



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, September 18th, 2020

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

No recording available

Meeting Chair: Helen Kent Davis – Texas Medical Association

11:00 A.M. – 11:10 A.M.

Introductions

11:10 P.M. – 11:20 A.M.

Group Discussion: Latest on COVID-19 Response & Medicaid/CHIP/Uninsured (Helen Kent-Davis TMA, Clayton Travis – TPS)

- Update on Public Health Emergency timeline
- The latest on back to school practices (Clayton)

11:20 A.M. – 11:30 A.M.

Update on Southern Solidarity Action for Coverage Expansion (Laura Guerra-Cardus – CDF Texas)

- Discuss the coordinated action across non-expansion states to advocate for Medicaid Expansion.
- [Southern Solidarity](#) Oct 1st Vigil Registration.
- [Cross-state petition](#)

11:30 A.M. – 11:45 A.M.

Request for Information on House Appropriations, House Human Services and House Insurance (Anne Dunkelberg – Every Texan)

- [Share the resources](#) put together by Every Texan, Children's Defense Fund, and Texans Care for Children.

11:45 A.M. – 11:55 A.M.

Update on HHSC Approach to HTW Waiver and HTW+ Implementation (Helen Kent Davis – TMA, Erika Ramirez – HF Tx)



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11:55 A.M. – 12:20 P.M.

Legislation Priorities Discussion (Laura Guerra-Cardus – CDF Tx, Katie Mitten – TCFC)

- Continue Discussion on [CHCC's Legislative Priorities](#)
- Outreach to Chambers of Commerce priorities

12:20 P.M. – 12:25 P.M.

Discuss efforts by Every Texan and CDF on Outreach for TWC

12:25 P.M. – 12:30 P.M.

5 Minute Break

12:30 P.M.

Outreach and Eligibility Technical Assistance Meeting Starts

12:30 P.M. – 1:00 P.M.

Access and Eligibility Services

- General update on COVID-19-related policies
- Overview on how Lost Wage Assistance will be counted for all programs (SNAP, Medicaid, CHIP, TANF)
- Discuss Medicaid renewals

1:00 P.M. – 1:45 P.M.

Office of the Ombudsman

- Identify and discuss trends on COVID-19 related inquires.



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Friday, September 18th, 2020
11:00 A.M. – 2:00 P.M.

On Video Conference Line

Clayton Travis
Maria Garcia
Alison Morris
H Davis
Daniela de Luna TACHC
Paige Marsala
Anne Dunkelberg
Helen Kent Davis
Laura Guerra Cardus
Melissa McChesney
Chele Diamond
Betsy Coats
Amy Litzinger
Alison Mohr Boleware
Alissa Sughrue
Amanda Gonzalez
Amber England
Christina Hoppe
Denise Gomez
Diane Rhodes
Erika Ramirez
Katie Mitten
Leah Gonzalez
Matthew Lovit
Michelle Romero
Nancy Walker
Nataly Saucedo
Noemi Manriquez
Patricia Gaffney
Patrick Bresetta
Sonia Lara
M Tijerina

Meeting Chair: Helen Kent Davis, Texas Medical Association
Meeting Scribe: Maria Elena Garcia, Every Texan

- I. Welcome & Intros**
- II. Group Discussion: Latest on COVID-19 Response & Medicaid/CHIP/Uninsured (Helen Kent-Davis TMA, Clayton Travis – TPS)**



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- a. Update on Public Health Emergency Timeline
 - i. Helen: Medicaid flexibilities are in place until October 23rd. I talked to the state a few days ago and they did not have an update on whether or not it will be extended. Texas has a history of not extending this waivers at no more than 30 days at a time. As we get closer we can talk about if the coalition wants to send a letter. HHSC is aware that we all want to see an extension of waivers to the greatest extent possible.
 - ii. Helen: On the TDI side there are some issues around waiver flexibilities. When an emergency rule is extended, the governor can only do it at a maximum of 180 days and it just expired. There are limited policy waivers that TDI can do.
 - iii. Alison: We had a meeting with some other mental health associations with government's office. We did not have anything in place and they said something was on the works, but they did not tell us what it was. We shared some proposed language for an emergency rule, but we don't know what it would look like.
 - iv. Latest on back to school
 1. Clayton: update on waivers related to COVID-19. We have age restrictions as to what vaccinations can be provided. The federal government decided to roll out this policy without any feedback. Pharmacists can provide all vaccinations. We don't necessarily agree with this because we would rather that happen in the medical home but it is what it is and how they can provide them as young as 3 years. They also do not provide this in an equitable manner
 2. Katie: Is this COVID-19 specific?
 3. Clayton: Yes. The logic was that we need more access points for their needs. I believe this is an attempt for pharmacies to get their foot on the door. Moving on to school reopening. This (shared) a good website from HHSC that offers good resources. I want to share the symptom severity chart for children. DSHS and TEA just shared information yesterday that they will have COVID-19 case counts for school related COVID-19 infections. They will later divide it based on districts. We had a case open for a RFI that speaks on the importance of keeping children safe for school reopenings.
- III. **Update on Southern Solidarity Action for Coverage Expansion** (Laura Guerra-Cardus – CDF Texas)
- a. Discuss the coordinated action across non-expansion states to advocate for Medicaid Expansion
 - b. Laura: Hi everyone I wanted to share our updated [#SickOfItTx website](#). We are excited about it. We have videos that will be released and if you receive our newsletters you will receive those videos. We have some big names on this event: Rev. Dr. Will Barber and Stacey Abrams will participate. We hope as many people as possible will tune in. You can register on the Sick of It Texas website. There will be a petition across the 8 states that is growing



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slowly and will be promoted for October first. You can start using it and sharing it with your networks now. It has many partners across the states. You can join as co-host.

- c. Laura: There is a [join site for all states](#) and each state has its own webpage with information about each state. The ways that people can help for this are simply sharing the invitation that you should've gotten as a newsletter from the CHCC list. And you can share the petition. Another way in which people can help is with the Texas action. It is going to be projecting a virtual vigil on the sides of buildings in multiple cities. (city hall in Houston, Dallas, San Antonio, etc.) we are trying to get a big building in Austin. If you know of other buildings that will be happy to project an image please let us know. The language will be "Expand Medicaid. Save lives" we are putting the Sick of It website and the hashtag #southernersformedex. The more locations we can get, the better. Hopefully we can make a splash in the media. We will have a whole digital campaign and put as many eyes as we can on this. It provides an image that can be used in different ways. This is the first action of its kind that I know of. Any questions?
- d. Anne: If no one has heard of Rev. Barber he is amazing and you don't want to miss this. Even if your organization is not able to promote this, everyone on this call can do it through their personal networks. I am really excited to see this.
- e. Laura: We have the opportunity to get national media coverage on this. If you know someone that owns a building somewhere in Texas that will be happy to let us use their building please let us know.
- f. Helen: TMA is sharing this with our physicians as well.
- g. Lauren: Hopefully we will have bites from the media wherever there is a projection and they'd want to talk to someone in the coverage gap. If you know someone that is willing to share their story that is in the coverage gap AND people that serve someone who is in the coverage gap. Helen, if you know of any doctors on different areas that want to talk to the media let us know. For sure in Austin, Dallas, SA and Houston. We want to have permission from city halls and all that.
- h. Helen: Great job!

IV. **Request for Information on House Appropriations, House Human Services and House Insurance** (Anne Dunkelberg – Every Texan)

- a. Share the resources put together by Every Texan, CDF and TCFC
- b. Anne: We have good things submitted to the house committee on insurance for next month. We focus on the problems of skimpy plans that don't focus on health benefits. We will write a blog post on that soon. House committee on human services has a 9/25 deadline on information to speak about the issues that this coalition is concerned with. Also, other issues unique to this organization: House Appropriation committees has comments due on 9/30. It is a longer list: immunization, Medicare, managed care oversight, attainment wages, cost containment issues, foster care, etc. They asked for comments on Healthy Texas Women and big 1115 transformation waiver. Hospital finance and ECI, also opioids. There is a lot there



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and be aware that there is room for you to comment on the priorities of this coalition as well. Think about ways that we can speak into expansion and continuous eligibility.

- c. Anne: I'm sharing a [document](#) to provide you with information for ways to make comments on these kinds of issues. I am concerned about if there is going to be any public testimony process at all. It will be a topic that creates accountability questions, we will talk more about these process issues. A lot of this RFIS are only posted on the main website.
 - d. Amy: Have you found any information in accessibility to submitting RFIS for people with disabilities or who don't write in English? TXP2P is working on this.
 - e. Anne: I will e-mail you to help me remember the right things to ask.
 - f. Helen: the issue of extending coverage is something that the committees are interested on.
 - g. Laura: There is a google doc for those that want to share with us of where you are including mentions of Medicaid or coverage expansion in any way. We are trying to keep track of all the mentions, it is a useful narrative and organizing tool. Especially because we don't have public testimony, we can tell the legislature that we know how many times they have heard on the issue.
 - i. We are hoping to know how many people are writing on Medicaid expansion and it is a way to coordinate testimonies.
 - ii. If there is anything that you want to add feel free to do so.
- V. **Update on HHSC Approach to HTW Waiver and HTW+ Implementation** (Helen Kent Davis – TMA, Erika Ramirez – HF Tx)
- a. Helen: giving you an update on Healthy Texas Women+ (HTW+) that brings comprehensive coverage and some updates on basic Healthy Texas Women(HTW) as well.
 - b. Erika: HHSC released a press release on Aug. 31st announcing rollout of HTW+. It is a product of HB 750 and it is meant to build upon the continued care. This piece enhances post-partum care and it was meant to be a substitute for extended and comprehensive Medicaid coverage. Based on that we know, there will be stakeholder engagement on the development. They contracted with UT and did an evaluation on what services were utilized more often in Medicaid post-partum services for two months. We requested the evaluation to see if they used any other data outside of Medicaid data. We are happy to share this with folks once we get it. Fiscal analysis was done to determine cost-effectiveness and they reached this agreement. Includes Cardiovascular services limited to lab and blood pressure monitoring, diabetes (labs and insulin, blood glucose testing supplies), psychotherapy for post-partum depression and other mental health, screening and brief intervention related to treatment, peer specialist for substance use and tobacco cessation. Currently in HTW they have screening and limited treatment for diabetes, colon, and PPD. We have questions of what is in the realm of these time-limited benefits. HTW+ is only available for 12 months. How would this work if treatment is still required?
 - c. Erika: Developing a provider network. We sent a list of questions to HHSC and waiting for response. Their approach for recruiting providers is based around MCO contacts and engage



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those who already are Medicaid providers and be able to provide. They have yet to reach out to MCOs. They are planning to have a presentation in October. Targeting existing channels can be helpful in continued care. It is important to get the word out and providers also have to sign HTW certification that highlights that they don't associate with abortion providers. Could be a barrier for those who can participate. Limited outreach.

- d. Erika: Right now women are not transitioning to HTW based on Public Health Emergency. HHSC is also not providing information that offers distinction between HTW and HTW+. Can generate confusion. Any questions?
- e. Helen: There is still a lot of confusion. We asked them to make sure that when they communicate with enrollees and providers they let them know they are still under Medicaid because of the Public Health Emergency. It doesn't make sense to ask any cardiologist to sign a form that tells them they don't provide or promote abortion.
- f. Alison: I wonder how this ties to mental health services suggesting birth control?
- g. Helen: birth control can be suggesting. Important to offer a plan of care of what happens after the 12 months post-partum. HHSC was attentive to our questions and wanted to get the issue addressed or acknowledged.
- h. Erika: Going through health plans is not sufficient and there is no communication to providers that are already providing HTW. We are waiting on more info and gather additional questions.
- i. Erika: A little on asks – taking away autoenrollment, adjunctive eligibility, and doing away with streamlined applications.
- j. Melissa: Last month I talked some on Medicaid renewals. If HHSC is replacing it with a broken system. We are hoping all coalitions rally around the importance of having an effective administrative renewal process.

VI. **Legislation Priorities Discussion** (Laura Guerra-Cardus – CDF Tx, Katie Mitten – TCFC)

- a. Continue Discussion on [CHCC's Legislative Priorities](#)
 - i. Laura: Our job for today is to make sure that all issues we want on our agenda are included. I think these should include items that we plan to work on as a coalition. It is not a list of everything that the coalition would be supportive of or work on. And assign/identify a committee of folks that take this draft and turn it into a more comprehensive document of this.
 - ii. We have a section on the budget, telehealth interventions. For kids coverage we had eliminate the inaccurate midyear renewals for kids.
 - iii. Melissa: I don't think periodic income checks and continuous eligibility are different sections.
 - iv. Laura: That sounds good. We have a section on outreach and enrollment as a bucket. CTN had some bullet points under that.
 - 1. Asking for restoring funding and grants to community partners.
 - 2. Aligning state insurance outreach with realities of COVID-19



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- a. Remove barriers
 3. Pulling out from the streamline referral system for the Texas workforce commission.
 4. Thinking of other creative partnerships for families who are uninsured or newly uninsured to get access to services.
 - v. People have any opinions of these issues?
 - vi. Katie: do we want to include anything on 5% cuts?
 - vii. Laura: any thoughts?
 - viii. Anne: I think it is important to add it on the budget section.
 - ix. Laura: We have a section on increasing access to health insurance coverage which to me it seems that it indicates Medicaid expansion and 12-mo post-partum care for moms. If there are any kind of urgent COVID-19 priorities that we want to include. Immunizations was brought up. I pulled out some of your notes from it Anne.
 - x. Anne: I believed that we were missing an opportunity if we didn't include the special needs that remain related to health coverage. And basically it is a list that includes immunization, protections for out of pocket costs for testing for those who have private insurance. Every community can have clinical guidelines about who qualifies for free test but we need government to say that there are tests available for the uninsured and this is how we need to find out. We talked about workplace exposure. Some issues around home health workers and persona attendants which includes seniors and adults w/disabilities. Alisa added on behalf of NAMI some of the issues around access to behavioral health.
 - xi. Anne: I think we should consider to speak on the access for mixed-status families.
 - xii. Anne, Clayton, Helen, Katie, Amy, and Laura to discuss further on Leg. Priorities
- b. Outreach to Chambers of Commerce priorities
 - i. Katie: The Finish Line partners have talked about how to get more business partners engaged and how to get chambers of commerce to talk about our legislative agendas. If you have any contact to this people it would be great. If you have any connections with the association of African American and Mexican American chambers. We are doing outreach and if you know any of them we would appreciate the connections.
 - ii. Laura: Getting the hospital districts who are key members of chamber to advocate for Medicaid/coverage expansion and 12-month continuous eligibility for kids. Certainly moms 12 month post-partum, those are some that we need chamber support and that we feel were in charge of making a push for it in the next session. They are usually some of key partners.
 - iii. Anne: Hospital districts are creatures of county judge and county commission and we have had some great contributions from urban county judges in the past and we are trying to get them again.



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- iv. Helen: Working with teaching hospitals which have a good connection with hospital districts.
- v. Nancy: I am also in discussion with Judge Dagos office who is on the board of Urban Counties Association.
- vi. Laura: If anyone is doing outreach on the changing tide that would be great as well.

VII. Discuss efforts by Every Texan and CDF on Outreach for TWC

- a. we are trying to get TWC to get access to SNAP, Medicaid or private insurance.

OTA: 12:36

VIII. Access and Eligibility Services

- a. Hilary Davis: we oversee the eligibility policy on TANF, SNAP, and CHIP.
- b. Melissa: We do send questions to AES ahead of time and then I have been taken notes on a google doc.
- c. General update on COVID-19-related policies
 - i. Hilary: In general, we want to remind everyone that the PHE is still in place. We are continuing Medicaid renewals. We are starting to ramp up interviews again for SNAP. Next week we will do TANF and adult Medicaid. Later on in November we will start all other interviews. We had a waiver from FNS that let us postpone interviews for SNAP and we used it for all. Because of PHE if someone missed appointment we will continue their coverage.
 - ii. Melissa: If a parent/caretaker submits renewal but won't show up to appointment you will still process their renewal?
 - iii. Hilary: Yes if it is a recertification they will not be penalize and it will processed with the information we have.
- d. Overview on how Lost Wage Assistance will be counted for all programs (SNAP, Medicaid, CHIP, TANF)
 - i. Hilary: For lost wages it rolled out quick without guidance. Even if FEMA was issuing payments it wasn't clear if they were disaster relief to be counted. TWC started issuing payments on Aug. 24. We made the decision absent of guidance we told them to counted. Later on CMS told us they were disaster related payments and should be exempt. TWC later said that the funding ran out and it would be an issue
 - 1. We notified staff to stop counting payments.
 - 2. We are working with IT dept to have a list of cases or applications that were denied during Aug. 24 and go back and do a review and reopen any of that work back and fix any cases that were inaccurately denied to count them now that we have that connection.
 - ii. Melissa: All of us felt the frustration with the payments being rolled out without any formal guidance. If the community partners could get a clarification on that as well it would be a good correction to be made. Any other questions?



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- e. Discuss Medicaid renewals
 - i. Melissa: Could you provide a sense for September and October renewals? How many were processed and approved using the administrative renewal process as opposed to receiving a package in the mail?
 - ii. Hilary: For September, we were competing with IT deadlines. We had to bypass a lot of stuff to get September renewals on time. No September packets went through the administrative renewals process.
 - iii. Melissa: Where did the urgency of getting it done come?
 - iv. Hilary: We informed leadership on the need for administrative renewal process but still comply with regulations and not send everyone a packet for October. We know we can do them late and try to get them as close to on time as possible. For September, we wanted to be more on time. IT is on the process to finalize details. We are trying to see how many people go under administrative renewal and know how many packages we need to send out. We know we can process those late. We were trying to get back on schedule so that is why we sent packages for September.
 - v. Melissa: The discussion around administrative renewals is that it is nice and using electronic data first is required.
 - vi. Hilary: We agree and the agency chose to take some risks.
- f. Melissa: We want to highlight some issues we are witnessing on the ground:
 - i. Renewal packets w/o cover letter. Could be linked to no admin renewals in September
 - ii. Coverage end date was unclear. No information on if they were administratively renewed.
 - iii. We heard from some provider networks that clients received renewal package and when they called 211 it told them not to renew.
 - iv. We can understand the difficulty of trying to help renew people.
- g. Hilary: Because September did not go through the administrative process they were just sent an application. The issue with March-August renewals is because we systematically pushed everybody out and now we are doing a late renewal process. We are relying on MCOs and stakeholders and 211 to clarify. What is going to happen at the end of the Public Health Emergency is that if we didn't get enough info from them we will reach out again and ask for that information. We want to make sure that people have their coverage through their certification period and not only through the end of the PHE. We are sending corrected notices to households and updated instructions. We got to 211 staff and made sure they are aware that they need to report changes and give information.
- h. Melissa: If someone needs to renew online, they need to use the "change" and not the "renew" function.
- i. Hilary: correct.



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- j. Gracie: I wanted to comment on that on the renewal packet, on the list of people that need to renew: the mother of parents name is on the block but the child's name was missing. 211 told them that the child was on the system but it was not on the packet. I have seen at least 3 in the past month where the parents name is there and the child wasn't.
- k. Hilary: You can send that our way so we can discuss in detail.
- l. Gracie: It was brought to my attention that community workers in the Brownsville area were encouraged to apply for CHIP perinatal and they have been approved for Medicaid for pregnant women and we know they shouldn't be approved based on status. We are concerned about their qualification. It is a concern and I asked her to make sure to get the case numbers and I will share with Melissa and see what is going on.
- m. Hilary: We appreciate that. We haven't heard that issue either.
- n. Melissa: Thank you Gracie for lifting that up. Anyone has any other comments?
- o. Anne: TWC just added on their landing page to yourtexasbenefits.com about how to get health insurance if they lost it through job. One of the things that happens when you click the link is a request to log in. I wonder if it is a problem for people.
- p. Hilary: Yes, we can take that back with the communications department. That shouldn't be happening if there is a link for more info. We can check and see what happens.
- q. Anne: People need that information and I am afraid they will be intimidated on that pop-up box.
- r. Melissa: I wanted to mention a reminder about a memo sent in July about remote enrollment assistance and the limitations place on community partners. Now they are tasked with assisting renewals and this issue is now exacerbated. They are trying to assist clients and it can be difficult because of the guidelines set out. Now the need is even greater because they need to assist their clients.
- s. Hilary: Yes I will check back on that.
- t. Patrick: We would appreciate that and we are under very specific reporting requirements and this limitation is causing some problems for us.

IX. Office of the Ombudsman

- a. Identify and discuss trends on COVID-19 related inquiries.
- b. Paige: we had about 18,000 contacts on fiscal year 2020
 - i. 20% complaints and 80% inquiries
 - ii. CHIP has remained the same with top 3 contacts being complaints of application case denied and complaints of application not completed
 - iii. Chip perinatal had a spike in August 2020. There wasn't a trend in the complaints that increased in July but there were additional complaints in August as compared to July
 - iv. SNAP top 3 were issues with Lonestar card, checking status of application, complaints about case denied. Complaints of application case denied and not processed timely
 - v. TANF was checking status, app not completed timely, and case denied



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- vi. STAR contact were inquiries about PCP, prescription, and reporting changes on the Medicaid case
- vii. STAR Health: Access to PCP/change PCP, verify coverage, covid-19
- viii. STAR +: access to home health, prescriptions, and access for durable medical equipment
- ix. STAR+ dual demo: Access to home-health, verifying coverage, and other
 - 1. There was a decrease in complains from July to august
- x. STAR kids: Access to prescriptions, home health services, and questions about PCP
 - 1. Increase from June to July in access to home health and Medicaid eligibility
- xi. Traditional Medicaid: Access to prescriptions, verifying health coverage, PCP
 - 1. Increase in July-august about enrolling in managed care.
- xii. Melissa: Is the volume of inquires that you are having compared to last year less?
- xiii. Paige: We will talk about COVID-19-related issues.
- xiv. Paige: For behavioral health we had a little less than 300 contacts. Top reasons were referrals, injury/abuse/neglect, other.
- xv. Alison: When you say referral it is more of referral that ombudsman does because it is not the appropriate avenue?
- xvi. Paige: Yes
- xvii. Paige: Moving on to foster care we had 220 youths contact about rights of children and youth in foster care (45 child's rights being violated), general case worker duties (they weren't in contact with their worker), the placement process (youth not being told/consulted about their placement).
- xviii. Paige: for IDDD there were a little over 2,000 contacts. Top reasons were for abuse/neglect/exploitation, rights, services.
 - 1. The phone number changed and now share the same number with the ombudsman for behavioral health. They are required to share a copy with all individuals and all legally authorized representatives.
- xix. Managed care assistance teams: some problems related to COVID-19. We are trying to increase client traffic on online submission form. Wanted to make sure appropriate information was included. We included prompts as to how to access online submission forms. It didn't increase by as much as I had hope but we want to make sure they know that they have that avenue and that it is available to them. I had a meeting with managed care support network in august and we discussed issues in the medical transportation program (some were refusing to transport individuals active with COVID-19), managed care incentives and disincentives, update on independent review org. We discussed trends in COVID-19 complaints.
- xx. With had consumers concerned about denials for SNAP, PEBT benefits, eligibility Medicaid. Couple of consumers seeking how to apply for Medicaid given the COVID-19 situation. We had a lot of adult authorized representatives who were



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taking their parents away from facilities with fears of COVID-19 before going through the correct process. We found a work around through policies and the health plans were allowed to authorized individual number of waivers. WE had clients refuse to allow their attendants home. Some home health attendants refused to go into clients home, some left the agency. Some home health attendants who were receiving fewer hours with clients refusing care, then received unemployment and refused to go to work.

- xxi. We were able to accommodate the cases that were given to us. Any questions?
- xxii. Melissa: thank you Paige, that was very helpful.
- xxiii. Amy: There might be that people don't have a refusal for services but because they don't have access to PPE under the CDS option.
- xxiv. Paige: Yes they may be misconstruing what the issue is.
- xxv. Melissa: we are at the end of our agenda but I want to remind folks that next week we are having the state of enrollment conference. WE have wonderful speakers.
- xxvi. Alison: don't forget to register to vote!

Meeting adjourned: 1:41

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
September 18, 2020



TEXAS
Health and Human
Services

Total Ombudsman Contacts for 4th Quarter Fiscal Year 2020

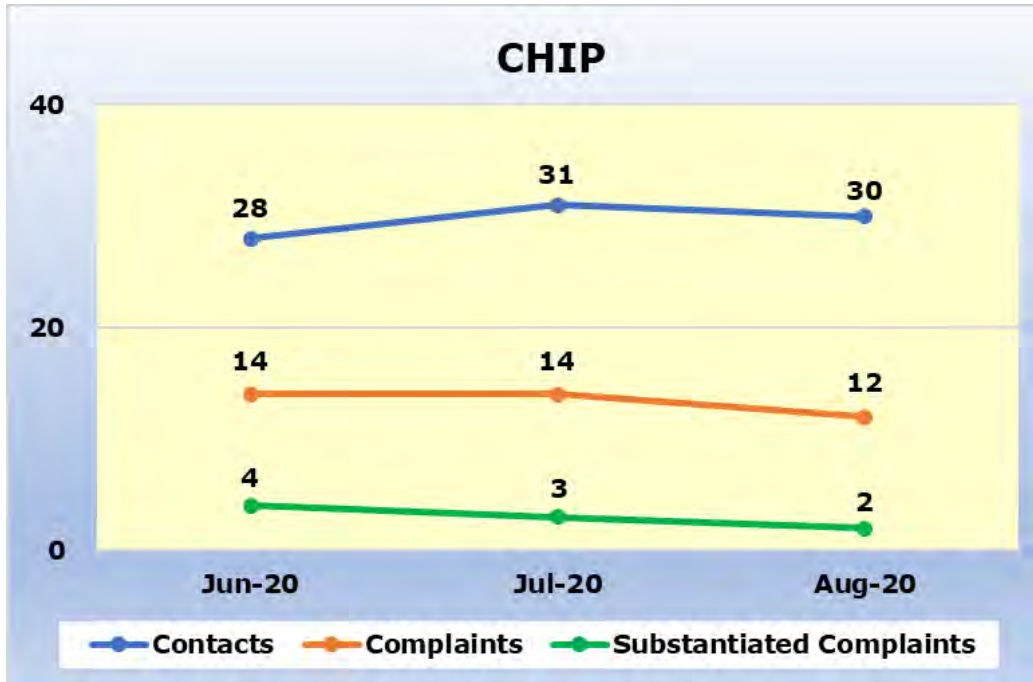
- ◆ Complaints – 6,072
- ◆ Inquiries – 11,955

Contact Volumes and Top Three Reasons for Contact by Program Type 4th Quarter Fiscal Year 2020



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020

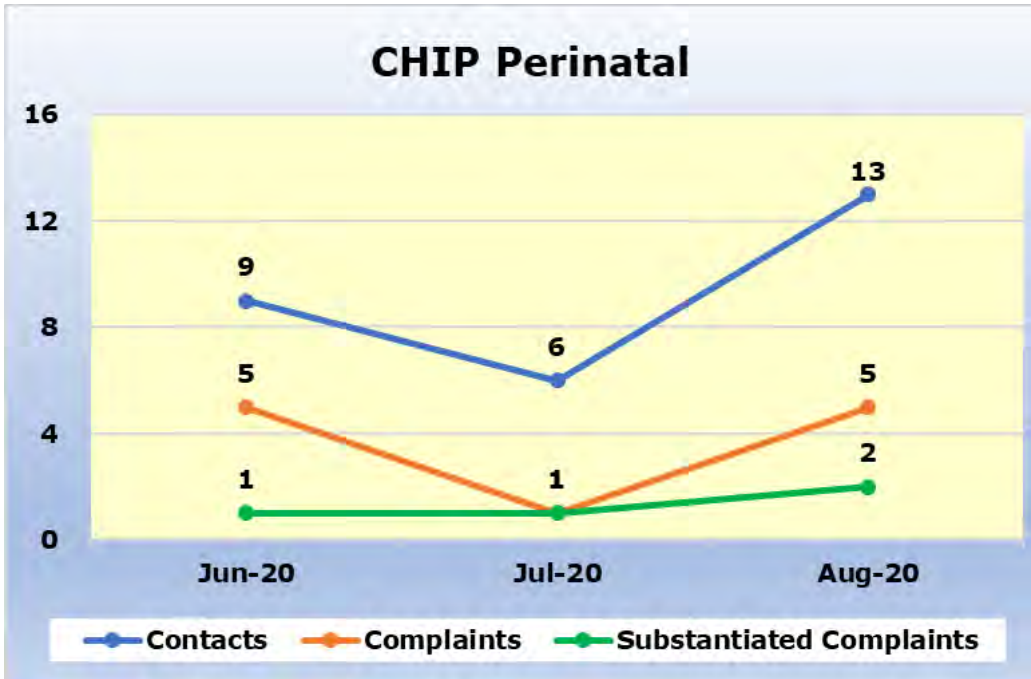


Top 3 Contacts – CHIP

- Application/Case Denied
- Other/NA
- Application Not Completed

Contact Volumes by Program Type

4th Quarter Fiscal Year 2020

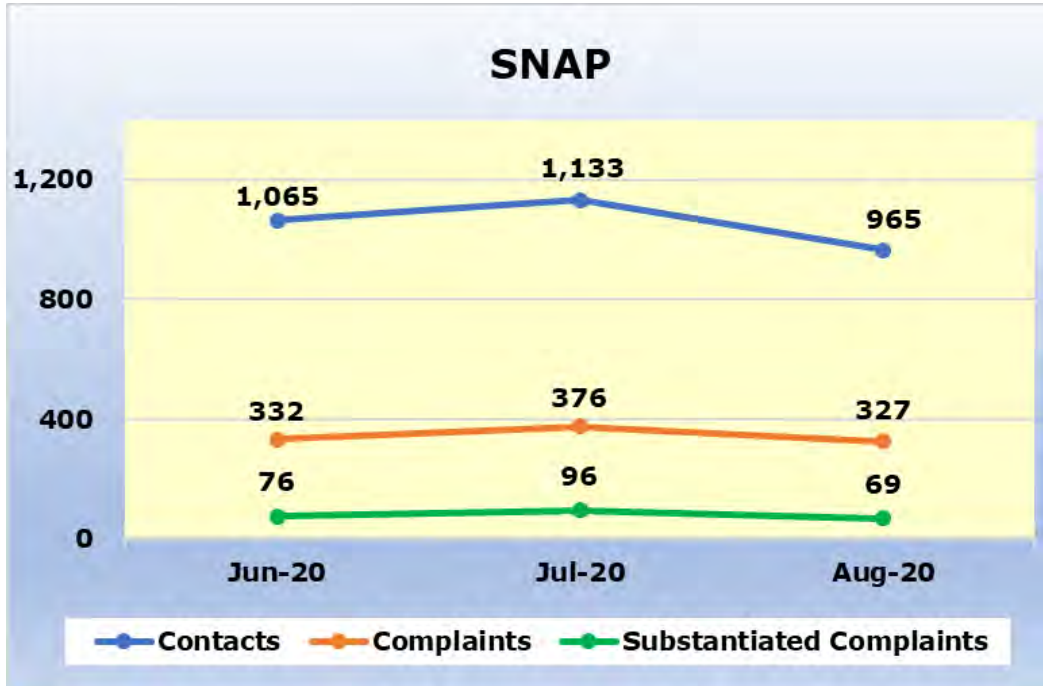


Top 3 Contacts – CHIP Perinatal

- Application/Case Denied
- Client Billing
- Application Not Completed

Contact Volumes by Program Type

4th Quarter Fiscal Year 2020

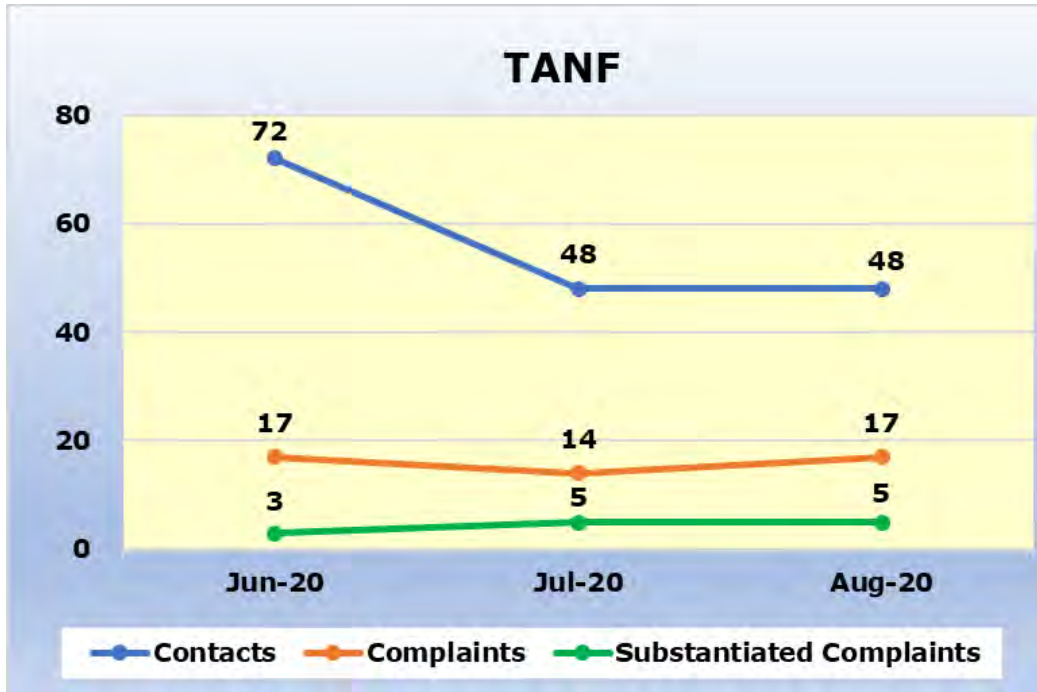


Top 3 Contacts – SNAP

- Application/Case Denied
- Lone Star Card Issue
- Check Status

Contact Volumes by Program Type

4th Quarter Fiscal Year 2020

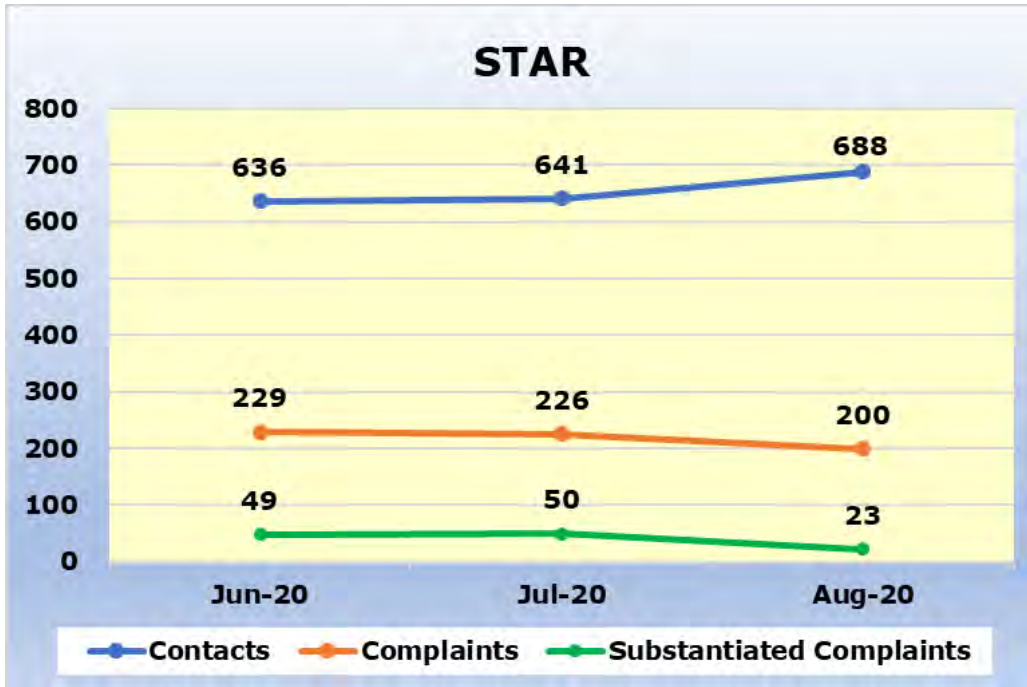


Top 3 Contacts – TANF

- Application/Case Denied
- Check Status
- Application Not Completed

Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



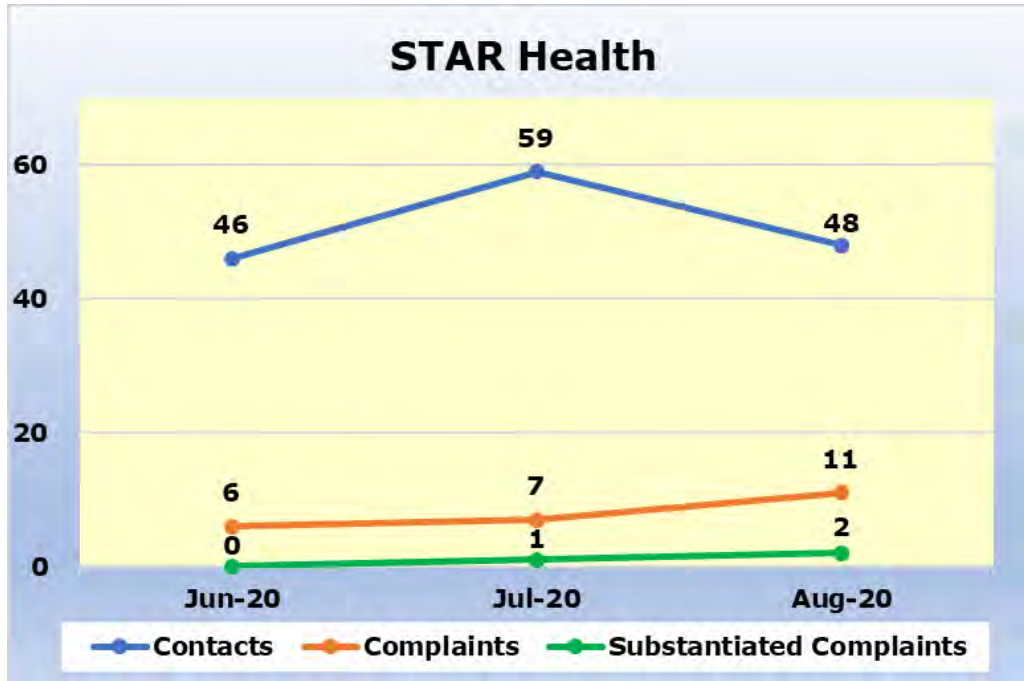
Top 3 Contacts – STAR

- Access to PCP/Change PCP
- Access to Prescriptions
- Reporting Change



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



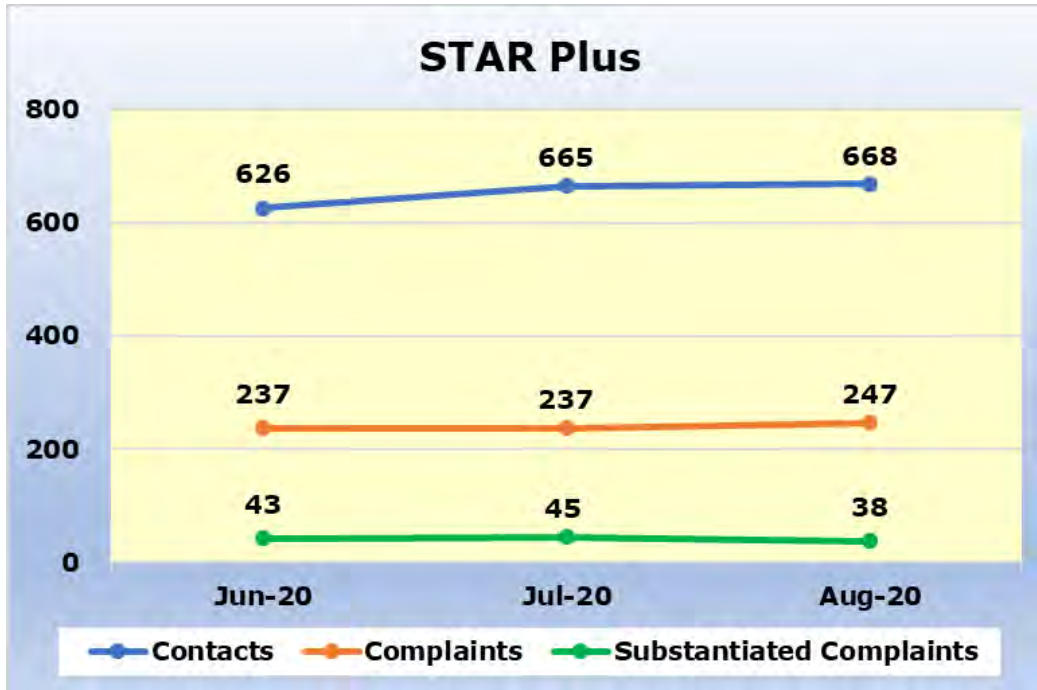
Top 3 Contacts – STAR Health

- Access to PCP/Change PCP
- Verify Health Coverage
- COVID-19



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



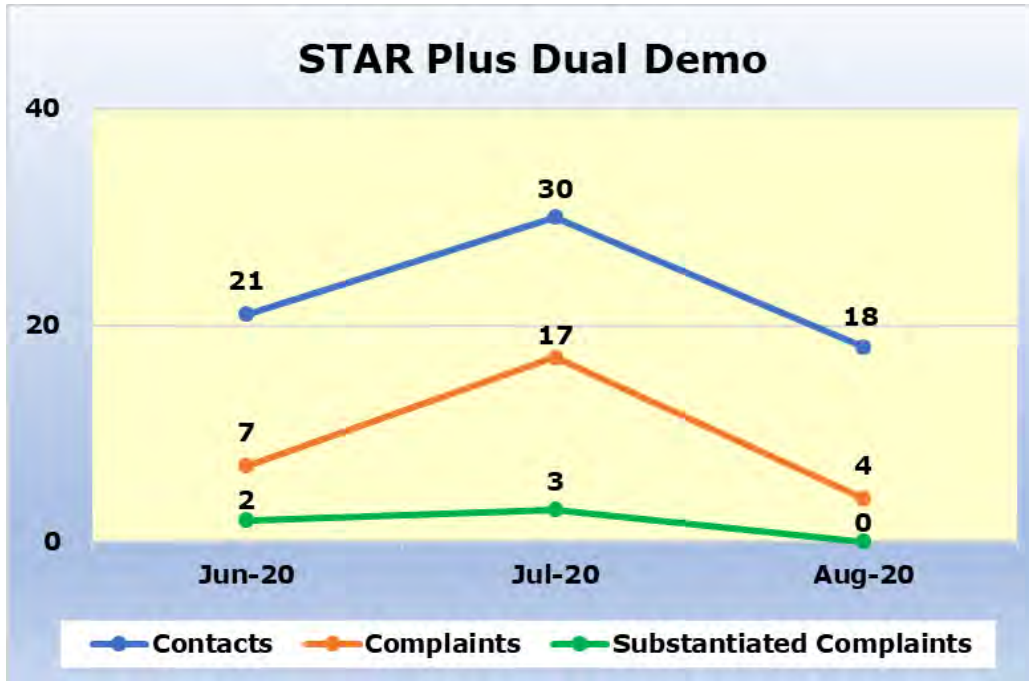
Top 3 Contacts – STAR Plus

- Home Health
- Access to Prescriptions
- Access to DME



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



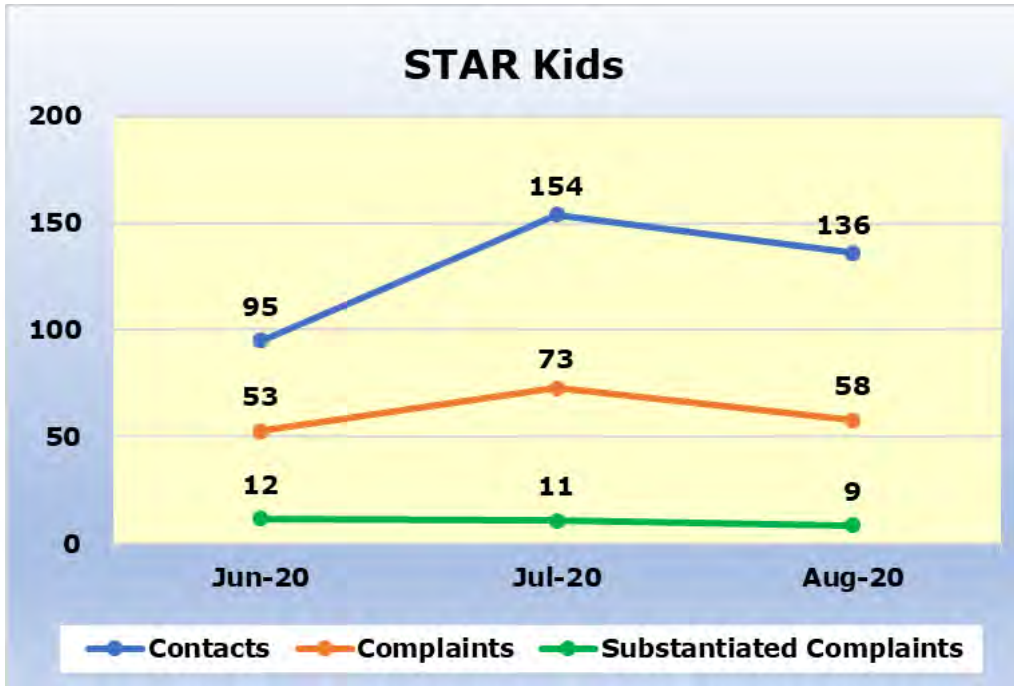
Top 3 Contacts – STAR Plus Dual Demo

- Home Health
- Verify Health Coverage
- Other/NA



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



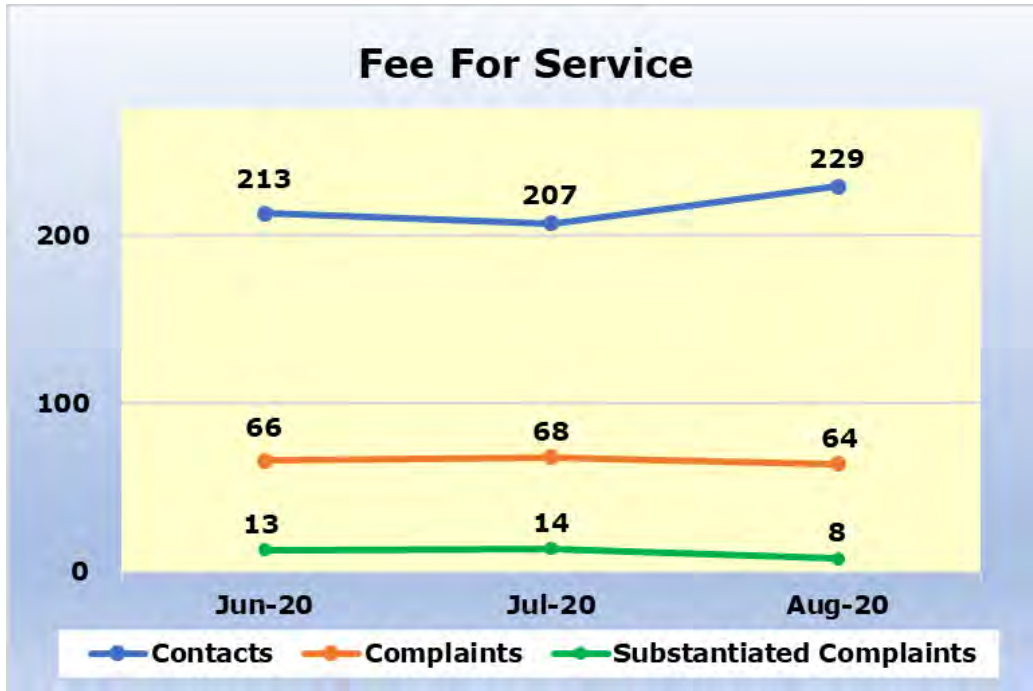
Top 3 Contacts – STAR Kids

- Access to Prescriptions
- Home Health
- Access to PCP/Change PCP



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



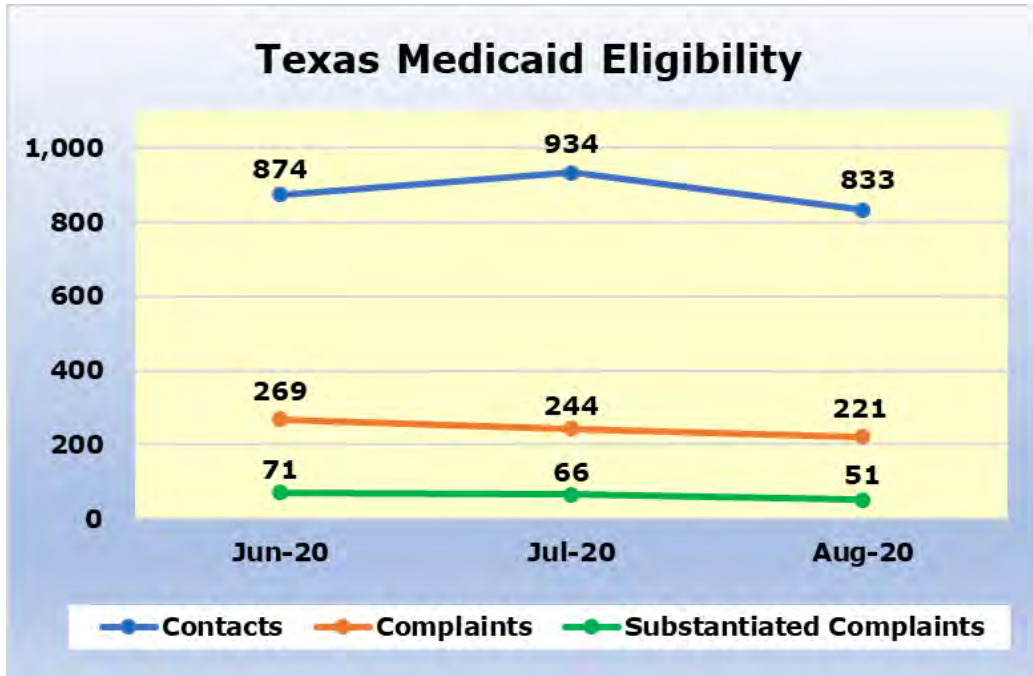
Top 3 Contacts – Fee For Service

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



Contact Volumes by Program Type

4th Quarter Fiscal Year 2020



Top 3 Contacts – Texas Medicaid Eligibility

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



OMBUDSMAN FOR BEHAVIORAL HEALTH



TEXAS
Health and Human
Services

Ombudsman for Behavioral Health Program 4th Quarter Fiscal Year 2020

Contact Volume	
Complaints	147 (50%)
Substantiated Complaints	1 (0%)
Inquiries	149 (50%)
Total Contacts	296
Top Three Reasons for Contact	
Referrals	
Other	
Injury/Abuse/Neglect	

Information Shared



FOSTER CARE OMBUDSMAN



TEXAS
Health and Human
Services

Foster Care Ombudsman Program 4th Quarter Fiscal Year 2020

Contact Volume	
Foster Care Youth Contacts	66 (30%)
Total Foster Care Youth Complaint Reasons	80
Total Foster Care Youth Substantiated Complaint Reasons*	7
Total Contacts	220

Top Three Reasons for Contact
Rights of Children and Youth in Foster Care
General Caseworker Duties
The Placement Process

*Foster Care Youth may have multiple complaint reasons for a single complaint contact which may make the number of complaint contacts fewer than the number of complaint reasons.



TEXAS
Health and Human
Services

INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN



TEXAS
Health and Human
Services

Individual with Intellectual or Developmental Disabilities Ombudsman Program 4th Quarter Fiscal Year 2020

Contact Volume	
Complaints	1,257 (63%)
Inquiries	748 (37%)
Total Contacts	2,005
Top Three Reasons for Contact	
Abuse/Neglect/Exploitation	
Rights	
Services	

Information Shared



Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Projects
- Managed Care Support Network

Office of the Ombudsman COVID-19 Update



TEXAS
Health and Human
Services

As of Friday, September 11th, Ombudsman staff had worked over 2,500 COVID-cases since the event began, including 59 in the prior week, which broke down as follows:

- Eligibility SNAP (23 cases)
 - 11 consumers concerned about denials
 - 8 consumers seeking updates on pending cases
 - 3 consumers with concerns related to Pandemic EBT benefits
 - consumer reporting supplemental benefits not received
- Eligibility Medicaid (8 cases)
 - 6 consumers seeking updates on pending cases (including questions about assessment delays for STAR+PLUS HCBS and STAR Kids MDCP)
 - 2 consumers seeking information on how to apply

Medicaid Managed Care

- Complaints related to home health regarding clients who have left the NF before requesting an assessment for a waiver. This is due to adult children removing their parents from the NFs for fear of them contracting Covid however they are not contacting the health plan beforehand. These clients remain on Nursing Facility Medicaid since their type of Medicaid cannot be reduced and these clients having no other type of Medicaid other than Nursing Facility Medicaid. The MCOs are assisting with limited home health services during the pandemic. Clients in this situation are being advised to get on the STAR Plus waiver interest list.
- Other home health related issues are clients who are afraid to allow their home health attendants into the home for fear of contracting Covid from anyone outside of the home. There has also been a reduction in home health attendants due to those who do not want to enter the homes of others for the same fear of contracting the virus.

Medicaid Managed Care

- Issues with eligibility regarding clients coming off waiver interest lists that are not being referred to the MCOs at this time.
- Individuals who had lost their Medicaid coverage although their case was not supposed to be terminated during the pandemic.
- Issues with clients who should have remained on their dental managed care plan (DMO) during the pandemic despite turning 21 years of age.
- Issues with accessing specialists especially toward the beginning of the pandemic with specialists closing their offices.
- Children missing Texas Health Steps appointments due to the parents being reluctant to expose their children to a doctor's office setting during the pandemic.
- Clients that require sedation during dental treatments/procedures are experiencing difficulties with their dental providers not being allowed to treat them in facilities that provide sedation due to these facilities limiting use of rooms and equipment for emergency cases or pandemic related cases.



Contact us

Phone (Toll-free)

Main Line: 877-787-8999

Managed Care Help: 866-566-8989

Foster Care Help: 844-286-0769

Behavioral Health: 800-252-8154

IDD: 800-252-8154

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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Health and Human
Services