas must identify ways to reverse the number of children without health insurance in order to secure a future educated workforce.

House Appropriations Committee

Early Childhood

- Examine state investments in the health and brain development of babies and toddlers, including Early Childhood Intervention and other early childhood programs for children in the first three years. Evaluate opportunities to boost child outcomes and achieve longer term savings through innovative funding strategies and enhanced linkages between Medicaid and CHIP managed care organizations, health providers, home visiting programs, Head Start, and early childhood education programs.

Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. When it comes to young kids, what happens at home, in early learning settings, and in the doctor's office can shape a child for a lifetime. With so much to gain, it's imperative that lawmakers focus on early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Healthy Mothers and Babies

- Monitor the implementation of legislation passed by the 86th Legislature to improve the health of mothers and babies, including SB 750, SB 748, SB 749, SB 436, and SB 2132, and relevant budget riders (including Riders 28 and 64). In conducting this review:
    - Examine investments aimed at fighting maternal mortality, improving infant health and early childhood brain development, and addressing primary, behavioral, and specialty care for women.
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  Rationale: Over the past several legislative sessions, lawmakers adopted important initiatives to improve maternal and newborn health, provide preventive and primary care services for low-income women, and improve birth outcomes for both mothers and babies. Yet there is still room for improvement. One in four women of child bearing age (ages 15 to 44) lack health insurance, which Texas' own data shows contributes to the death or severe complications for postpartum women.

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  **This is recommended as a joint charge: House Appropriations Committee and House Public Health Committee*

  Rationale: The Healthy Texas Women waiver has been pending federal approval for over 3 years. Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. The Family First Prevention Services Act is a future opportunity for Texas to prevent child abuse/neglect, promote healthy mothers and babies, and ensure more parents can get behavioral health services to be strong parents. Texas must be prepared to capitalize on upcoming opportunities in the next few years.

Health Care Access and Financing

- Examine how Texas is preparing for funding changes, such as phase down of the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver and the end of Texas' Targeted Opioid Response Grant. Evaluate factors contributing to declining health insurance coverage among all Texans, especially among children, and study the impact of the high uninsured rate on the state budget, counties, and rural hospitals. Evaluate options to extend Texas' 1115 Transformation Waiver in a way that will enhance health coverage for low-income Texans as a means to promote greater prosperity among families and in a way that bolsters Texas' efforts to improve health for children and pregnant and postpartum women.

  **This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. Texas is tasked with developing and finalizing a transition plan that incorporates the state's delivery system reform efforts without Delivery System Reform Incentive Program (DSRIP) funding.

Medicaid Managed Care

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    - Make recommendations for steps needed to improve access to behavioral and specialty care, strengthen network adequacy, and ways to leverage quality measures and value-based funding strategies to support the health, brain development, and wellbeing of children.
    - Examine options for eliminating red tape that results in the erroneous denial of children's Medicaid coverage, which contributes to higher per-person Medicaid costs and harms the financial viability of rural and safety-net providers across Texas.
    - Evaluate opportunities in Medicaid to foster team-based and family-centered care, including rewarding high-quality pediatric care and leveraging community health workers, home visiting, and other family supports to improve child outcomes and achieve savings.
    - Identify opportunities for Medicaid managed care organizations, health care providers, and communities to partner to implement non-medical initiatives that will help patients be healthier and more productive at home, school and work while also constraining Medicaid costs.

* *This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas adopted important Medicaid managed care reforms during the 86th legislative session. The Legislature should closely monitor implementation of the changes and continue to build on its efforts to increase managed care accountability and transparency.

House County Affairs Committee

Children's Health

- Examine how Texas is best preparing for federal changes that impact health, including the Family First Prevention Services Act, which authorizes federal funding for behavioral health, and the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver. Evaluate factors contributing to declining health insurance coverage among all Texans, particularly among children, and study the impact of the uninsured rate on Texas counties, local budgets, and rural hospitals. Identify strategies for improving efficiency and

reducing red tape in Children's Medicaid processes in order to decrease gaps in coverage for Medicaid and CHIP eligible children and reduce uncompensated care costs borne by Texas counties.

Rationale: Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. Texas is tasked with finalizing a transition plan that incorporates delivery system reform efforts without Delivery System Reform Incentive Program (DSRIP) funding. Moreover, Texas has the worst uninsured rate in the country for children, women of reproductive age, and adults -- and the problem is getting worse. The high uninsured rate contributes to poorer health outcomes for Texans, higher uncompensated care for health providers and hospitals, and higher health care costs, premiums and taxes for everyone.

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Children's Health Coverage Coalition (CHCC) includes the following member organizations:

Center for Public Policy Priorities
Center for Civic & Public Policy Improvement
Children's Defense Fund - Texas
Children's Hospital Association of Texas
Harris Health System
League of Women Voters of Texas
March of Dimes
Methodist Healthcare Ministries
National Alliance on Mental Illness (NAMI) Texas
National Association of Social Workers Texas
Teaching Hospitals of Texas
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Texas Association of Community Health Plans
Texas Association of Obstetricians and Gynecologists
Texas District of the American College of Obstetricians and Gynecologists—District XI
Texas Hospital Association
Texas Impact
Texas Medical Association
Texas Occupational Therapy Association
Texas Pediatric Society
Young Invincibles