



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, January 22nd, 2021

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

CHCC Meeting Chair: Clayton Travis, Texas Pediatric Society

11:00 A.M. – 11:10 A.M.

Introductions

11:10 P.M. – 11:25 A.M.

Latest on Legislative Session – Staff, Committees, COVID-19 Logistics, etc. (Clayton Travis – TPS)

11:25 A.M. – 11:30 P.M.

Report on Thursday Workgroup (Adriana Kohler, Anne Dunkelberg, Laura Guerra Cardus)

- Compete [this google form](#) to sign up for one or more of the weekly Thursday strategy sessions.

11:30 A.M. – 12:30 P.M.

Strategy on Legislative Priorities (CHCC Legislative Working Group)

- [CHCC Lege Doc](#)
- Protect health care from budget cuts during the COVID-19 pandemic – Anne Dunkelberg, Alison Mohr Boleware, Christina Hoppe
- Promote Telehealth innovations – Helen Kent Davis, Clayton Travis, Alison Mohr Boleware, Christina Hoppe
- Coverage for kids, moms, and families – Laura Guerra Cardus, Katie Mitten, Adriana Kohler, Melissa McChesney
- Improve outreach and support to help Texans get and stay enrolled – Katie Mitten, Patrick Bresette



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- Address unmet needs for Texas' COVID-19 response
– Clayton Travis, Anne Dunkelberg, Amy Litzinger

12:30 P.M. – 12:35 P.M.

Update in 1115 Waiver (Christina Hoppe – CHAT)

12:35 P.M. – 12:40 P.M.

5 Minute Break

12:40 P.M. – 1:00 P.M.

HHSC Report on Former Foster Care Children (HHSC)

- [Report](#)

OTA Meeting Chair: Melissa McChesney, Every Texan

1:00 P.M. – 1:30 P.M.

Eligibility and Enrollment (Melissa McChesney, HHSC)

- PHE wind down guidance from CMS
- What can HHSC share at this point regarding their plan for the end of the PHE
- Application number update
- Update on 11/06/20 Interim Final Rule implementation

1:30 P.M. – 2:00 P.M.

Office of the Ombudsman Update (Melissa McChesney, HHSC)



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Friday, January 22nd, 2021

11:00 A.M. – 2:00 P.M.

Meeting Location: Zoom Meeting

In meeting:

Clayton Travis
Maria Garcia
Christina Hoppe
Anne Dunkelberg
Rachel Moyet
Anna Stelter
Ashley Harris
Ashley McCool
Betsy Coats
Celia
Chia-Wai Smith
Christina Long
Denise Gomez
Katie Mitten
Laura Guerra Cardus
Melissa McChesney
Nany Walker
Preston Poole
Reid Martens
Sonia Lara
Stephanie Cavalier

Meeting Chair: Clayton Travis

Meeting Scribe: Maria Elena Garcia

Meeting Recording: <https://app.box.com/s/8jvjg5vn1nvl7fpy21muxke195iwn1ty>

- I. **Introductions**
- II. **Latest on Legislative Session – Staff, Committees, COVID-19 Logistics, etc.** (Clayton Travis – TPS)

Clayton Travis: The members are adjourned right now, and they plan on coming back Thursday of next week. Then adjourning again. They are still working in their districts. Senate committees have been announced. Looking up the ones relevant to us – senate health and human. Trying to think of surprises. Charles Perry and Kolkhorst are chairs. 2 physicians remain on the committee. Dr. Sen Buckingham and Campbell. Bob Hall has interesting opinions about all things HHS and state governments. Something to keep a lookout for. Sen Miles Howl and Sellager remain on the committee. Any observations?



Anne Dunkelberg: Sen Johnston no longer on

Clayton Travis: Replaced by Bob Hall. He was a champion on women's health, immunization, and e-cigarette legislation. Was sad to see him leave. Any other observations? New staff person has moved over to HHS and they are hiring for more. They usually have 4-5 staff.

Katie Mitten: What did Austin do in Sarah Davis' office?

Clayton Travis: District director. I don't think he was much at the capitol.

Anne Dunkelberg: Bobby Joe Dale in Davis' staff is working for senator Alvarado. Good brain on her staff.

Clayton Travis: Sen Alvarado is filing a ban on e-cigarette flavors. Members pushed back the due date for house members to submit the cards to speaker's office. Was pushed back to next Friday. Speakers attempting to have meetings with every single member. Committee assignments will be pushed back probably until the 3rd week of Feb. Sen committee members won't start full hearings until the last week of Feb. With the exception of finance, they will be meeting on Feb 8.

Clayton Travis: their first meeting is informational for new members and inform staff on where they lie on certain issues.

Nancy Walker: Everyone here is aware that there isn't opportunity for virtual testimony. The redistricting committee is the only one that will authorize virtual testimony. The first one may be Monday. The senate is expecting people to show up if they want to testify. The house committees will have a portal where you can submit written testimony. There will be overflow rooms in the house where you can socially distance. They won't have as many committees as they would have meeting at the same time so it would be easier to follow but also so social distance can happen. Everyone is asked to wear a mask and if you plan to visit a senate office or committee hearing, you are to have a negative covid test before you enter the capitol or senate. You will get a wristband or marker that shows you have tested negative. I heard that we can expect the governor to come out some time early February with emergency items. Maybe some covid related issues and possibly some law enforcement issues.

Anne Dunkelberg: I heard that on the house side, the committee chairs have the descrission to allow virtual testimony.

Nancy Walker: only if allowed. My interpretation is that you can ask a committee chair to invite you and then the chair may allow virtual testimony.

Anne Dunkelberg: that would make sense. I do want to mention that people have shared what their organization's take was. In those meetings, about 100% of the orgs said that they were not allowed into the capitol. A huge amount of organizations acknowledge the dangers and risk of a pandemic and how it would be a liability to enter the capitol. I'm sharing in case anyone feels obligated to show at the capitol.

Nancy Walker: The legislature can't really vote on any significant that is not emergent, maybe after those 60 days we can take a look at where we stand. Maybe the senate can reconsider those rules.



Helen Kent Davis: I think the senate is planning to revisit those rules

Anne Dunkelberg: I think I heard them say they can reconsider after the 60 days.

Katie Mitten: The Lt governor and the speaker won't come out with their top bills/issues until after the governor gives his priorities in February?

Nancy Walker: the Lt governor can file some bills in low numbers, generally they wait until after the governor gives his emergency issues.

Clayton Travis: it seems like a current Lt governor thing. The speaker typically defers to membership, it depends on the session and how political they want to be.

Nancy Walker: Lt governor is doing some serious posturing lately. He came out yesterday sending a letter to DSHS about the chaotic vaccine system.

Helen Kent Davis: last session we had the bathroom bill. Let's hope we don't have a repeat.

III. Report on Thursday Workgroup (Adriana Kohler, Anne Dunkelberg, Laura Guerra Cardus)

Anne Dunkelberg: We have a lot of shared agenda items that other coalitions are supporting: Medicaid expansion, 12-month cont. eligibility and the extension of maternal benefits 12-month post-partum and some budget issues. In order to not have repetition of some content and a breakdown in comm, we are experimenting on Thursday from 1-3, we have 4 30 min meetings and talk about budget, 12mo cont., maternity, and Medicaid expansion. I agreed to work with Alison from NASW on the budget. In the agenda there is a link to sign up and in the chat there is a link for the budget. I'm going to jump over to the budget document. I will encourage you to take a look at the link and make suggestions. Some things jumped out: someone is somewhat disappointed, and it is an Amerigroup written that is disappointed at the priorities on the Medicaid managed care plans that select which one is the most profitable and not based on performance. There is a lot of detail in this document. Please take a look at the collaborate in writing your key issues. We all must understand that our budget docs at this point is that we wrote our LARs with the understanding that the PHE ended in Jan. Now there is an assumption that the PHE will be extended until the end of our fiscal year. Any questions?

Clayton Travis: on the agenda we have a discussion on the leg priorities, I don't want to be redundant. If we look at our legislative document we see protecting health care from budget cuts.

IV. Strategy on Legislative Priorities (CHCC Legislative Working Group)

Protect health care from budget cuts during the COVID-19 pandemic –

Clayton Travis: If you have an opportunity to talk to anyone that has historically been the house appropriations, talk to them.

Promote Telehealth innovations –

Clayton Travis: In essence we want to see TH flexibilities extended through the pandemic. The big one is payment parity. Several bills are filed on the topic: HB280, HB 515, 522, and SB228 are all the same



bills. TPS and TMA are supportive of this leg. Concerns are from health plans that have to pay for these services in parity with in-person services. It is a tool in the toolbox that has to be utilized.

Katie Mitten: Some of these bill are for TH in private insurance right?

Clayton Travis: Yes, which is a small subset of the insurance market. Most health plans are regulated by the federal government.

Anne Dunkelberg: Do we have a google doc where we are compiling bill numbers? We can follow up with it later.

Coverage for kids, moms, and families

Laura Guerra-Cardus: I just put in the chat a google doc to action-related updates for coverage expansion. It summarizes well key updates. Includes some comments and encourages partners to underscore that it is a good time to work on these issues. Later we will talk on the 1115 waiver and how it politically impacts coverage expansion. We need to communicate to members and that the extension does not address all the issues. The elimination of funding is going to leave uninsured Texans worse off than before and now they are losing services provide by the district programs. If you want to add yourself to the email list, there is an e-mail of how you can do it.

We have a call to action for people to email their legislators and ask them to address the coverage gap. There is a follow up tweet to send a message to Kolkhorst. In terms of coverage expansion, those actions speak to the key things, all that impacts that issue. The workgroup will start tackling the many coverage bills being filed. Any questions? Just wanted to flag all that for you guys.

Katie Mitten: We talked about updating our talking points. We also made a list of senators that we think we need to target over the next few weeks as we try to garner support for this bill.

Melissa McChesney: There is a Thursday work group if you want the deep dive into the legislation. Leah, do you want to give a quick update on the Saturday maternal health day?

Leah Gonzalez: It is Texas and a few other states. Maternal health awareness day is on January 23rd.

Improve outreach and support to help Texans get and stay enrolled –

Katie Mitten: I don't have much of an update besides the fact that we are trying to get a bill filed under Powell's office that would create some targeted outreach and enrollment assistance. There is a workgroup that needs to be revived.

Anne Dunkelberg: I had a couple of meetings since this group met with caucuses and chamber. One piece that we have is the need to improve and update our outreach services to mixed immigration status families. Our primary hypothesis of the huge drop in coverage is the chilling effect of the public charge. I let different offices know that senator Powell is working on the HSI bill. If we do have a senate sponsor that is enthusiastic about pushing that piece. We had a conversation with media about SB4 repeal and conditional driver's license laws. We are one of 6 states that does not allow permanent residents to apply for Medicare services.



Just over 1 in 4 Texas children has a parent that is not a US citizen. If we don't take special steps to reach out to this population, we are lacking in our advocacy.

Patrick Bresette: some of us are meeting with HHSC and will talk about how to extend outreach to these populations.

Address unmet needs for Texas' COVID-19 response –

Clayton Travis: we want to reverse access to care issues. A lot of this was spurred by a CMS call to action, we saw huge drops in services for children. We are seeing a bit of a take-up on well-child visits and immunizations are going back up. Preventive care for children is still essential care. There is still a lot to be done. There was a press release from the CDC and also Cornyn announced a \$272 million for childhood immunizations. WE don't know exactly what it entails, but there is still an understanding that childhood immunizations haven't gone back to pre-pandemic levels.

Anne Dunkelberg: Speaking back to mixed-immigration status families, federal policy states that there are no barriers for federal funding public programs based on immigration and citizenship status. If you are encountering barriers, particularly to the vaccine, shoot me and Melissa an e-mail.

Clayton Travis: any other comments on legislative agenda?

V. **Update in 1115 Waiver** (Christina Hoppe – CHAT)

Christina Hoppe: HHSC got approval from CMS to extend their 1115 waiver for 10 years. Medicaid managed care exists in its current form and will continue to move forward during that time frame. One of the big things is the public health provider charity care program. This is a new uncompensated care pool. They created a new pool for public health provider and, as o understand it, it would help some providers that were funded through district and there is a cap for \$500 million for those 2 years. This is new for HHSC and we are the first state to get that.

Essentially, they compared what would cost without a waiver to provide services and what it will cost with waiver. One technical piece of this is that they will implement direct payment programs. When they look at the budget neutrality room, CMS is going to look at the directed payment programs that HHSC is ramping up and count them without waiver. That way it would be a more favorable comparison.

I will pause here, any comments? This isn't coverage, this is addressing funding for providers.

Anne Dunkelberg: the waiver extension itself only includes the UC pool, so these other payments all affect how much money is available to Texas in terms of budget neutrality. All of this affect how much money Texas can get. These new ones are not part of that waiver. The mention should not constitute approval.

Christina Hoppe: Great point. These pools are not set either, the program sizes of these aren't set. They will each go through a pre-print so CMS will go through an approval process. There could still be changes for this, folks expect some discussion around these. What exact form and shape they take is subject to federal approval



Clayton Travis: the pool that physicians can access is smaller than that. It won't address the lack of Medicaid access, but it is something.

Christina Hoppe: I talked about that calculations that gives HHSC room to innovate. As part of that negotiation HHSC was able to get some room in the budget neutrality to continue that innovation. In general, they didn't make big changes to the UC hospital pool. I don't have any inside on what the Biden administration is doing to this waiver. Everyone is watching to see if there is any call to question. Then there's discussion about the technical pieces of the waiver. They are complicated and it is unclear on how people who aren't on the weeds will understand this.

Anne Dunkelberg: One of the things I want to call your attention to is a letter expressing concern on the little effort the waiver extension made to address the uninsured population and provide safety nets to covid. There is another letter that many national groups submitted. We wanted it to go on record that there wasn't an opportunity for those that support expansion to chime in. No one is complaining about having a robust UC pool, we are unhappy about what is missing. One of the things is that you can find on the waiver is the approval of this extension from someone who was opposed to Medicaid expansion. There is no mechanism to support on a robust level health coverage.

All of the funding is coming through local provider participation funds and are not consistent. You have some parts of the state putting up money while some are not. One thing that the Biden admin is looking at is setting up an equalization so that all parts get reasonably equal funding. The source of the non-federal share is an issue to CMS.

Katie Mitten: with this waiver, it sounds like some of the payment rates for Medicaid services might be higher. Would this help support people that were on the fence about Medicaid expansion?

Anne Dunkelberg: I don't know the answer of it.

Clayton Travis: my short answer is no.

Anne Dunkelberg: I think that HHSC is trying to figure out what quality metrics are feasible to report. Some might stay and others might not right now.

Clayton Travis: what is the likelihood to hear from the Biden admin to challenge the 10 year extension of the waiver?

Anne Dunkelberg: We have pointed at the authority of the administration on the 1115, that is not the culture, but even when Texas had challenges on the federal requirements, they understood the necessity for safety net hospitals. It is possible the Biden admin could revisit that, but it is too early to know. The issues with the waiver are less egregious than in other states, they will be turning their attention to other places before us. I don't expect anything fast or scary. I'm hopeful it will move us to a more constructive direction. They will find multiple ways to do Medicaid expansion.

VI. HHSC Report on Former Foster Care Children (HHSC)

Melissa McChesney: We do have reps from HHSC to present on former foster Medicaid group. This was the group created by the ACA so children who age out of foster care would remain on Medicaid until



their 26th birthday to mirror the rule that dependents can stay on their parents' private insurance. We have Hilary Davis and Rachel Moyer. Hilary you can present when you are ready.

Hilary Davis: We are directed by the legislature under rider 35 to do an annual report evaluating youth and former foster care to see if they are maintaining cont. coverage. The report is posted in the HHSC website and the meeting agenda. This is required by HB1, it is the second report we have done. We evaluated those who did not continued care and look at strategies to improve access to continue coverage. Right now, the legislature is proposing not continuing this report. We are working with the dept of family and protective services and certain stakeholders: Texas Rio Grande Aid, CASA, and other stakeholders. We have quarterly meetings and discussing strategies and readjust, especially with COVID.

Some of the people who dropped were aged out, willingly withdrew, or were not able to be located. There are no income criteria for FFCC Medicaid.

Katie Mitten: I had a question about immigration status changes. Is that typically a reason?

Hilary Davis: yes, it is usually not a reason, but it is something we verify at renewal. Usually because their documents expired, and they didn't renew their eligibility. It is such a tiny piece, but we do review it. During renewals we are able to get electronic data sources on ~20% of our youth.

Some challenges that the work group found was that they didn't turn in information or were not able to locate. These youth are moving a lot, sometimes the change addresses. We have different processes for former foster care youth if we get a return stamp in trying to locate them. We also found that once they age out, they don't have as much knowledge and responsibility to maintain coverage.

We also looked at renewal forms since they are different for former foster care youth. We looked at some sections that were confusing and unnecessary. We are prioritizing updating the form. WE think that making it easier to understand will improve our return rate. WE also participated on DFPS advisory committee – youth leadership council – it had youth and adult representation. We presented and talked to them about helpful strategies and wanted to know what would help best for them. Some feedback was using social media. They are helping us put out reminders and making sure that they report address changes. We provided them with USBs so they can have all their information.

Melissa McChesney: Is there an ability for DFPS to get them signed up on yourtexasbenefits and certain reminders?

Hilary Davis: It is in their recommendations.

We developed a flier for any kind of staff, volunteer. Stakeholders that interact with this youth. DFPS is helpful on getting the info out and sharing it with their networks. We are looking at revamping the HHSC website so they can have the information directly available. We will continue to promote that.

Lastly, for FY 2021 we are looking to partner with MCOs. So, we are looking at working with Medicaid, CHIP services and insert something foster care specific. We want help in getting the renewals completed on time. We also looking to improve additional training for our 2-1-1 staff and get the information out accurately. We have a specific line for those who want to handle foster care questions. That way former foster care youth can get the specialized service they need.

Melissa McChesney: on the inability to relocate. Do you put them under that category after you've done an extensive search on where they could be? Could you walk us on the return mail process?



Hilary Davis: on the flier with ask them to give us their mailing address because we know they move around. We also give them the tips to call 2-1-1 and when they are already in FFCC Medicaid we asked them to sign up to yourtexasbenefits and sign up for notifications. We also post updates reminding them to update their address.

OTA

VII. Eligibility and Enrollment (Hilary Davis – HHSC)

Melissa McChesney: we also asked for an update on the PHE.

Hilary Davis: as you know, CMS has been busy giving us different guidance. In November they released the interim final rules in maintaining Medicaid. Just as a reminder, the new rules said that during a pandemic we have to maintain Medicaid and individuals can be moved to different groups in lower tiers. Most of our Medicaid groups, with the exception of HTW and community attendant services program, we can move them to their appropriate group. For the most part, it gave us a flexibility to make sure that they are where they are supposed to be. As we process changes, children can move up on their age groups. And women can now go to parent or caretaker Medicaid, with the exception of HTW. This will help us at the end of the pandemic. We are looking at some additional optional activities and trying to see if it is beneficial to move people outside tier verification period and see which groups it would be most beneficial to. Right now, these are all preliminary discussions.

CMS indicated that they can change Medicaid plans as long as the maintain state benefits. They are looking at options to make sure that their benefit plan matches their current situation.

Melissa McChesney: we are most interested to see what is going to happen to former foster care youth. WE would like to know how they would get moved around and what decisions are being made.

Hilary Davis: We are looking at options. These are options based on the CMS flexibilities to make sure individuals get the services they need. It is more complicated on the benefits side, but I will refer to Medicaid and CHIP services on this. If they need to have different types of services

Melissa McChesney: Are lawfully present children who are aged out maintained?

Hilary Davis: yes. Right now we are keeping them in Medicaid during the PHE. The only individuals that will be denied Medicaid during the PHE are those who moved or if they died. We are also letting those who are no longer eligible know that we will keep them during the PHE but that they are no longer eligible.

Hilary Davis: They also released guidance on what to do once the PHE ends. We resumed renewals back in Sept. we got caught up and went back to normal. We will be ahead of many states. We have been processing changes and renewals. If we already verified their information during the last 6 months, CMS does not want us reverifying their information. We can go ahead and terminate Medicaid and follow-on adverse action.

With regards to pregnancy Medicaid. Instead of 12 months, there is a bit of backwards way the system simplifies it. There is also an option to reassess eligibility for a new program once they are no longer eligible for pregnancy Medicaid.

Melissa McChesney: one issue that people have with tiers is that they need a due date, and people cant have a due date, they don't know what their due date is since they are unable to get care.



Hilary Davis: we do not need verification of the due date, we can take client's statement on due date.

Melissa McChesney: I hear you, that is just what we hear on the ground that they struggle with.

Hilary Davis: and it is estimated due date. We don't need verification of pregnancy for pregnancy Medicaid. We will make sure that we remind our staff of this.

We have an integrated system and sometimes it is easier to have the same requirements for all of our programs.

VIII. **Office of the Ombudsman Update** (Paige Masala – HHSC)

a. See Slides Titled “HHS Office of the Ombudsman Update”

IX. **Meeting adjourned: 1:58**

MATERNAL HEALTH AWARENESS DAY


SOCIAL MEDIA POSTS

Post #1	
Facebook	@TexasGovernor has issued a ceremonial proclamation to recognize Maternal Health Awareness Day in Texas on Saturday, January 23. Help us spread the word to honor all Texas mothers. #123ForMoms #WomensHealth
Twitter	@GovAbbott has issued a ceremonial proclamation to recognize Maternal Health Awareness Day in Texas on Saturday, January 23. Help us spread the word to honor all Texas mothers. #123ForMoms #WomensHealth
Instagram	@GovAbbott has issued a ceremonial proclamation to recognize Maternal Health Awareness Day in Texas on Saturday, January 23. Help us spread the word to honor all Texas mothers. #123ForMoms #WomensHealth
Post #2	
Facebook	Today we recognize Maternal Health Awareness Day to honor all Texas mothers. Having a baby is a life changing event, and for some it ends in tragedy. This does not have to happen. Most pregnancy-related deaths are preventable. Know the warning signs. Learn more about how you can help save a life @CDCHearHer . #123ForMoms #WomensHealth
Twitter	Today we recognize Maternal Health Awareness Day to honor all Texas mothers. Research shows that most pregnancy-related deaths are preventable. Learn more about the #CDCHearHer campaign and how you can help save a life at cdc.gov/hearher . #123ForMoms #WomensHealth
Instagram	Today we recognize Maternal Health Awareness Day to honor all Texas mothers. Having a baby is a life changing event, and for some it ends in tragedy. This does not have to happen. Most pregnancy-related deaths are preventable. Know the warning signs. Learn more about how you can help save a life at cdc.gov/hearher . #123ForMoms #WomensHealth



THE STATE OF TEXAS

GOVERNOR

 *To all to whom these presents shall come,
Greetings: Know ye that this official recognition is
presented to all observing:*

Maternal Health Awareness Day

January 23, 2021

Here in Texas, family is one of our most cherished values. It is unacceptable that maternal mortality and morbidity statistics remain at alarming levels for Texas mothers. Tragically, almost all of the pregnancy-related deaths studied by the Texas Maternal Mortality and Morbidity Review Committee and the Department of State Health Services and outlined in their Joint Biennial Review had some chance of preventability. In order to reduce the incidence of maternal death in Texas, we must more effectively address a woman's health risk before, during, and after her pregnancy.

Fortunately, in Texas, we know it is not our challenges that define us, but rather how we rise above them. A critical part of improving maternal health care and preventing maternal mortality and morbidity is increasing public awareness on these vital issues. That is why organizations, health care facilities, and individuals across Texas recognize Maternal Health Awareness Day as a time for all Texans to learn more about the importance of maternal health and advocate on behalf of all Texas mothers.

First Lady Cecilia Abbott joins me in wishing you the best.



*In testimony whereof, I have signed my name
and caused the Seal of the State of Texas to be
affixed at the City of Austin, this the 8th day of
January, 2021.*

Greg Abbott
Governor of Texas



Help Youth Formerly in Foster Care Maintain Their Medicaid

Youth who age out of foster care in Texas at age 18 or older, and who were receiving federally funded Medicaid when they aged out, are eligible to receive Medicaid until age 26 through Former Foster Care Children Medicaid. This is due to the implementation of the Affordable Care Act. Youth are automatically enrolled in FFCC Medicaid when they age out the Department of Family and Protective Services' care. More information about FFCC Medicaid is at:

www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/documents/Medicaid_Benefits_Handout.pdf

All Medicaid recipients, including youth formerly in foster care, must renew their Medicaid eligibility once every 12 months. This is a federal requirement. Unfortunately, youth sometimes lose their FFCC Medicaid coverage because they don't complete their annual renewal requirements. To ensure continuous Medicaid coverage until age 26 youth must:

1. Provide their current mailing address to HHSC.

If HHSC receives returned mail and cannot locate the youth, the youth's Medicaid benefits will be denied. Youth can report their address change to HHSC in the following ways:

- Online through YourTexasBenefits.com
- Via the Your Texas Benefits mobile app
- By calling 2-1-1
- In person at a local eligibility office
- In writing by mail or fax

2. Respond to requests for information from HHSC.

To maintain FFCC Medicaid coverage, HHSC must verify that the youth is a Texas resident and the youth's current immigration status if applicable. If HHSC requests verification for either of these eligibility criteria and the request is ignored, the youth's Medicaid will be denied.

Other Tips for Maintaining Continuous Medicaid Coverage

- If youth have questions about their FFCC Medicaid, they can call 2-1-1 and ask to speak to a FFCC Medicaid Specialist.

- After transitioning from DFPS' care, youth are encouraged to set up their own YourTexasBenefits.com online and mobile accounts. Directions for setting up an account are at:
yourtexasbenefits.com/Learn/Help/Section?s=8AF703B2BF59CC9742883AE7F4CB0E5B.

By setting up an online account, youth can apply for benefits, upload requested documents, and elect to receive electronic notices. If youth receive electronic notices, they can also opt to receive a text or email reminder letting them know a notice was posted in their account.

- If youth have lost their FFCC Medicaid coverage, they can reapply using Form H1205 *Texas Streamlined Application* or Form H1010 *Texas Works Application for Assistance -Your Texas Benefits*. Youth can apply through their online account or can get an application at:
yourtexasbenefits.com/Learn/GetPaperForm. Submit applications:
 - By mail or fax
 - Online through YourTexasBenefits.com
 - By calling 2-1-1 and applying over the phone with a telephonic signature.
- Youth can follow HHSC's Facebook (www.facebook.com/TexasHHSC) or Twitter (@TexasHHSC) accounts and the DFPS Youth Take Flight Instagram (@youthtakeflight) account to receive important announcements.

Direct questions about FFCC Medicaid policy to AES_PSAD@hhsc.state.tx.us. Youth should call 2-1-1 and ask to speak to a FFCC Medicaid Specialist if they have questions about their benefits.



TEXAS
Health and Human
Services

Rider 35 Annual Report

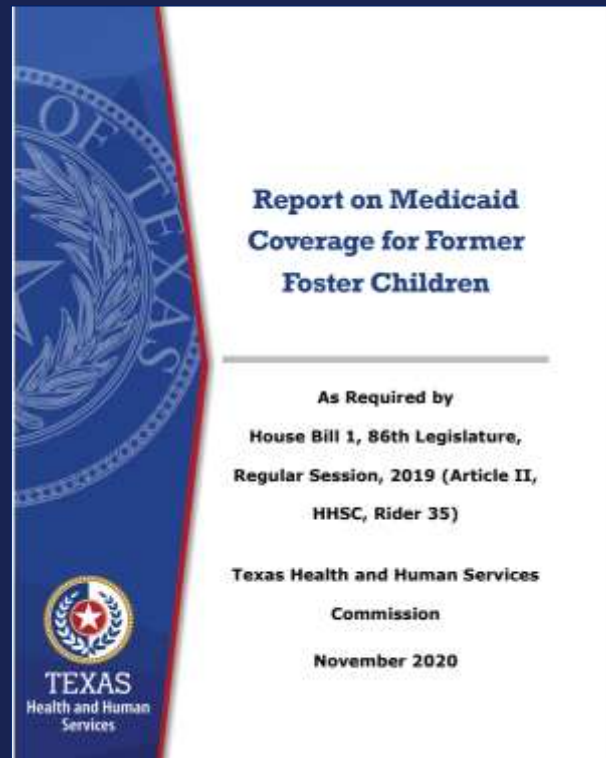
**Youth Formerly in Foster Care
who Maintain Continuous
Medicaid Coverage**



TEXAS
Health and Human
Services

Rider 35 Report

Report is posted on the [HHS website](#).



Rider 35 Overview



TEXAS
Health and Human
Services

- Purpose and requirements of report
- FY 2019 data
- Challenges that prevent youth from maintaining continuous enrollment
- Strategies to improve the number of youth who maintain continuous coverage

Purpose and Requirements



TEXAS
Health and Human
Services

- Required by the 2020–21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019.
- HHSC must evaluate the number of youth formerly in foster care who do not renew their Medicaid and therefore do not maintain continuous health coverage until age 26.
- Report also includes strategies to increase the number of youth who maintain continuous health coverage

FY 2019 Data

FFCC Medicaid was terminated for 944 youth in fiscal year 2019.

Denial Reason	Number of Youth Denied
"Aging Out" (turned 26)	196
Voluntary withdrawal	19
Failure to return renewal packet	328
Failure to return requested information	30
Unable to locate	220
No eligible members	151



TEXAS
Health and Human
Services

Challenges that prevent continuous enrollment

- Transient living arrangements
- Youth lack of knowledge about:
 - the importance of submitting requested information to maintain Medicaid coverage
 - the importance of reporting address changes and how to report them
 - how to reapply for or renew FFCC Medicaid, and
 - how to obtain information about their case.
- Transportation challenges



TEXAS
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Strategies to increase continuous enrollment FY 2020

Strategy	Lead Agency	Status
Review Form H1206-FFCC, Health-Care Benefits Renewal, to determine if any fields can be removed.	HHSC	<ul style="list-style-type: none">• Workgroup completed their review.• This strategy will continue into fiscal year 2021.• Once approved, the system changes needed to implement the updates to the form will take between three and five months to complete.



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Strategies to increase continuous enrollment FY 2020

Strategy	Lead Agency	Status
Present FFCC Medicaid information to the Texas Leadership Council and seek their feedback about additional strategies HHSC can implement to support youth with maintaining their Medicaid coverage until age 26.	HHSC	<ul style="list-style-type: none">• HHSC presented to the council on February 8, 2020.• The council suggested using social media, text, and email to send reminders to youth to submit their renewal packet and to inform HHSC when their addresses change.



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Strategies to increase continuous enrollment FY 2020

Strategy	Lead Agency	Status
Post reminders on Twitter and Facebook about how to report an address change.	HHSC	Continue in FY 2021.
Post FFCC Medicaid flyer in a more visible location on the Texas Youth Connection website	DFPS	<ul style="list-style-type: none">• Website updates are scheduled.• Continue in FY 2021.
Provide youth a USB drive to store important documents	DFPS	Continue in FY 2021.



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Strategies to increase continuous enrollment FY 2020

Strategy	Lead Agency	Status
Provide the FFCC Medicaid flyer to staff and volunteers who interact with youth.	DFPS and HHSC	<ul style="list-style-type: none">• DFPS presented information on the FFCC Medicaid program to Supervised Independent Living (SIL) providers.• HHSC developed an additional informational flyer about FFCC Medicaid• Continue in FY 2021.



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Strategies for FY 2021

- HHSC will consider adding a requirement in the STAR Health contract that the managed care organization (MCO) must remind youth about their upcoming renewal and must provide assistance if a youth needs assistance with submitting the renewal packet or requested information.
- HHSC will determine if there is a need to add other requirements to MCO contracts to assist youth in maintaining Medicaid coverage, including providing more education about the renewal process.
- HHSC will review the training plan for 2-1-1 staff to ensure staff are receiving information about FFCC Medicaid on an appropriate frequency. HHSC will increase the frequency if youth continue to report difficulty accessing FFCC Medicaid specialists when they call 2-1-1.



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Thank you

Direct questions about FFCC Medicaid policy to
AES_PSAD@hhsc.state.tx.us.

Youth should call 2-1-1 and ask to speak to a
FFCC Medicaid Specialist if they have questions
about their benefits.

HHS Office of the Ombudsman Update

Presented to
CHC Coalition
January 22, 2021



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Total Ombudsman Contacts for September – December 2020

- ◆ Complaints – 9,972
- ◆ Inquiries – 18,603

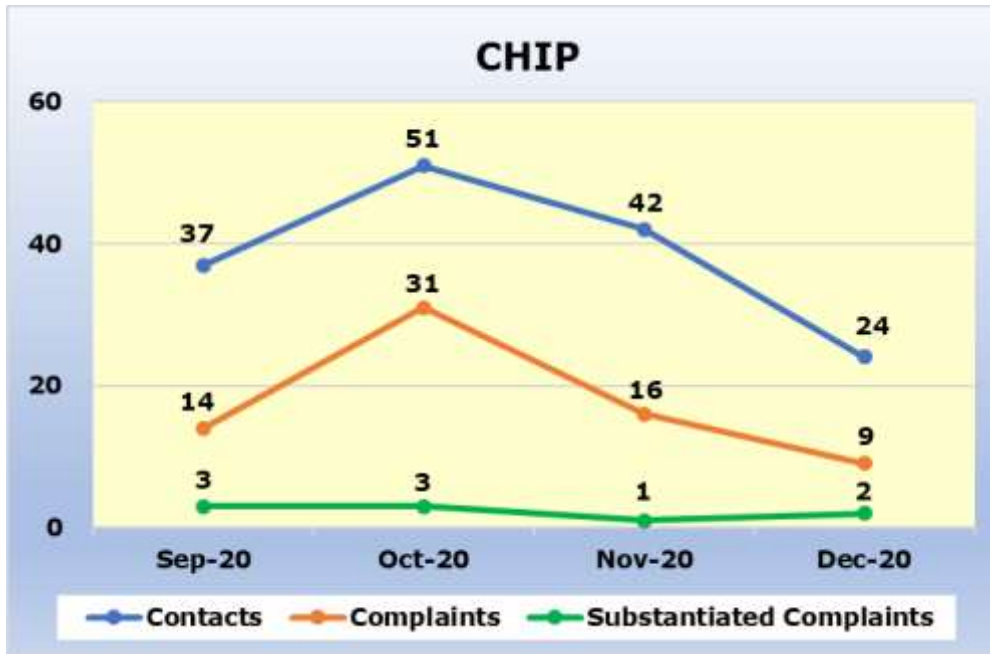
Contact Volumes and Top Three Reasons for Contact by Program Type September – December 2020



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Contact Volumes by Program Type

September – December 2020

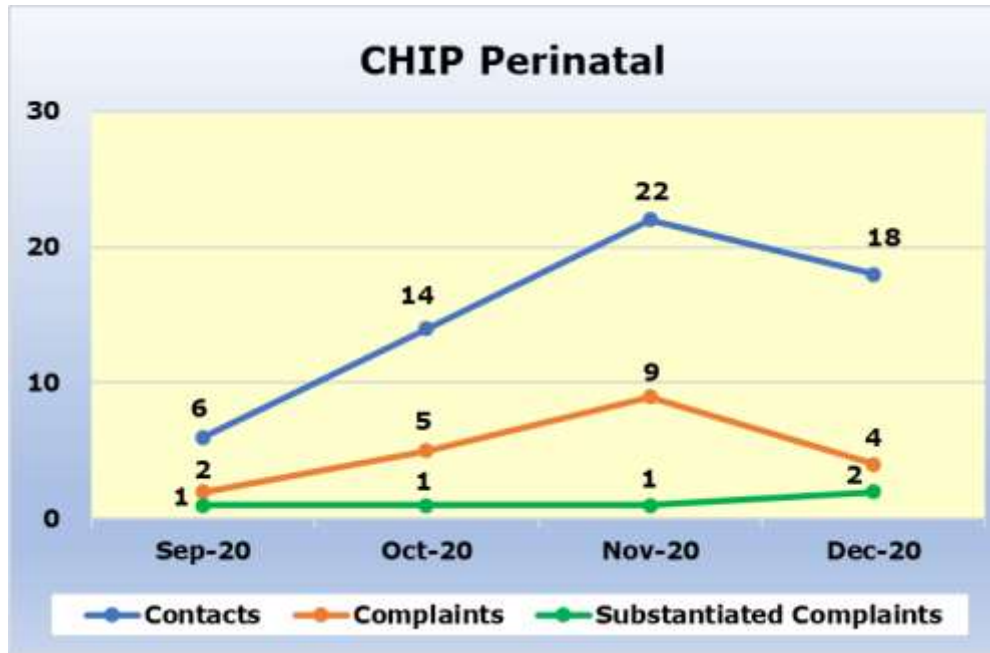


Top 3 Contacts – CHIP

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

Contact Volumes by Program Type

September – December 2020

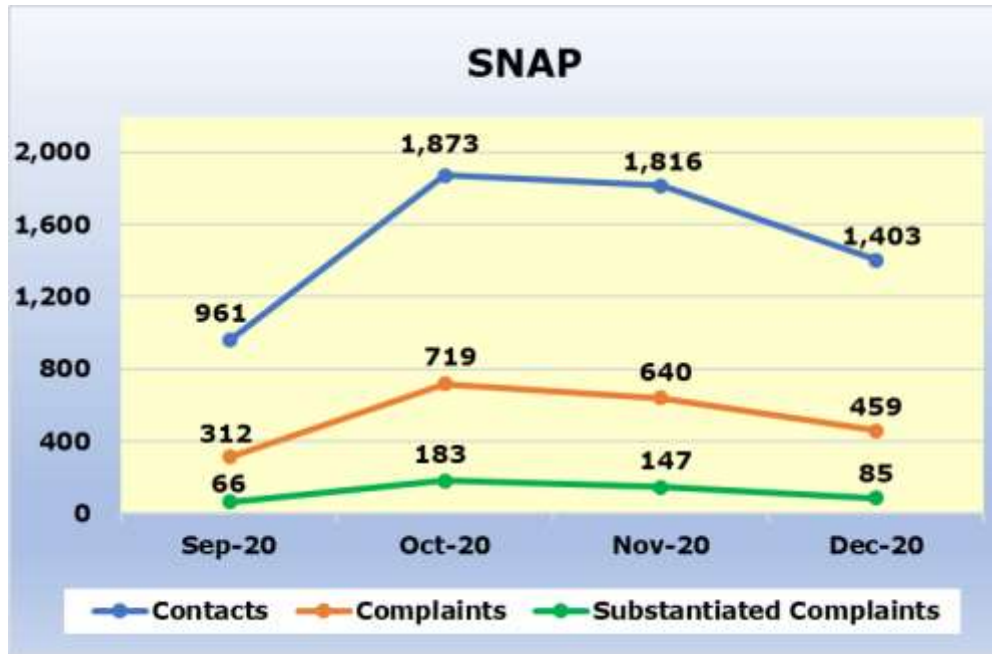


Top 3 Contacts – CHIP Perinatal

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

Contact Volumes by Program Type

September – December 2020

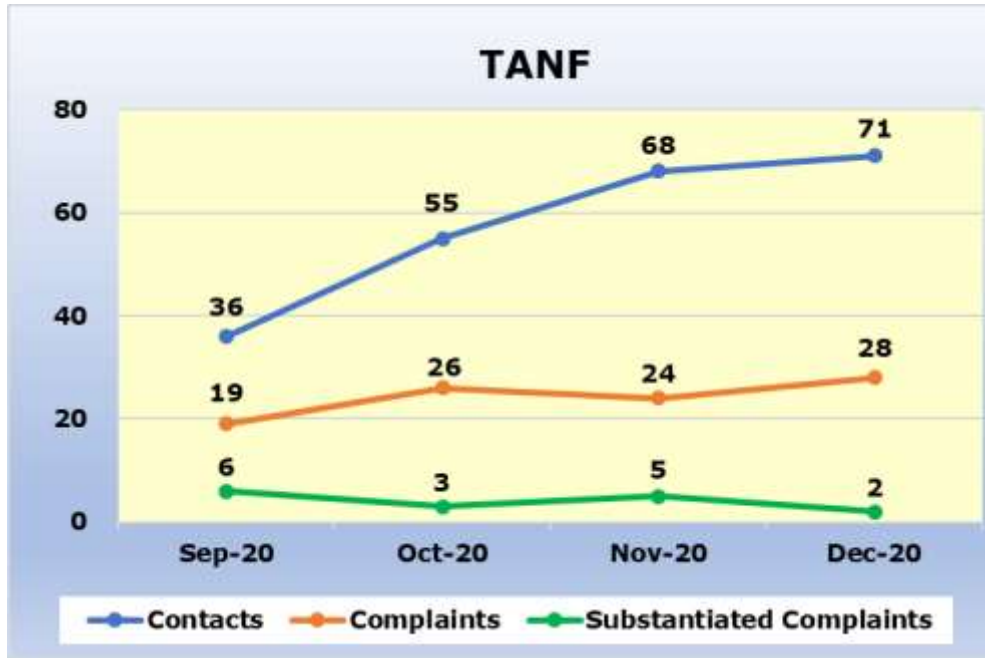


Top 3 Contacts – SNAP

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

Contact Volumes by Program Type

September – December 2020

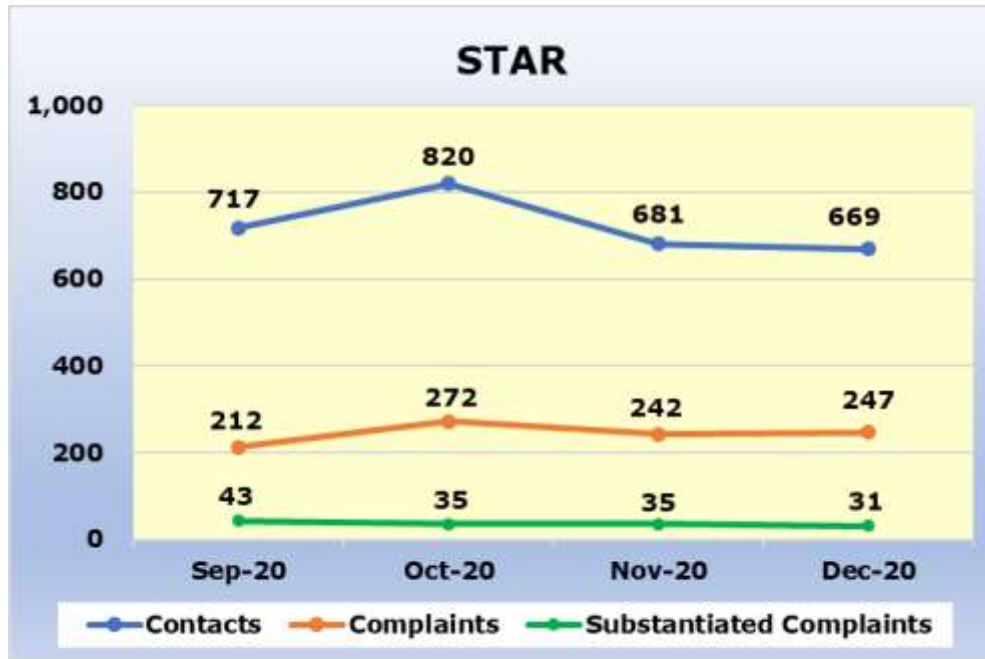


Top 3 Contacts – TANF

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

Contact Volumes by Program Type

September – December 2020

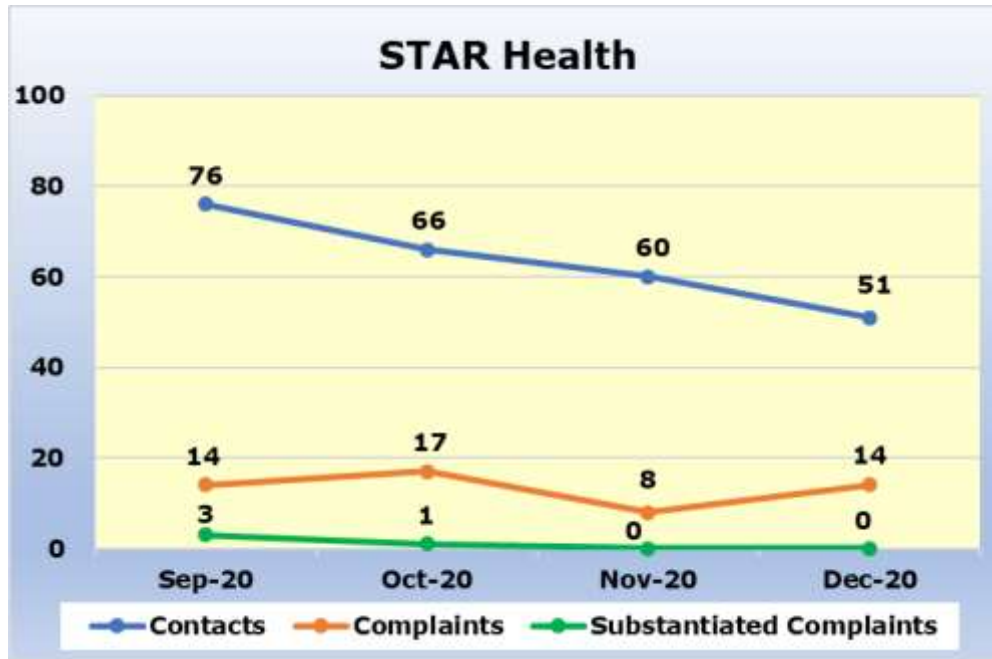


Top 3 Contacts – STAR

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

Contact Volumes by Program Type

September – December 2020

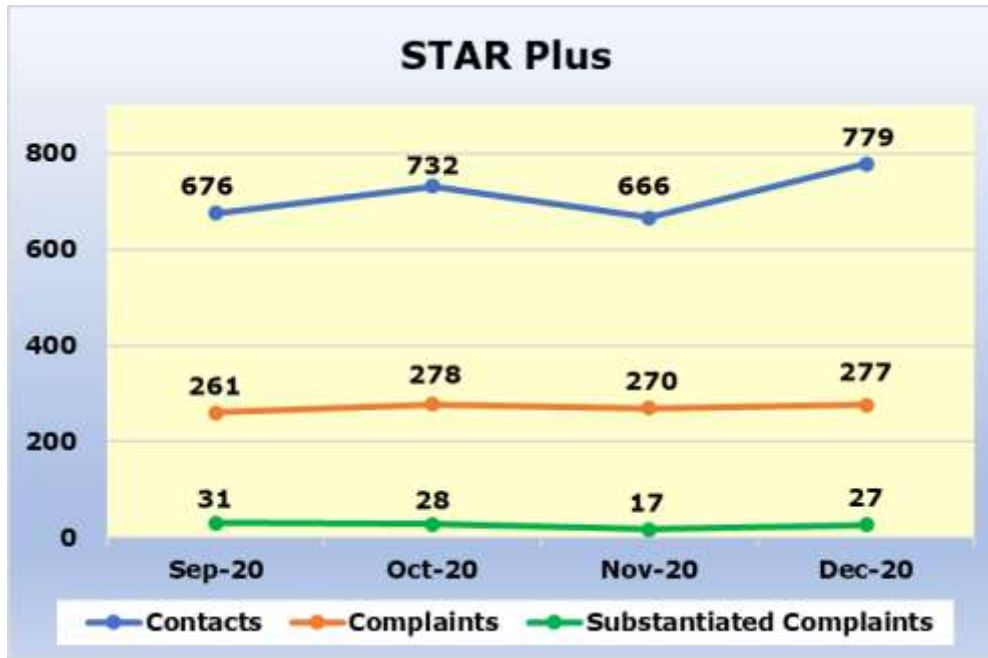


Top 3 Contacts – STAR Health

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

Contact Volumes by Program Type

September – December 2020



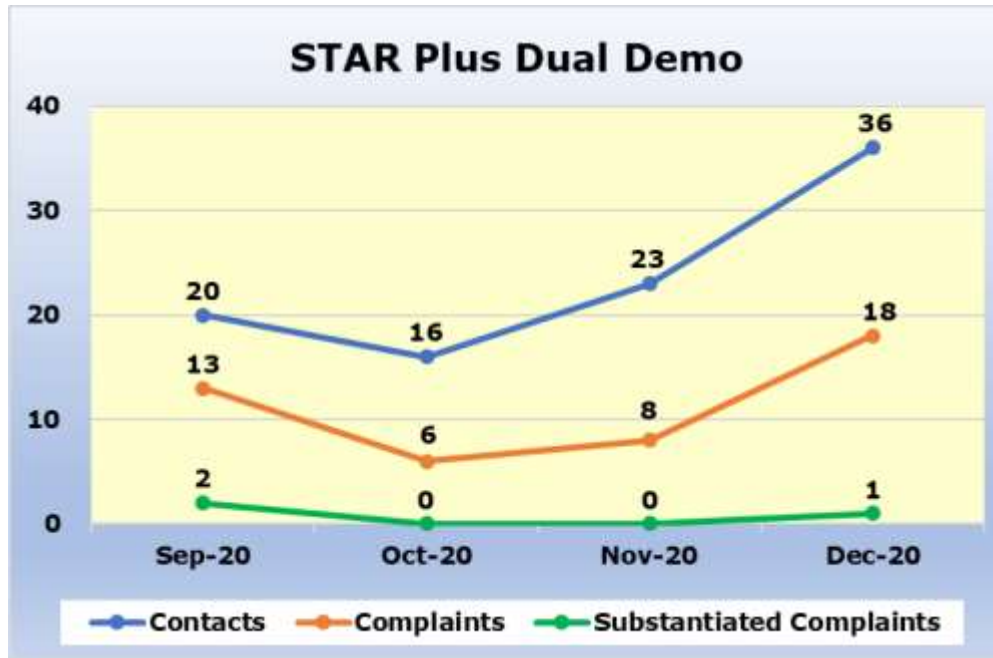
Top 3 Contacts – STAR Plus

- Home Health
- Access to Prescriptions
- Access to DME



Contact Volumes by Program Type

September – December 2020



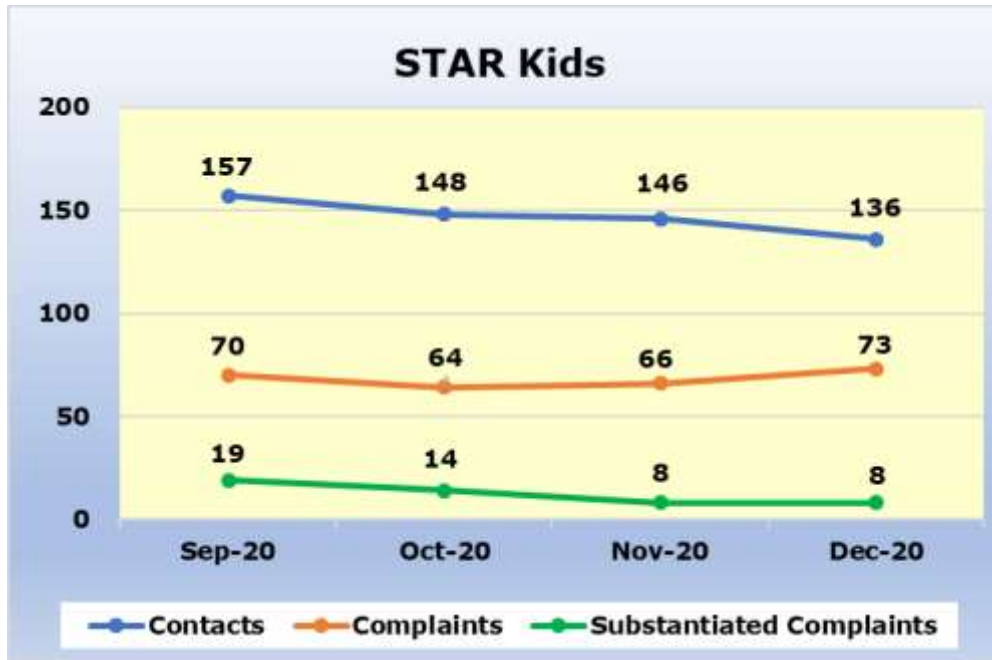
Top 3 Contacts – STAR Plus Dual Demo

- Home Health
- Verify Health Coverage
- Access to Prescriptions



Contact Volumes by Program Type

September – December 2020



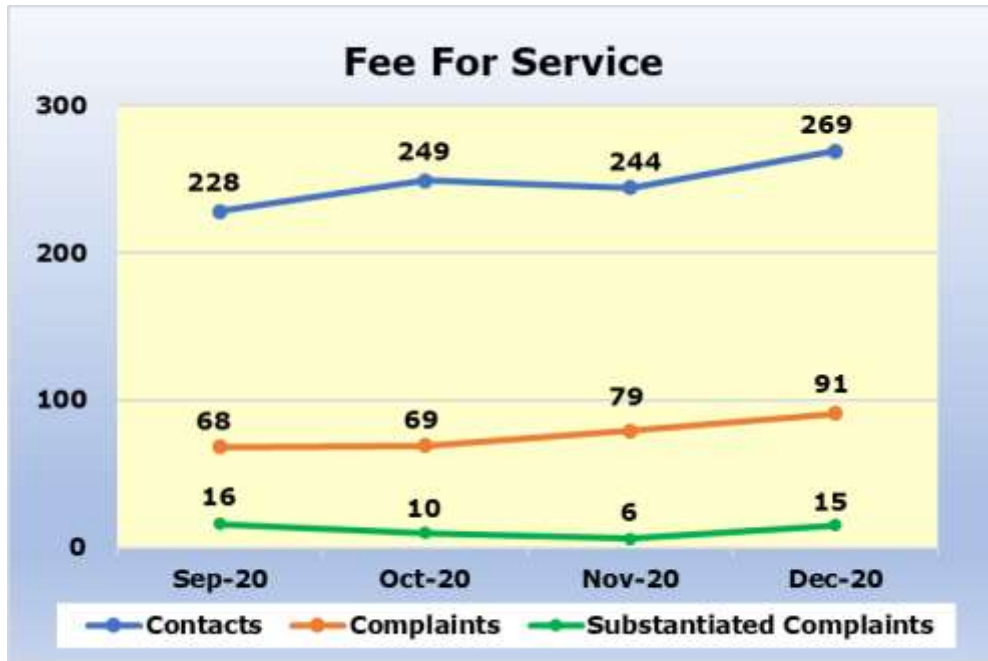
Top 3 Contacts – STAR Kids

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



Contact Volumes by Program Type

September – December 2020



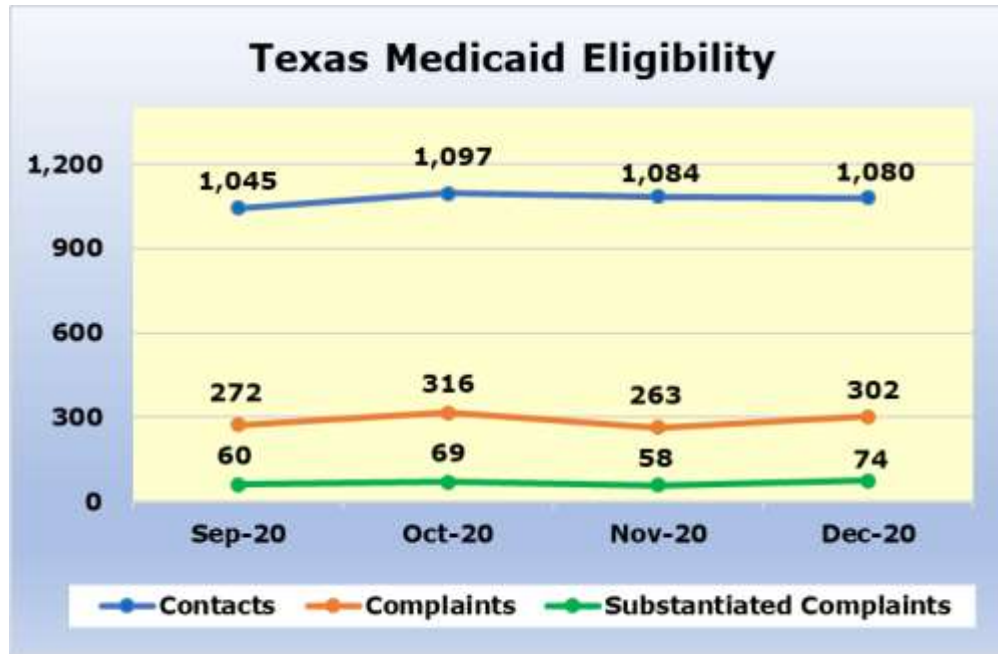
Top 3 Contacts – Fee For Service

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



Contact Volumes by Program Type

September – December 2020



Top 3 Contacts – Texas Medicaid Eligibility

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



OMBUDSMAN FOR BEHAVIORAL HEALTH



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Ombudsman for Behavioral Health Program September – December 2020

Contact Volume	
Complaints	198 (54%)
Substantiated Complaints	2 (1%)
Inquiries	169 (46%)
Total Contacts	367
Top Three Reasons for Contact	
Referrals	
Other	
Rights	

Information Shared



FOSTER CARE OMBUDSMAN



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Foster Care Ombudsman Program September – December 2020

Contact Volume	
Foster Care Youth Contacts	57 (31%)
Total Foster Care Youth Complaints	60
Total Foster Care Youth Substantiated Complaint Reasons*	5
Total Contacts	297

Top Three Reasons for Contact
Rights of Children and Youth in Foster Care
General Casework Duties
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.



INDIVIDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN



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Individual with Intellectual or Developmental Disabilities Ombudsman Program September – December 2020

Contact Volume	
Complaints	1,960 (70%)
Inquiries	839 (30%)
Total Contacts	2,799
Top Three Reasons for Contact	
Abuse/Neglect/Exploitation	
Rights	
Services	

Information Shared



Ombudsman Managed Care Assistance Team

UPDATE

- Problem Trends
- Collaboration with MCS

Office of the Ombudsman COVID-19 Update



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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

<https://hhs.texas.gov/omcat>

Fax (Toll-free)

888-780-8099

Mail

HHS Ombudsman

P. O. Box 13247

Austin, Texas 78711-3247



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