Children's Health Coverage Coalition and OTA Meeting Agenda
Friday, December 13th, 2019
11:00 A.M. – 2:00 P.M.

Present:

Angelica Feringino, TPS
Sophie Jerwick, TMA
Adriana Kohler, TCFC
Helen Kent Davis, TMA
Maddy Cikota, CDF
Patrick Bresette, CDF
Chris Bryan, Clarity CGC
Michelle Ramero, TMA
Laura Guerra-Cardus, CDF

On Conference Line:

Melissa McChesney, CPPP
Denise Gomez, Children's Health Hospital
Mariah Hernandez, MHM
Amanda Gonzales, MHM
Betsy Coats, Maximus
Nataly Sauceda, United Way-TX
Jaime Altman, Feeding Texas
Lauren Rangel, Easter Seals
Anne Dunkelberg, CPPP

Meeting Chair: Clayton Travis, TPS
Meeting Scribe: Amanda Pouncy, CPPP

I. Introductions (Adriana Kohler) – [Meeting began at 11:05 AM]

II. Pritzker Prenatal to 3 Initiative – Overview and Coverage Priorities (Adriana Kohler, Texans Care for Children)

[Refer to slides]
We will not go over every slide in this deck but please take some time to review them so that you are more familiar with this initiative.

[Slide 2]
These goals are for all of the states whereas we have specific goals in Texas.

[Slide 3]

These are goals specific to Texas which we are able to set differently from the national goals because we have so many more children. We got this goal in April and our goal is to setup a policy agenda to meet these goals. That may look like a community agenda depending on how things go moving forward, but we will discuss that later.

[Slide 7-8]
This is a competitive grant. The award date for this grant is in April so we will know more then.

[Slide 9]
We are currently in the very beginning stages right now and recently had a meeting with stakeholders from across the state to discuss how to address these goals.

[Slide 10]
These are the three pillars we have separated out within these goals as priorities that must be addressed.
The last bullet here is very important. We want to not just screen kids for these issues but also get them connected to services.

[Slide 14]
There are 10 members on the steering committee which is made up of non-profits and orgs. We have had several conversations with state agencies including TWC, HWC, DSHS, and TDA. The early childhood czar might be a good person to invite to a meeting early next year to discuss some of these topics.

[Slide 16]
In the beginning, it was difficult to figure out what fit into this area so we set out some criteria to determine what we felt was appropriate for this initiative.

[Slide 17]
A lot of the analysis questions indicate that there is support in the House, maybe in the Senate, and up in the air for the Governor.

[Slide 21]
We have 6 policy goals and the first are our most ambitious with the later ones being some lower hanging fruit. We are trying to make a calculous here and it is hard to read the crystal ball. So, these are the numbers we came up with using the information that we have. These are long-term goals but I thought this was important to include.

[Slide 22]
I put the date on this as 2021, but I'd be interested to hear what you all think.

[Clayton Travis]
I think that it should definitely be a priority next session. For those of us who are new to the coalition, this is something that has been a priority for a long time. We made some progress last session but still have not been able to get it passed.

[Slide 23]
This is a newer strategy. We know for all kids that the uninsured rate is about 12%. The report that came out this week from CCF says about 8%. The numbers for kids under 3 is 6.6% which is a little bit better, probably because of Medicaid enrollment. Our goal here is to reduce the numbers by about 10%. What do you think about this goal?

[Clayton Travis]
So the question is, if this go into effect in 2021 and we have a ramp up in 2022 we have about a year to gain about 8,000 kids. Can we do that?

[Patrick Bresette]
I think so, yes.

[Slide 24]
As you know, the vast majority of hospitals already participate in AIM, so this is a way to reach so many more moms using an existing structure. This is a good way to address equity issues as well.

[Helen Kent Davis]
I know that hospitals with AIM receive grant funding and are using that to educate mothers on issues that they may face including equity issues. This could be a good place to drop in and provide some support there as well.

[Slide 25]
We are making a series of assumptions using the fiscal note so that is where numbers are coming from here.

[Slide 26]
Some strategies that come to mind are Healthy Steps and Reach Out and Read, but we kept it broad to promote evidence-based, team-based models.

[Slide 27]
They are focusing a lot here on developmental and depression screenings. I am happy to send out more information about their strategies but I did not include those today.

[Slide 30]
We are asking for some letters of support. That can take many different forms. You don't need to sign on the dotted line and say that you support every single goal, but they would like to see that we have support from all across the state.

III. Update on Commissioner Request Related to Eligible Never Enrolled Children (Laura Guerra Cardus, Children's Defense Fund – Texas)

[Refer to document]

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

This document is the notes from a coalition meeting that we had about two weeks ago. We invited anyone who would like to discuss this topic to come to the meeting.

We think that titling this in the way that we have is a strategic way to call attention to the enrollment issues that we are facing. We want to call attention to our rising uninsured rate so that we can give recommendations on how to reach these eligible children.

I want to recognize Anne and Melissa at Center for Public Policy Priorities for their work on this. They have a one-pager which is a really good tool for talking about this. CPPP has identified that the data we have supports talking about eligible, uninsured, unenrolled kids. The best number that we have for that is 275,000-375,000 children. We come to this number by removing undocumented kids which does assume that all undocumented kids are under 200% PL which is probably not true. This is, therefore, a very conservative estimate.

If you want to review and edit this document please do. We would love to hear from you and get input on what we came up with.

There are 5 categories that we came up with which can be found under “Best Practice”. Identifying outreach and enrollment opportunities is a huge one. We believe that express lane eligibility (not to be confused with streamlined eligibility) us a policy that could help.

[Helen Kent Davis]

I know that Louisiana does this and they have some incredible rates related to reaching their eligible Medicaid kids.

[Melissa McChesney]

And the thing that I keep hearing is that all of the southern red states should look the same, but really some of these states like Georgia and Louisiana are doing more to reach people who are eligible for Medicaid and improve the program despite being very conservative states. So, it can be done.

[Refer to second bullet under Best Practice]

Utilizing the community to reach eligible hard to reach populations really looks like taping a lot of the already existing organizations and agency’s to use their already existing networks.

[Melissa McChesney]

We also need to address self-selection related to HHSC using a different effective income limit than the actual income limit which causes folks to not even apply.

[Laura Guerra Cardus]

We also need to use this as an opportunity to address the myths around public charge which are causing people not to apply.

[Refer to bullet 3]

Advisory committee

[Refer to bullet 4]

Leverage 211

[Refer to bullet 5]

Update marketing for health plans

The next step to this is Patrick is working to setup a series of meetings with HHSC.

[Patrick]

The topics for these meetings will be public charge and eligible uninsured, never enrolled kids.

[Laura]

Melissa is going to work on a series of briefs to take with us to present to them. We need to come prepared with actionable items for them. I would love to be able to come with some examples to say, "This is what x state agency is doing to address this issue with public charge."

[Clayton]

If there is anything you can think of that we can do or that you would like to do to help please shoot either myself or Laura an email. Comment and add notes in the documents as well.

IV. Discussion & Update on State Medicaid Managed Care Advisory Committee (Open discussion with Clayton Travis and Anne Dunkelberg)

[Clayton Travis]

This committee was created back in 2013 based on some legislation that Anne helped to write. At the time stakeholders recognized that Managed Care was here to stay and they needed to really get into the weeds of policy in order to advocate for the people affected by this legislation.

The issues we have identified here are those that came up during the most recent legislative session and that we need to address prior to the next session. We have the privilege of having Chris Bryan here all the way from San Antonio and Anne Dunkelberg on the phone.

a. Mental health in lieu of Services (Chris Bryan, Clarity Child Guidance Center)

[Chris Bryan]

We have been working on SB 1177 which is the Mental health in lieu of Services bill. As you all know, mental health services and mental health as discussed in the legislature can be very sketchy. This bill, however, was very popular and now we are working on figuring out what happens next. We are trying to get these recommendations [see table in pdf] to better address implementations passed and taken on by MCOs as a whole. Meadows, Clarity and the health plans got together and created this list. On this chart, on the left is the specific service which we are saying that service can be pulled out of a specific service in lieu of the services on the right. This was passed unanimously with two additions. The first is that this has to be managed by the committee and the second is that there will be a list given to the legislature to show what is being

used. This is because if one of them is being used a lot we may need to go ahead and add that to the plans. If any of them is not being used very much or not at all then we want to remove those.

[Patrick]

One of the things that we identified is that a lot of the clients who are eligible for these services do not even know that they can use some of these services. When you tell a parent that they can take their 13 year old to therapy appointments they are surprised and unaware. So, we really need to connect with the health plans and the state to determine how to create better messaging and education around what they are eligible to receive.

b. Complaints, Appeals, and Fair Hearings Subcommittee (Anne Dunkelberg)

The materials that the staff have presented to our subcommittee so far are not on the website yet. Hopefully by the end of the year they will have those up so that you can review all of those documents.

We had our first meeting about a month ago, and it mostly focused on what they were doing with complaints. I think that a lot of consumer advocates griped that there is not a system that is being used to track and aggregate these complaints. So, now there is going to be a system for that which we will need to keep an eye on. The Ombudsman Office is hopeful that this will help.

One of the things that we are really happy that HHSC stepped right up and said that they will do is to keep track of the inquiries and utilize that as data that we can access.

Moving on to the meeting that we had just the other day, one of the big principles that we have talked about for several years, is that the fair hearings that are required have no clinical expertise to make these kinds of decisions.

The language is kind of vague about what kind of specialty organizations they have and we want that to be more robust. What qualifies as a review? What qualifies as an emergency?

There were some good questions raised by Diane Rhodes about the need to have the depth of dental expertise in addition to other specialties and long-term care expertise since this is going to apply to Medicaid Dental as well.

We will find a way to give a little more time to go over this in another meeting.

[Clayton Travis]

If you haven't been following the State Medicaid Managed Care Advisory Committee I would highly suggest that you get into that. As they update their website with more documents it will be a huge help to us moving forward. Helen suggested doing a deep dive into each of the subcommittees, and we may want to add time during each monthly meeting to discuss a different subcommittee.

OTA (Facilitated by Melissa McChesney)

V. Office of the Ombudsman Update (Deborah De La Cruz)

[Refer to Slides]

I have with me Ms. Raven McKinnely who is the Foster Care Ombudsman and she will be here to present with the Office of the Ombudsman moving forward.

[Slide 4]

There is no trend that could be identified to explain the increase in contacts.

[Slide 5]

Again there was no trends that could be identified to cause the increase in contacts.

[Slide 6-7]

This data appears to be relatively normal for this time of the year. Application/Case Denied is typically the most common type of contact across the board.

[Slide 8]

You will see that STAR contacts have declined and that is due to the fewer business days in November due to the holidays. Despite that, there was still an increase in contacts in November which were mostly related to access to prescriptions related to having another insurance.

[Slide 9]

7 of these contacts were inquiries but otherwise there was no big trend that explains the decrease in contacts here.

[Slide 12]

The contacts overall decreased but the substantiated complaints increased slightly without any major trends that we could identify.

[Clayton Travis]

For the next meeting, could we get a long-term view of trends that have occurred since STAR Kids began?

[Anne Dunkelberg]

That may be something that is in the online updates from the office and I admit I have not read the quarterly update.

[Deborah De La Cruz]

That would be in the quarterly update but I will make a note to Paige for that to be added.

[Slide 13]

Again there is no trend that we could identify. The denials came for many reasons none of which were the majority of the contacts.

[Slide 16]

The "other" category here is due to how new the Behavioral Health Ombudsman is and we have not quite figured out how we will separate the data. Once we categorize and gather more data this will get much smaller. We will work on putting preliminary contact reasons in and possibly change that as we move forward.

[Slide 18]

All contacts recorded here come from foster youth themselves. Again, Other/NA is used and we are working on getting that identified with some preliminary contact reasons. We will request substantiating claim numbers.

VI. Eligibility and Enrollment (Hilary Davis, Janie Contreras, and Michelle Dethloff)

[Melissa McChesney]

We sent some questions ahead of time that we had for AES. A question from our community assisters is related to calling 211 and choosing option 2. The automated system will say no application exists or that it cannot be found, but then when they speak to a live person they are able to locate the application. So, we are trying to figure out what is happening there.

[Patrice]

So, this is a functionality of 211 and what happens is the system will go back 90 days and check for any active applications. There is a time when the application is pending but it is not linked to a case. What happens is the system cannot see a pending case but an operator can. This is typical of the system.

[Hilary Davis]

Melissa, you did send us a case that we are working on right now. I will send you an update on that just as soon as I can.

[Melissa McChesney]

I have a couple of others to share with you as well. We have seen on healthcare.gov that there are issues with verifying social security numbers and encountering system glitches. We are concerned that they are not seeing the same thing that they have in the past. We are not saying that this is an issue in your system, but it is something that is flagging kids who are eligible for Medicaid. I appreciate you all working on these cases and trying to get them solved.

The second question that we had is related to difficulties in getting timely responses from the Community Partner Program when trying to certify new assisters. We'd love to hear any updates on the certification process for this program.

[Michelle Detholff]

We have shared a little bit about this in our webinars. You can also find it on the website that all partners and navigators have access to for obtaining certification. As far as the training are concerned that has not changed. We have 8 trainings that are listed on the website. The site

navigators should be able to take the certification tests and then print from the website. We are trying to help them through the process and help them to become compliant.

The partners have three courses that they have to take by the expiration date. Whereas, the navigators have eight courses that they have to take by the expiration date. If they do not meet that required by the specified date they then become noncompliant.

[Melissa McChesney]

Are any of the in-house HHSC staff that have had the work transitioned to them in the regions that they work with?

[Michelle Detholff]

There are 13 HHS regions and depending on the size of the region they will have one or more staff working there.

[Melissa McChesney]

There is an interest from community partners to be able to improve case management. Part of their need there is to be able to track their information. The very basic need is that they need to be able to reach out to the state to find out the status of their case. I know that this requires a form to be signed by the client so that can happen.

[Michelle Detholff]

In July of this year, we released the final stage of the H0926, Sharing Facts About Me and My Case with a Community Partner combines two previous forms that will be used to provide case management for community partners. This form will pop up when the client goes to login which will ask them if they are working with a community assister. If the client would like to release more information to the partner they have the ability to do that by selecting different bullets. This allows the electronic release of information and the partner to talk to 211 on the client's behalf. We do have some information that was distributed via webinar to the community partners which I can send to you.
This form is only available to clients working with community partners. A client who is working on their own would not have access to this form. The community partner uses their CPID to login and then the client will login using their information. As soon as they login the form will prompt them to fill it out.

If you are not a community partner you would still use the same form H1826 that you have been using. This only applies to those who are community partners.

[Patrick]

CMS will not allow us to accept a phone call or text to let us know what is happening with their case. My question is, is there a form that would allow us to fax in and show that we have their consent?

[Michelle Detholff]

The form you would use is the H1826

[Melissa McChesney]

That is a form that I use and am very familiar with. I can support you in working with that.

VII. Enrollment Update (Melissa McChesney)

Open Enrollment

This is just a reminder that we are in the very last days of open enrollment. We often think of this as an adult issue but we have something like 130,000 kids who end up using the marketplace plans because they are not eligible for Medicaid or CHIP. This weekend is the final push with December 15th being the final day to enroll for 2020. We are seeing some issues with the enrollment process this year. There are glitches that are causing problems with getting the tax credit verified. Some people are not enrolling because they are being told that they are not getting a tax credit and cannot afford to enroll otherwise. We are working with some of our partners to figure this out and hoping to get some of that resolved without too much issue.

The good news here is that Texas has continued to see an increase in enrollment compared to the pace of last year. Currently, the selections per day have been just slightly higher as compared to last year. We are seeing that as a sign that we will see the same amount of enrollments as last year. We do see a big push in the last week pending any technical issues like a website crash.

Medicaid and CHIP Enrollment

We saw a substantial dip in enrollment in the spring. June was our lowest month but where we are now it almost looks as if that dip in didn't happen. It is sort of like regression to the mean, so to say. It is not accurate to say that every month we have seen a decline. We saw a decline but we have been climbing out of a decline that happened between March and June. We are now somewhere around 208,000. The main takeaway is that you can still say that we have seen a decline in enrollment of over 200,000 kids since the end of 2017.

VIII. [Meeting Adjourned at 1:54 PM]

Texas Prenatal to Three (PN-3) Collaborative: Pritzker Children's Initiative Planning Grant

Presentation for Children's Health Coverage Coalition

December 13, 2019

Goals for Today

- Overview of Prenatal-to-Three Collaborative
- Review of the Planning Process
- Texas Proposed Plan

Pritzker Children's Initiative (PCI) State Grants

Focus on:

- Essential health, development, and social emotional support services
- Affordable, high-quality child care

Ambitious goals:

- Additional 25% of low-income infants and toddlers by 2023
- Plus an additional 25% of low-income infants and toddlers in long term (2025 or later)

Goal for PCI in Texas

- Create a broad & sustainable movement
- Develop a detailed policy agenda and action plan with 3-5 specific goals
- Serve an additional:
  - 150,000 low-income infants and toddlers in Texas by 2023
  - Additional 150,000 (total of 300,000) low-income Texas infants and toddlers in the long term (2025 or later)

Vision

- All Texas children are born healthy and have equitable access to health and early learning supports in their homes and their communities.
- Early childhood systems are aligned, coordinated, and well-funded to ensure young children and their families are healthy and thriving.

Mission

To develop a policy platform agenda that will ensure 300,000 more young Texas children, ages birth to 3, and their families benefit from effective and well-funded programs that promote healthy beginnings, supported families, and quality early care and learning experiences.

Planning Process

PCI Planning Grant

Awarded to TxP, CAR, and Texans Care

Purpose: Develop detailed policy agenda and action plan

- Focus on 3-5 specific goals that are feasible within 3-year window

Timeline: 9 months

- April 2019 - Jan 2020

Amount: $100,000

42 states applied and 11 were awarded

PCI Implementation Grant

Application due Jan 2020

Purpose: Execute strategic agenda and action plan

Timeline: 3 years

- 2020 - 2023

Amount: $2.5 million

Only 5 of the 11 states awarded planning grants will receive the implementation grant

Build PN-3 Collaborative, identify potential policy goals, strategies, and baseline numbers

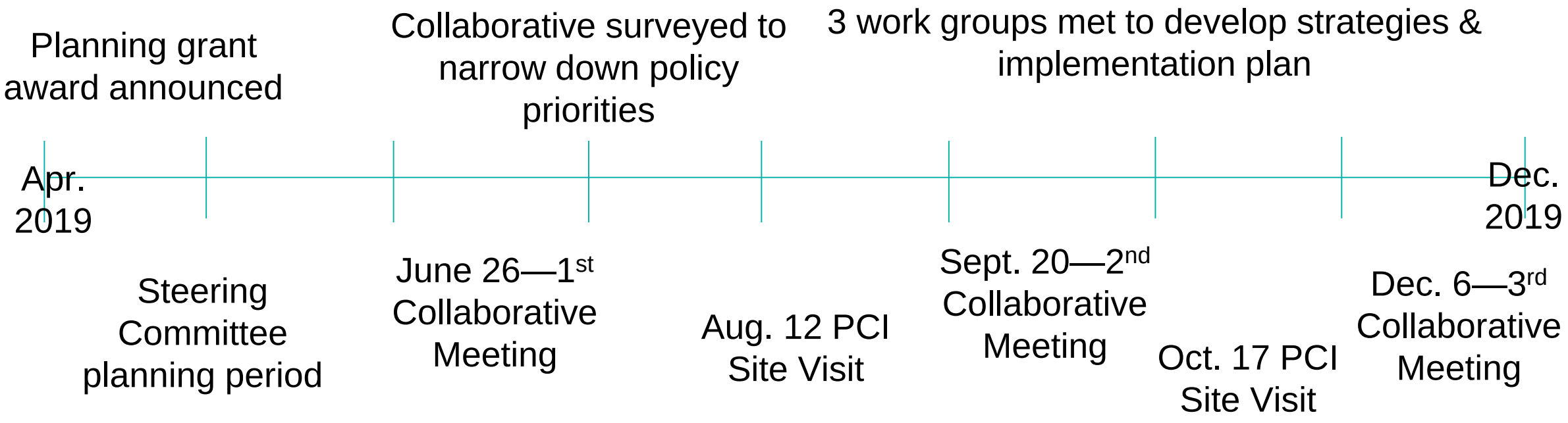
Survey PN-3 Collaborative to prioritize and narrow the focus.
Resulted in 8 policy goals in three areas.

Divide PN-3 Collaborative into work groups to develop specific goals and action plans for health and coverage, early care and education, and screenings, referrals, and home based services.

Dec. 6 - Work groups present plan to full PN-3 Collaborative for consensus vote on our Texas plan.

Submit plan to Pritzker Jan 2020 -- 5 implementation grants announced April 2020

Timeline of Planning Process



01 Health and Coverage

- Increase the quality of prenatal and postpartum **health services** for low-income **mothers** and health services for low-income i**nfants & toddlers**

02 Early Education and Care

- Increase the number of and access to **high quality child care program**s serving low-income infants & toddlers.
- Strengthen the **ECE workforce** through additional professional development, wage supports, or other efforts

03 Screenings, Referrals, and Home-Based Services

- Increase the number of low-income infants, toddlers, & families who are universally **screened** prenatally, at birth and throughout a child's earliest years **to identify social, health, economic, and development needs** and get **successfully connected** to necessary services

Guiding Principles

Establishes a Prenatal-to-Age-Three public policy agenda for Texas that:

- Promotes **proactive, research-informed policies** - legislative or administrative - that meet the needs of children, prenatal to age 3 and their families;
- Builds awareness and urgency around the **science of early childhood development** and the opportunities for future health and well-being;
- Strives to **eliminate disparities** identified between subgroups, such as race, ethnicity, and geography;

Guiding Principles

- If enacted, improves the **quality of data available as well as data collection and coordination** regarding children from the prenatal stage to age 3;
- Acknowledges that investments made in early childhood are a **cost-effective strategy** for promoting economic growth;
- Establishes **shared cross-sector definitions and strategies** for short-term and long-term opportunities that prenatal-to-age-three systems require;
- Promotes **social equity** so that children and families thrive and have access to services.

It’s been a big effort!

- 3 full Collaborative meetings
- 8 Calls/meetings with state agencies
- 15 Steering Committee meetings
- 98 organizations + 6 state agencies
- 188 participants across 3 work groups

Guided by:

- Collaborative partners' knowledge and expertise
- Guiding principles
- Policy rubric

Policy Rubric: Criteria

- Impact specific to target population (PN-3)
- Impact is measurable
- Improves/increases access to quality programs & services
- Addresses equity
- Is research-based
- Collaborative has the expertise & credibility to lead
- Aligns with existing agency efforts
- Has other philanthropic support

Policy Rubric: Feasibility

- Policy momentum already exists
- Widely supported by diverse stakeholders
- Local priority in numerous, diverse communities
- Administrative action by agency is sufficient
- Likely to pass legislation to achieve this
- Existing or likely bipartisan support
- Likely support from House Leaders
- Likely support from Senate Leaders
- Likely support from Governor

The Texas Plan

Health & Coverage

Goal: Increase the quality of prenatal and postpartum health services for low-income mothers and health services for low-income infants & toddlers

Access to Health Coverage as First Step

- Texas has the worst health insurance rate for adults and kids in the country
- 1 in 4 TX women of reproductive age is without insurance
- Almost 80,000 TX children under age 3 are uninsured
- Children's enrollment in Medicaid and CHIP has fallen by more than 228,000 children in less than 2 years
- Maternal deaths & pregnancy complications are serious challenges in Texas
- Majority of maternal deaths occur more than 60 days postpartum

Access to Health Coverage as First Step

Strategy	# of Infants, Toddlers, & Families Impacted	Date Accomplished
(1) Increase the number of moms with Medicaid insurance for 12 months postpartum - Possible scenarios: passage in 2021 or 2023 - 1-2 years for implementation/federal waivers - Estimates based on LBB fiscal note - Equity: Medicaid for Pregnant Women is 51% Hispanic, 19% Black, 25% Caucasian	80,000 mothers	Sept. 2025
	126,000 mothers	Sept. 2026

Access to Health Coverage as First Step

Strategy	# of Infants, Toddlers, & Families Impacted	Date Accomplished
(2) Increase the number of children with continuous insurance in Children's Medicaid - 51,875 kids age 0-18 in 2018 kicked off Medicaid simply because of red tape - ~ 8,300 kids under age 3 - 418,000 kids age 0-3 in STAR Medicaid - this is universe of young kids potentially at risk of losing Medicaid due to paperwork	8,300 infants & toddlers	Dec. 2021

Access to Health Coverage as First Step

Strategy	# of Infants, Toddlers, & Families Impacted	Date Accomplished
(3) Strengthen outreach and enrollment efforts to increase the number of children enrolled in Children's Medicaid and CHIP - 79,830 Texas kids under age 3 uninsured - 6.6% of kids under age 3 are uninsured compared to national average of 3.9% - Uninsured rate higher for Hispanic kids under age 3 (7.6%) and Black kids (7.9%) compared to non-Hispanic White under age 3 (5%)	7,983 infants & toddlers (Goal to decrease the number of uninsured kids under age 3 by 10%)	Apr. 2023

Quality of Health Care for Moms & Babies

Strategy	# of Families Impacted	Date Accomplished
(4) Increase the number of moms delivering infants in hospitals equipped with Alliance for Innovation on Maternal Health (AIM) maternal health and safety bundles • 218 TX hospitals participate (97% of hospitals) • Goal to add Opioid Use Bundle or Hypertension Bundle at AIM-participating hospitals • Cardiac event and hypertension/eclampsia are top causes of death among Black women in Texas	197,690 mothers	Jun. 2023

Quality of Health Care for Moms & Babies

Strategy	# of Families Impacted	Date Accomplished
(5) Increase the number of new moms receiving behavioral health services in the postpartum year through Healthy Texas Women • SB 750 directs HHSC to develop limited "postpartum care services package" • $13.6 million in FY 2021 to implement • Estimates of # of women from LBB fiscal note	7,600 moms receiving postpartum depression trmt	Sept. 2022
	660 moms receiving substance use trmt	Sept. 2022

Quality of Health Care for Moms & Babies

Strategy	# of Infants, Toddlers, & Families Impacted	Date Accomplished
(6) Increase the number of moms and children served through team-based models for prenatal care and infant health, such as Centering Pregnancy and Centering Parenting ● Leverage Medicaid strategies ● Value-based payment approaches ● Possible CHIP Health Services Initiative ● Goal to increase # of sites or increase the # of groups operated at existing sites	Additional 10 Centering Pregnancy sites serving 1,000 pregnant women	Jun. 2023
	Additional 5 Centering Parenting sites serving 225 infants & toddlers	Jun. 2023

Screenings, Referrals, & Home-Based Services

Goal: Increase the number of low-income infants, toddlers, & families who are universally screened prenatally, at birth and throughout a child's earliest years to identify social, health, economic, and development needs and get successfully connected to necessary services

Early Childhood Education & Care

- Increase the number of and access to high quality child care programs serving low-income infants & toddlers.
- Strengthen the ECE workforce through additional professional development, wage supports, or other efforts.

Next Steps

- Partners can submit a letter of support (the more, the better!) by Jan. 10, 2020 -- to show partnership with the Collaborative
  - We will provide a template you can customize

- Jan. 15 – Texas PN3 team will submit application to PCI

- April 2020 – PCI Implementation Grant award notice

The [insert partner organization name]'s efforts are aligned with this grant objective, as we [insert short description of related activities]. Additionally, we have granted funds to [insert related grant funds for Texas for prenatal to three initiatives and list communities if desired]. [insert Partner organization's name] look forward to being a **collaborative partner** of the Texas Prenatal to Three Collaborative during the 3-year implementation phase from April 1, 2020-April 1, 2023, and into the future.

If the Texas PN-3 policy agenda and implementation plan proposal is funded, we would contribute by:

[LEAVE ONLY THOSE THAT APPLY]

- Designating a representative from our organization to participate in the Texas PN-3 Collaborative and provide two-way communication between our organization and the Collaborative;
- Ensuring alignment between our work and the PN-3 Collaborative's policy priorities, including [insert other collaboratives/initiatives/projects your organization is involved with that support or align with this work; for example: "our participation in the XX County Early Childhood Collaborative and our professional development opportunities for early childhood educators"]
- Supporting the PN-3 Collaborative's advocacy efforts by sharing the Collaborative's messaging via our social media and other communication avenues, submitting testimony, and engaging our community partners;
- Signing on to joint PN-3 Collaborative letters; and
- Participating in a work group to guide and/or monitor the Collaborative's work in a specific policy area.

Contact Us

- Health & Coverage
  - Stephanie Rubin, Texans Care for Children
  - srubin@txchildren.org
  - Adriana Kohler, Texans Care for Children
  - akohler@txchildren.org
- Screenings/ Referrals/ Home-based Services
  - Sophie Phillips, TexProtects
  - sophie@texprotects.org
- Early Childhood Education and Care
  - Mandi Kimball, Children at Risk
  - mkimball@childrenatrisk.org
- Local (City or County) Efforts
  - Libby Doggett, Senior Community Advisor
  - Libby.doggett@gmail.com
- General Information
  - Andrea Payne, TexProtects
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December 4
Reaching Eligible Never-Enrolled Children
Notes

Stacey Wilson
Kate Hendrix and Jennifer Banda THA
AK TCFC
Helen TMA
Melissa CPPP
Denise Jimenez TCHP
Claudia Garcia TCHP
Orlando TCHP
Denise - Children's Health in Dallas
Sister JT
Nataly UWT
Laura CDF
Clayton TPS
Nancy Walker Harris Health
AD CPPP
Christa Delgado
(Additions made at the Dec CHCC meeting..)

Melissa framing of data and who we are talking about

Material sent around by Anne - Texas Children's Uninsured Data
Which kids are we talking about?
Let's not split hairs on what 'never enrolled' really means… If they don't want to talk about churn for this discussion, that is fine. Let's meet the commissioner where she is at.
Where can we find some common ground?

Eligible Unenrolled Uninsured - this is what we actually have data on.. (in doc sent around)

- 837,000 uninsured kids in Texas,
- Those under 200% FPL - 478,000 eligible uninsured kids below 200% FPL -- this is an overly conservative estimate.
- If remove largest estimate of undocumented kids (assuming they are all uninsured and below 200%) you have 275,000 eligible children who are uninsured AT LEAST.
- We are talking about the size of the city of Plano of Texas (larger than Lubbock)
- Range 275,000-355,000 of children in this group.

Best Practice

- **HHSC should Identify potential outreach and enrollment opportunities with other state agencies.**

    - For example, streamline enrollment into Medicaid and CHIP for families receiving home visiting services through DFPS, workforce services through TWC and services at local public health departments in collaboration with DSHS.
    - Look for cross-over enrollment between programs (i.e. 16% of young kids on SNAP aren't getting WIC and ~24% of SNAP kids not enrolled in Medicaid and CHIP across the U.S.)
    - EXPRESS LANE ELIGIBILITY IS THE POLICY THAT COULD REALLY HELP
    - Create one-pager charting other Southern and red states that are doing better on enrollment than Texas and HAVE express lane eligibility (Louisiana, Alabama, S. Carolina, Utah, Georgia)
- You have to get into the community to reach eligible hard to reach populations -- this requires outreach funding, a meaningful CPP program and increasing outstationed eligibility workers, and new partnership with business, schools, CBO's and organizations of faith.
    - Funding for CBOs to do outreach to local communities
    - Working with schools and CBO to systematically identify uninsured children and connect them with outreach assistance.
        - Requiring schools to distribute eligibility for medicaid/chip/snap during the registration process. Ensuring that it has a sign and review component to ensure that families are aware of eligibility for programs. (Simple graphics already exist. Schools just need to put it in their student packet at the beginning of school.)
        - Utilize SHAQs across the state.
    - Partnering with Catholic Diocese and Faith entities - as trusted messenger helps overcome barrier (Others - Baptist, Evangelical communities… could have traction with this administration.)
    - Work with businesses to reach people who assume that they don't qualify (NFIB used to be really engaged)
    - You have to better support the Community Partner Program - recommitment to the CPP and something that is worth it to the agency.
    - Increase outstationed eligibility workers.
    - Look back at best practices during CHIP rollout with potential focus on stronger marketing in pregnant women so they get into their prenatal care earlier (this aligns with some of their other initiatives to increase well child checks.)
    - Emergency Rooms/Urgent Care or Sliding scale clinics
- Advisory committee that reviews application material (and letters :), needed because this has never been done after the ACA. It's time to do this.
- Support and/or leverage 211 to identify households that have children who may not be enrolled in MD and CHIP - using both the #1 and #2 options (thus reaching everyone who calls them.) Using the HOLD message in 211 to get information out.
    - -- wait time needs to be improved (for option #2 - YTB)! Really deters people from finishing the process.
- Message has to be informative --

    - who qualifies, what is the income limit.
    - Must start including the 5% income disregard FPL limit across all of their materials.
- Your Texas Benefits desktop can do the full application, the app you can do case management stuff (can't do full application) -- Texas has actually done well on technology. Louisiana app sent to Stephanie Muth -- may be an opportunity to take online and mobile app to the next level. --- Highlight that 90/10 match is still available!
- Need to update their marketing guidelines for health plans. They are really old and it's time to update them. Its 21st century, let's do 21st century marketing. (Can health plans come up with their list of recommendations on changes that would be helpful!)

State Medicaid Managed Care Advisory Committee
Subcommittee on Clinical Oversight and Benefits

Senate Bill 1177 (86th) Recommendations for In-Lieu-Of Services

In Lieu of Service	State Plan Service	Notes
Cognitive Rehabilitation	Outpatient Psychotherapy	
Collaborative Care Model	Medication Management & Outpatient Psychotherapy	
Integrated Pain Management Day Program	Medication Management & Outpatient Psychotherapy	
Coordinated Specialty Care (CSC)	Inpatient Psychiatric Hospital Care	
Functional Family Therapy (FFT)	Mental Health Rehabilitative Services	
Treatment Foster Care	Mental Health Rehabilitative Services	
Systemic, Therapeutic, Assessment, Resources, and Treatment (START)	Inpatient psychiatric hospital care	
Mobile Crisis Outreach Team	Emergency room care	There are no unique procedure codes for mobile units
Crisis Respite	Emergency room care	
Crisis Stabilization Units/Extended Observation Units	Inpatient psychiatric hospital care	
Partial Hospitalization	Inpatient psychiatric hospital care	

State Medicaid Managed Care Advisory Committee
Subcommittee on Clinical Oversight and Benefits

Senate Bill 1177 (86th) Recommendations for In-Lieu-Of Services

In Lieu of Service	State Plan Service	Notes
Intensive Outpatient Program	Inpatient psychiatric hospital care	
Health Behavior Intervention Services		Topic Referral for expansion of services to adults already underway
Multisystemic Therapy (MST)		Topic Nomination already submitted to medical benefit process

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
December 13, 2019

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Health and Human Services

Total Ombudsman Contacts for 1st Quarter FY20

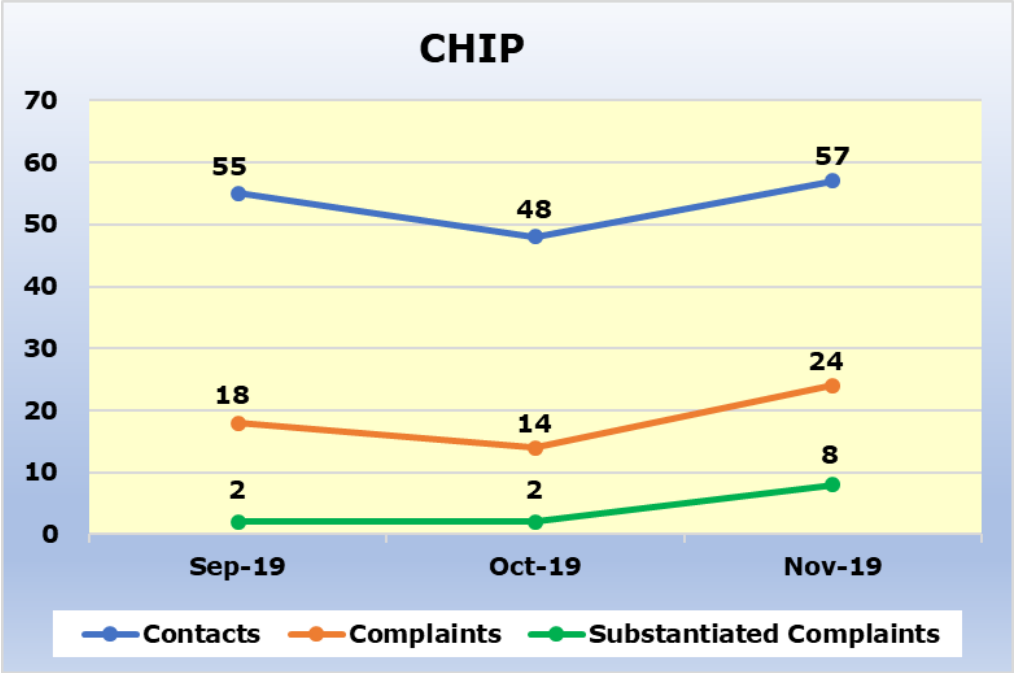
- Complaints – 6,160
- Inquiries – 14,290

TEXAS Health and Human Services

Contact Volumes and Top Three Reasons for Contact by Program Type 1st Quarter FY20

TEXAS Health and Human Services

Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – CHIP

- Application/Case Denied
- Other/NA
- Check Status

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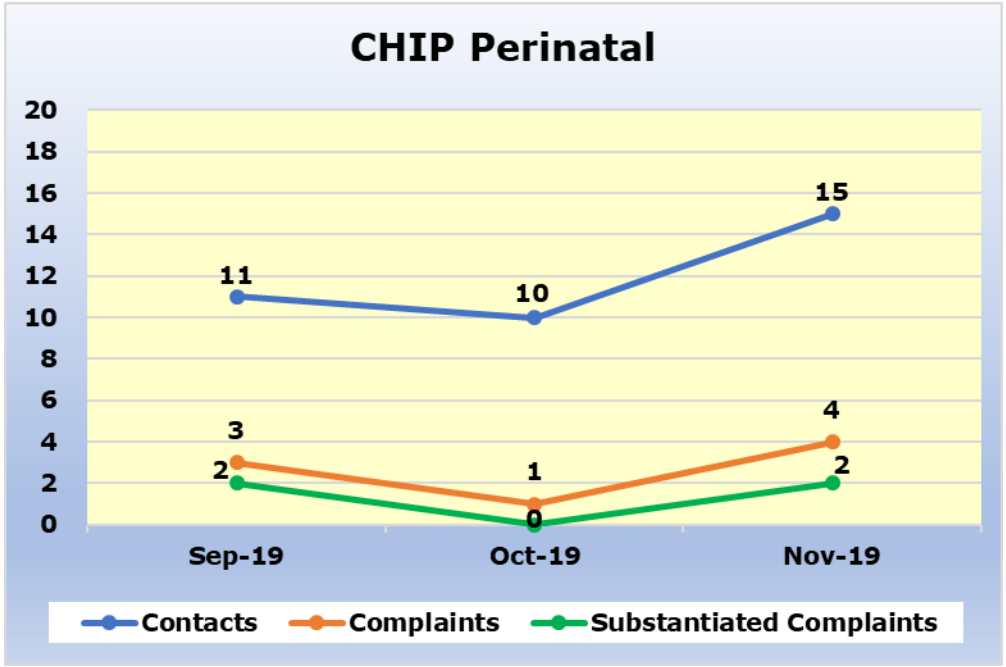
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – CHIP Perinatal

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

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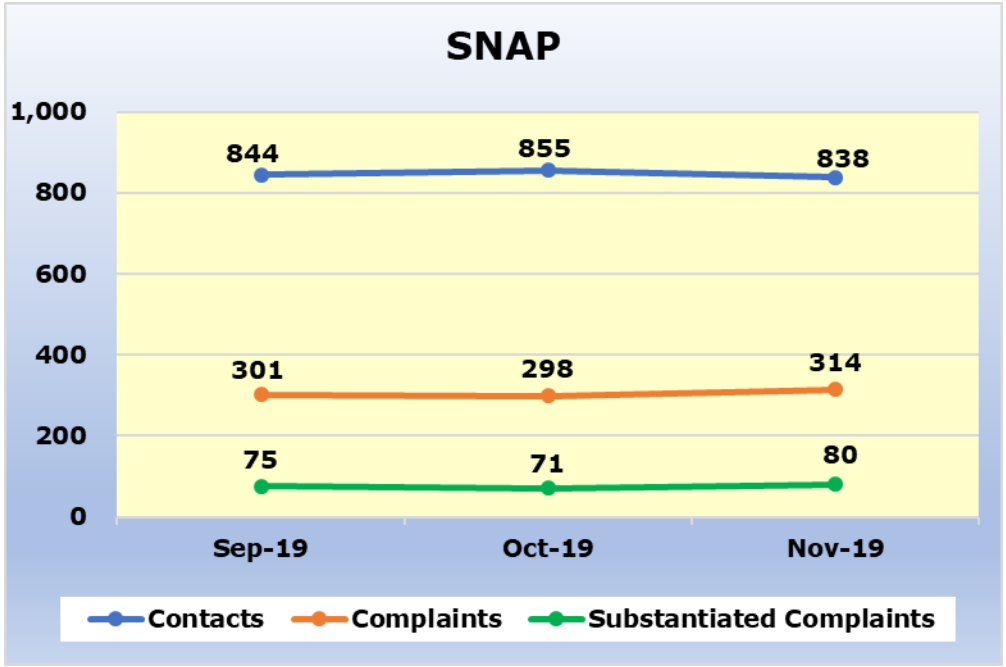
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – SNAP

- Application/Case Denied
- Benefit Amount
- Check Status

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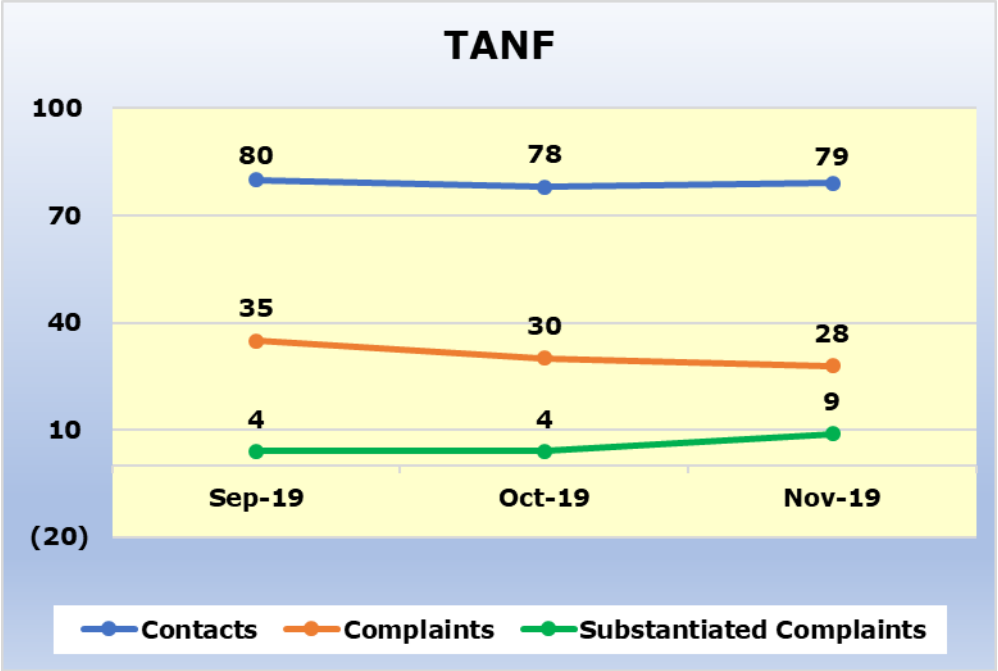
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – TANF

- Application/Case Denied
- Check Status
- Client Notice

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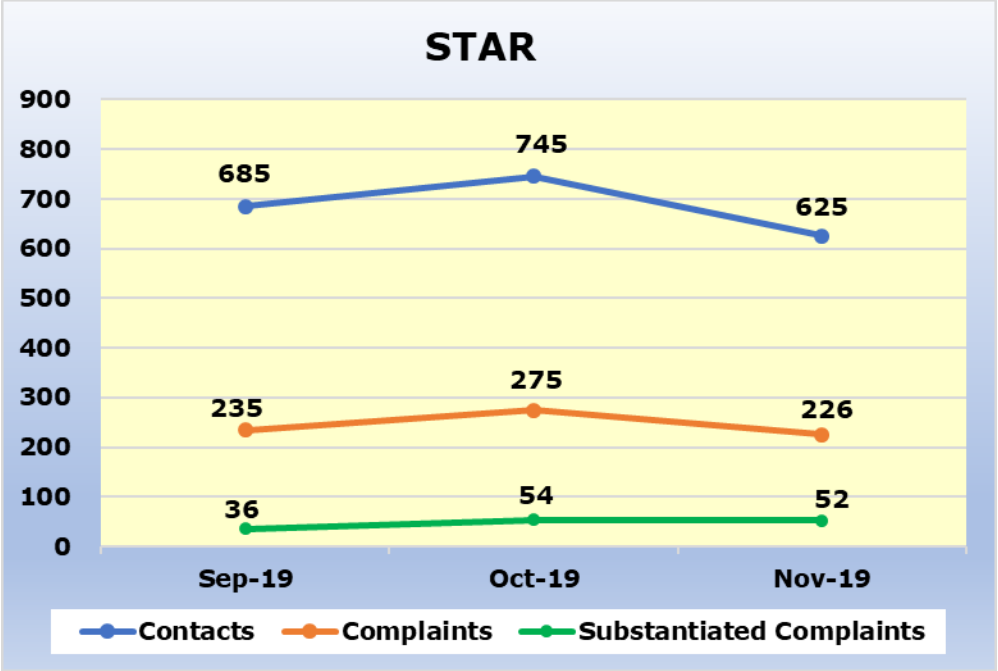
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – STAR

- Access to Prescriptions
- Verify Health Coverage
- Change Plan-Provider (PCP, Facility, DME)

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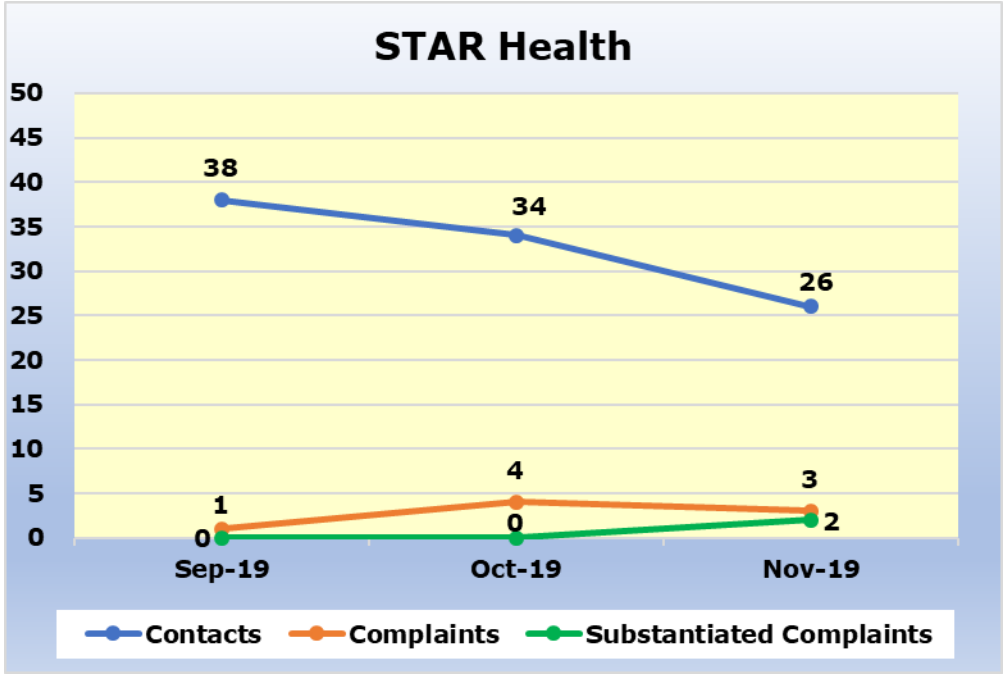
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – STAR Health

- Access to PCP/Change PCP
- Verify Health Coverage
- Change Plan-Provider (PCP, Facility, DME)

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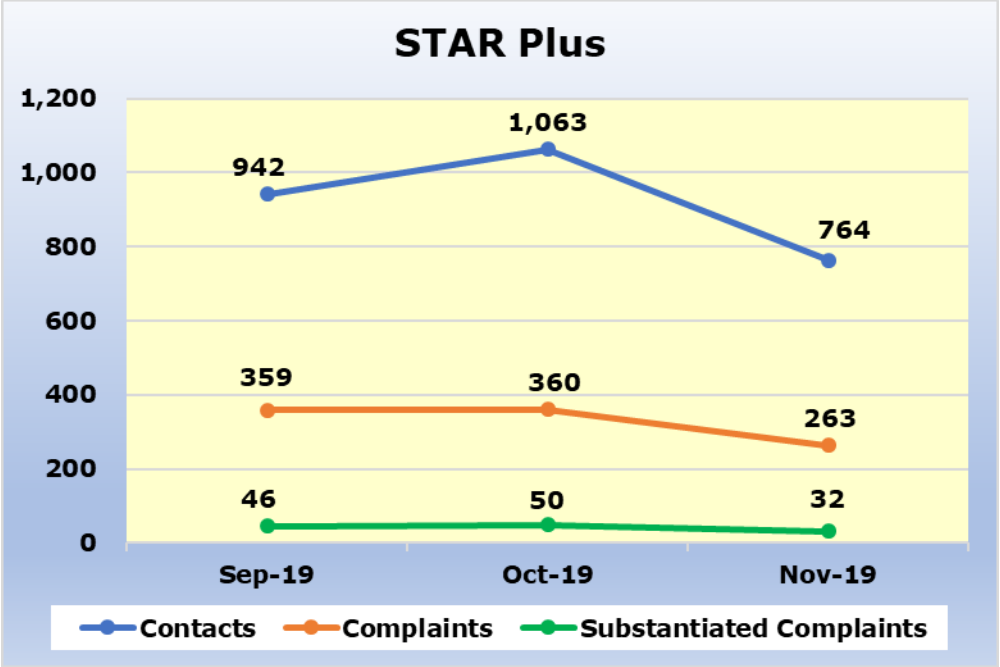
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – STAR Plus

- Verify Health Coverage
- Access to Prescriptions
- Access to DME

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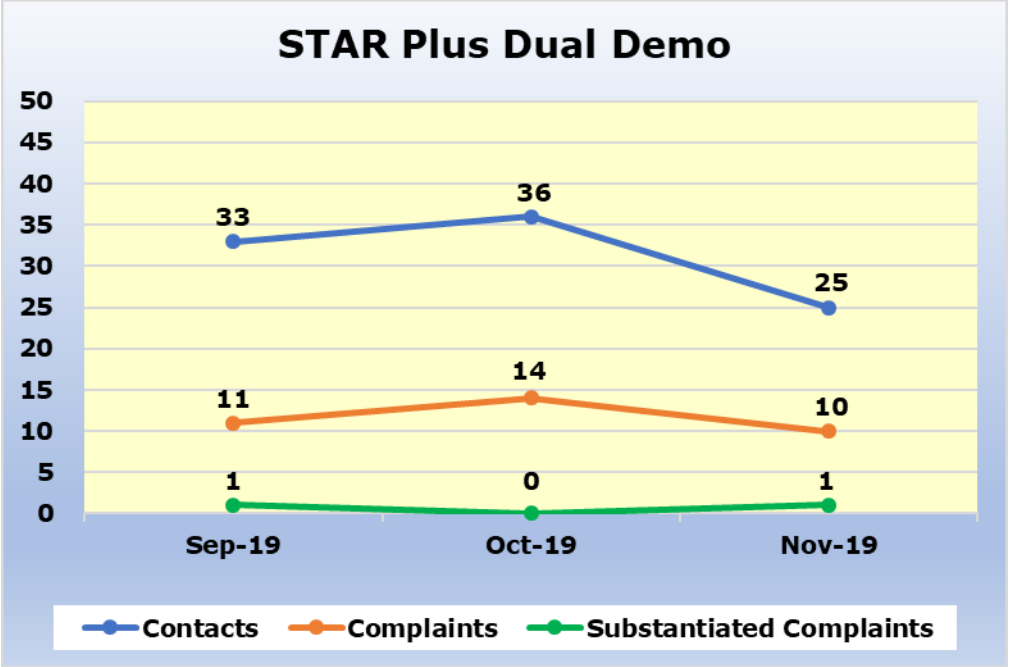
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – STAR Plus Dual Demo

- Verify Health Coverage
- Billing
- Access to LTSS

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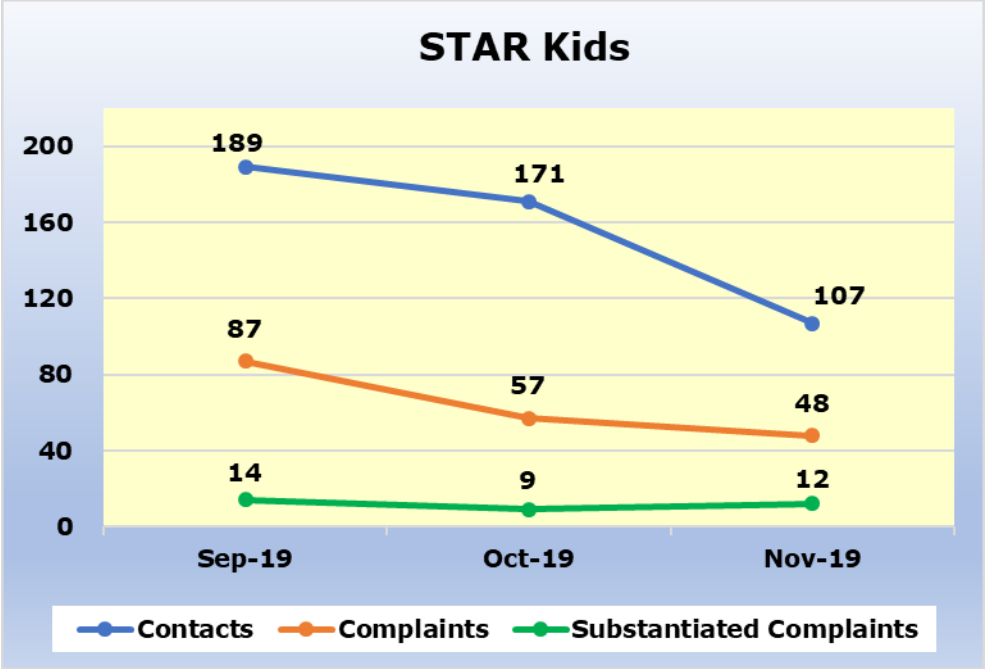
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Verify Health Coverage
- Change Plan-Provider (PCP, Facility, DME)

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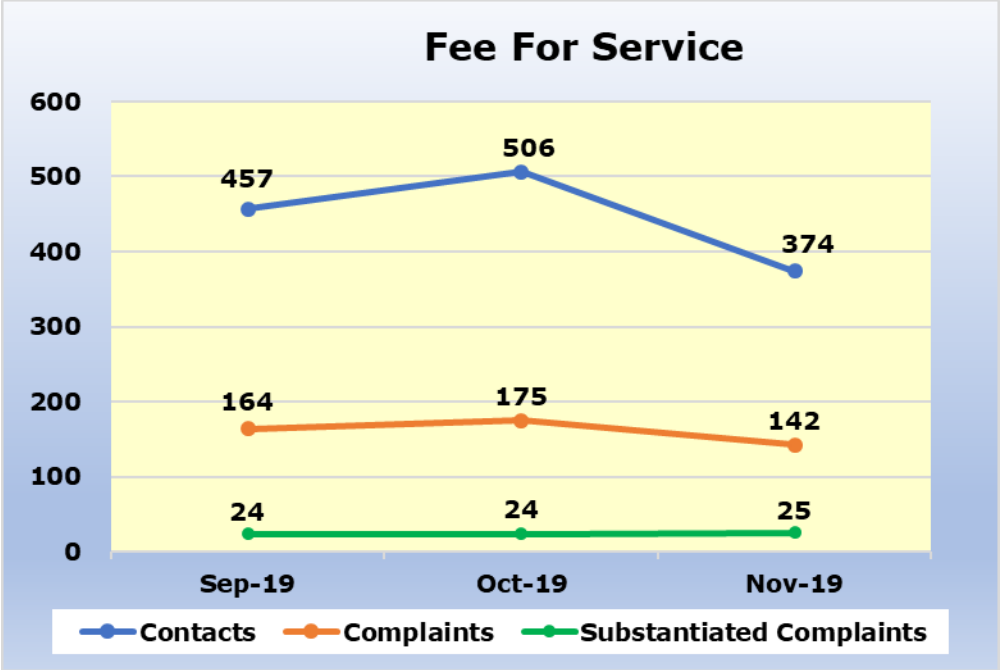
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – Fee for Service

- Access to Prescriptions
- Verify Health Coverage
- Enroll in Managed Care

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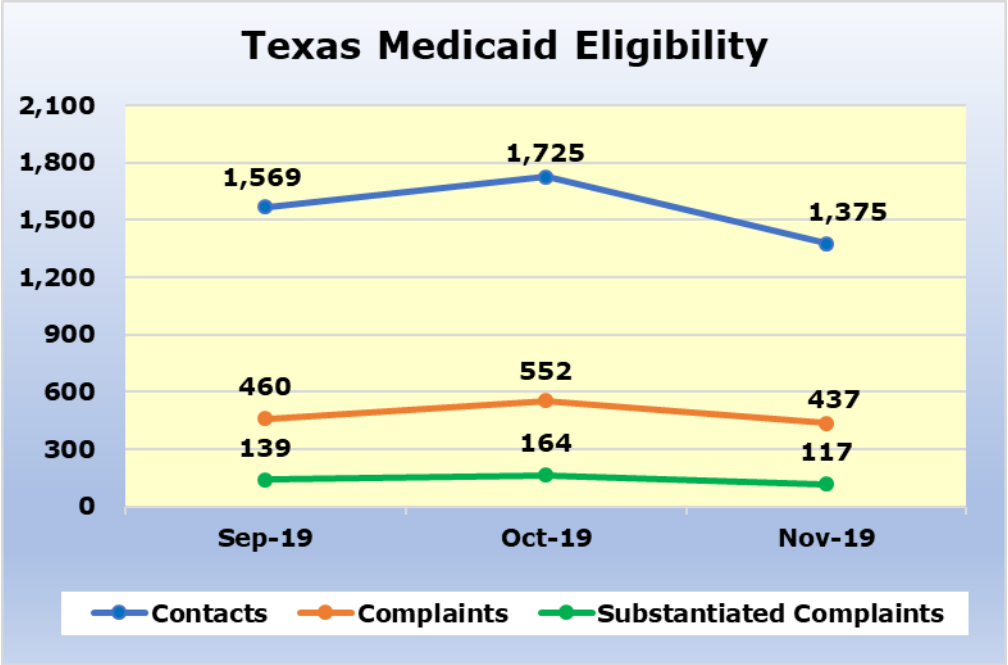
Contact Volumes by Program Type
1st Quarter FY20



Top 3 Contacts – Texas Medicaid Eligibility

- Application/Case Denied
- How to Apply
- Client Notice

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OMBUDSMAN FOR BEHAVORIAL HEALTH

TEXAS
Health and Human Services

Ombudsman for Behavioral Health Program
1st Quarter FY20

Contact Volume 1st Quarter FY20	
Complaints	71 (31%)
Inquiries	155 (69%)
Total Contacts	226
Top Three Reasons for Contact 1st Quarter FY20	
Referrals	
Other	
Discharges	

Information Shared

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FOSTER CARE OMBUDSMAN

TEXAS
Health and Human
Services

Foster Care Ombudsman Program
1st Quarter FY20

Contact Volume 1st Quarter FY20	
Foster Care Youth	58 (30%)
Total Contacts	191

Top Three Reasons for Contact 1st Quarter FY20
Rights of Children and Youth in Foster Care
General Caseworker Duties
Other/NA

Information Shared

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INDIVDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN

TEXAS
Health and Human Services

Individual with Intellectual or Developmental Disabilities Ombudsman Program 1st Quarter FY20

Contact Volume 1st Quarter FY20	
Complaints	1,652 (83%)
Inquiries	344 (17%)
Total Contacts	1,996
Top Three Reasons for Contact 1st Quarter FY	
Abuse/Neglect/Exploitation	
Rights	
Services	

Information Shared

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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

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