



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition Meeting Agenda

Friday, August 20th, 2021

11:00 A.M. - 1:00 P.M.

Location: Zoom Meeting

Meeting Chair: Diane Rhodes, the Texas Dental Association

CHCC Agenda

11:00 A.M. - 11:10 A.M.

Introductions

11:10 A.M. - 11:20 A.M.

Teledentistry Update (Diane Rhodes-TDA)

11:20 A.M. - 11:35 A.M.

Update on HHSC Meeting Request
(Katie Mitten - Texans Care for Children)

- Section 8 of HB 2658 Update
- Update on End of PHE and Associated Data
- HHSC Implementing Updated Accurate Policy & Outreach for Texans in Mixed Immigration Status Families
- Incidence of Medicaid Enrolled Infants in Their 1st Year of Life Who Are Not Continuously Eligible.

11:35 A.M. - 11:45 A.M.

CHCC, TWHC & HHSC Joint Meeting Information (Adriana Kohler - Texans Care for Children)

- HB 133



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11:45 A.M. - 12:05 P.M.

Federal Updates (Laura Guerra
Cardus - CDF)

- Congressional Approaches to Close the Medicaid Coverage Gap

12:05 P.M. - 12:15 P.M.

1115 Waiver Update: Federal Comments Due 8/30 (Anne Dunkelberg - ETX)

- Federal Period Process & Next Steps

12:15 P.M. - 12:25 P.M.

ABA Update From HHSC (Clayton Travis & Allison McHorse - TPS)

- <https://www.hhs.texas.gov/sites/default/files/documents/services/health/medicaid-chip/policy-review/draft-autism-services-policy-comment-responses.pdf>

12:25 P.M. - 12:35 P.M.

Thank You's Update
(Shelby Tracy - TACHC)

- Discuss Other Items to Include In the Awards

12:35 P.M. - 12:45 P.M.

Special Session Updates (Helen Kent Davis - TMA)



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CHCC Meeting Agenda

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11:00 A.M - 1:00 P.M.

On Video Conference Line

Diane Rhodes
Clayton Travis
Myles Anderson
Adriana Kohler
Allison McHorse
Christa Stevens
Deanna Cureton
Helen Kent Davis
Preston Poole
Katie Mitten
Laura Guerra-Cardus
Leela Rice
Michelle Tijerina
Sarah Sanchez-Pequeno
Shelby Tracy
Amanda Gomes
Jennifer Banda
Brittany McAllister

Meeting Chair: Diane Rhodes, Texas Dental Association

Meeting Scribe: Myles Anderson, Every Texan

I. Teledentistry Update

Diane: After about 2 years of trying to get a teledentistry bill passed, we were finally able to do it in 2021. The bill is going to allow Teledentistry services in Texas for the first time. At the start of COVID-19, Teledentistry was not legal in Texas. This can be understandably frustrating for those who serve children or those with disabilities etc. The Texas State



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Board of Dental Examiners is in the process of writing the rules for teledentistry which we anticipate should be finalized around March 2022, but it could be longer. After the rules are finalized, HHSC will begin writing the rules for the use of teledentistry in Medicaid, which may take around a year. Overall, it will probably take at least 18 months before Teledentistry is available in Medicaid and CHIP.

II. Update on HHSC Meeting Request

Katie: These meeting requests came out of last month's CHCC meeting. The first meeting we requested was to meet with HHSC about HB 2658 which includes HB 290 which removed 3 of the 4 periodic income checks for children with Medicaid. Specifically, in section 8 of HB 2658, there is a requirement that the agency will engage stakeholders on developing some of the notices that will be provided to families. We've requested the meeting to discuss those notices, policy development and implementation. The second meeting we requested has to do with the end of the PHE. We asked HHSC to discuss their policies as we near the end of the PHE. There was guidance from CMS that came out in December that provides guidance for states. A new update on guidance was given last week which included some good things. Previously, the state was going to be able to do a "look-back", and if people hadn't responded to renewal requests, they could send 10-day notices to families, but with this new guidance from CMS, states are no longer able to do a "look-back" and have to do a full renewal for those who were flagged during the PHE. This is good because it will protect kids from losing coverage. Our third request was about discussing the state's role in solving the public charge chilling effect. The public charge has discouraged mixed-status families from applying for benefits. We are going to try and incorporate this topic into all of our meetings. The last meeting we requested was to talk about infants that are deemed eligible in their first year of life. There has been a national report that shows about half a million babies that should have received a year of continuous coverage but for some reason they did not, so we requested a meeting to discuss the data on that topic.

III. CHCC, TWHC, & HHSC Joint Meeting Request Information

Adriana Kohler: HB 133 is a bill that passed this last session, but there are still some changes that should be made. The bill includes several parts, first directing the agency to



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extend instead post-partum coverage for women mothers for 6 months instead of the first 60 days. The bill also transfers covered women into managed care. Third, the bill carves Healthy Texas Women into managed care. Evelyn Delgatto sent a meeting request to HHSC to join us at our September CHCC meeting for them to provide updates for us on implementation plans. We also asked them to talk about the HTW eligibility changes. The bill also had an item on the state-managed care advisory committee, and the advisory committee decided that the topic of the transition of HTW into managed care will be assigned to a sub-committee called the Network Adequacy and Service Care Coordination sub-committee. They also decided that postpartum coverage will not be in the scope of the advisory committee.

IV. Federal Updates

Congressional Approaches to Close the Medicaid Coverage Gap

Laura: Congress is attempting to do a federal fix to the coverage gap for the 12 non-expansive states. That idea has gained a lot of traction and support. Anybody that is eligible in the US will get access to coverage through a federal fashion. We are also very appreciative of congressmen Doggett's Covered Now Act. Congressmen Doggett's act will allow local entities to use the state's Medicaid eligibility system but that offers some complications. We also succeeded in having a federal fix to the coverage gap in the reconciliation package (The Build Back Better Act). Now is the time to raise our voices for a comprehensive, permanent solution to the coverage gap. Comprehensive means that no matter your zip-code, you should be able to receive coverage through the solution congress comes up with. Behind the word "permanent", we are trying to lengthen the amount of time that this stays intact throughout the next few years. We are trying to get close to a 10-year fix. Right now is the time to show appreciation for congressional democrats. There is also the Medicaid Saves Lives Act that will provide direct coverage. We want to thank them but also encourage them to work to try and lengthen the time period that this expansion stays intact.

Many of you may have heard that a letter was sent to Nancy Pelosi that came from moderate democrats that were uncomfortable about the pricing of the reconciliation package. They are hesitant because it essentially puts other things on the chopping block.



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We want to express to those 3 members that by them not voting for this act they are putting in jeopardy the health of 1.3 million uninsured Texans. As far as actions, we will be having meetings with members of Congress next week. We are also putting a digital Thank You to our congressional democrats to express that we are counting on them, so we are encouraging people to possibly use social media and tag congressional democrats. You can go to the Sick of It Texas Twitter or Facebook for more info on how to write a message. There is also a letter being drafted by the Southerners for Medicaid Expansion that will be sent to senator leadership that we would love for people to sign onto. There is a tweet chat we are doing as well. Collecting stories of people in the coverage gap is useful as well, it is great for using to advocate.

Christa Stevens: Regarding the federal fix, would it mimic the benchmark plan for those non-expansive states?

Laura: One will open up the marketplace and another will create a national Medicaid look-a-like and use the Medicaid benchmark. I'm expecting it to be a hybrid of the two. So I think there will be a transition period that will allow people to enroll in the Marketplace and then transfer over to the Medicaid look-a-like.

V. 1115 Waiver Process: Federal Comments Due 8/30

Federal Period Process & Next Steps

Laura: We are now in the federal comment period which ends August 30th. If they submitted their comments to the state comment, it is only summarized by the states and the feds would not get your full comment, so we strongly encourage those who commented to re-submit them through the federal portal with a few additional comments such as thanking the secretary and CMS for prioritizing transparency and public notice requirements. I think it's also important to ask for a shorter period of time other than 10 years so we don't get locked into something for 10 years. In addition, you can mention that the state summary of the comments does not include the accurate feelings of those who support the waiver.

Daniella: Are there any updates on HHS Letter rejecting the temporary agreement to extend the 1115 waiver.



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Helen: The state received a letter from CMS that they would not approve the directed payment programs. These are payments to replace DRIP and payments to providers and physicians to sustain performance improvement measures. With CMS denying the request, they are willing to continue to negotiate with the state and will agree to extend DSRIP funding for another year if the state reports on certain health equity and disparity measures. Texas is still talking to CMS about this. Since the state is suing CMS over the waiver, there is very little that can be said.

Jennifer Banda: HHSC sent a response last night to CMS stating that we have a lot of concerns with the choices you have given us. We don't understand what you need from us so we would like to continue dialog with that. I think HHSC's biggest concern is that if we have fewer programs in the base year to set budget neutrality then we will have limited funding for the future.

VI. ABA Update from HHSC

Clayton: In 2013 CMS came out with a letter to state Medicaid offices that stated that the state had to have a Medicaid benefit. In 2019, it was stated that HHSC may include an ABA benefit for kids with autism who are on Medicaid. An ABA Benefit was again released this year stating that no later than February 2022 should roll out.

Allison McHorse: In the diagnostic section there were a lot of comments about increasing the specificity and adding clarity in regards to what medical professionals were competent enough to make the diagnosis. HHSC added language that stated that those who have expertise in Autism are able to be on the diagnostic team. TPS had also requested an opportunity for primary care doctors such as pediatricians to provide diagnoses but HHSC declined. In Comprehensive Services, they added a lot of other providers like dietitians. HHSC did not change the number of meetings per year, they are still set at 2 per year. In the ABA section, we requested that they changed their language. There were a lot of concerns about barriers around required training for parents. HHSC did not add anything to limit the barriers. In the operational and treatment sections HHSC did make changes about children having behavioral gains to make clinical treatment appropriate. This goes into effect on February 1st.



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Clayton: For the most part I think HHSC did a good job on their wording and giving feedback.

Christa: I would love to hear about the complexity of getting a re-eval every 3 years benefit.

Allison: I haven't heard from doctors about the three-year diagnosis. When we did make the suggestion of investing in some training, HHSC did say that it is an opportunity in the future.

Clayton: I think there needs to be a reevaluation in using the word re-diagnosing. These re-evals are through Medicaid so it's no cost to parents. Cost shouldn't be an issue. In HHSC's promotion of the new policy, they are receiving more help in getting more licensed behavior analysis providers.

Christa: The word on the street is that there are very few providers who decided to enroll. What would be the next step then?

Clayton: The enrollee can sue so the state will be forced to provide more money to ensure adequate access.

Adriana Kohler: I wonder if it would be useful to do a writer that directs the agency to show the distribution of providers who will provide those benefits.

Christa: There is one, but we will have to get some specific language.

Katie: Is there a potential interim charge that can be used to support writer change?

Clayton: I think that would be a great idea.

Christa: I love that, I'll be happy to get a list together to do that.

VII. Thank You's Update



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Discuss Other Items to Include in the Awards

Adriana Kohler: We got a fair amount of success with HB 2658 and HB 133 and we haven't sent a formal Thank You to those champions and supporters. Unfortunately, we didn't have any luck getting any children's art. Are there any other ideas?

Clayton: The children's hospital does that thing all the time.

Myles will follow up with Christina and Adriana about collecting Children's Art.

VIII. Special Session Updates

Helen: As of last night the house does have a quorum and has some future hearings that are of interest to us, one of which is the supplemental appropriations bill. On the Governor's call, there are some implications to deal with COVID-related activities including vaccine distribution, etc. There are other topics discussing foster-care providers as well.

Clayton: We're testifying against the anti-trans bills and prohibit transgender children from playing sports different from their sex assigned at birth. There are bills out there that would limit gender-affirming care by prohibiting insurance from covering it or even calling it child abuse. We are relieved that those topics aren't getting any traction. On that note, the Gov. did send a letter to DFPS asking if gender-affirming care was child abuse, and DFPS stated yes. Representative Slayton sent a response with a letter asking if other gender-affirming care such as mental healthcare, providing medications, etc. is child abuse.

Allison: Gave a sign-on option and described the bill and wording.

Helen: There are other bills that might be of interest such as prohibiting face masks in public schools. Interesting in Arkansas, Gov. did state that prohibiting face-masks in public schools in Arkansas was a huge mistake and he regrets making that decision

Adriana: We have an action alert regarding masks prohibition. Feel free to share with your networks.



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Clayton: On any Public Health messaging you may have, Deanna Cureton from TPHC has joined us so please reach out to her as well.

Preston Poole: As far ARPA funding goes, is there going to be a full discussion on the 16-billion?

Helen: From what I understand is that they were going to wait until the next special session in October.

Jennifer: Whenever they do the full redistricting and covid funding special, they plan to do the bulk of all those billions of dollars. I think a lot of the state agencies getting ready to present priorities on how to prioritize those dollars.

Meeting Adjourned: 12:30 P.M.