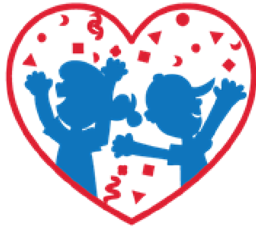


CHILDREN'S HEALTH COVERAGE COALITION

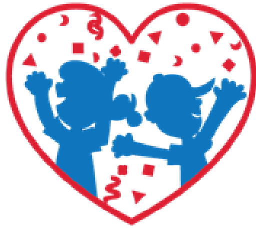
FORMERLY THE CHIP COALITION

June Children's Health Coverage Meeting Agenda
Friday, June 17th 2022
11:00 A.M. - 1:00 P.M.

Meeting Location: Zoom

Meeting Chair: Diana Forester - Texans Care for Children

Time	Item
11:00 A.M. - 11:05 A.M.	Welcome & Introductions
11:05 A.M. - 11:20 A.M.	Mental Health Care in Texas ● Josette Saxton - Texans Care for Children
11:20 A.M. - 11:25 A.M.	General & Mental Health Related Interim Charge Update ● Preston Poole - Texas Association of Community Health Centers
11:25 A.M. - 11:55 A.M.	CHCC Legislative Agenda & Mental Health Initiatives ● Clayton Travis - Texas Pediatric Society
11:55 A.M. – 12:00 P.M.	Federal Fix Update ● Adrienne Lloyd - Children's Defense Fund Texas
12:00 P.M. – 12:10 P.M.	Optional Brain Break
12:10 P.M. – 12:30 P.M.	Unwinding of the PHE Updates ● Molly Lester - HHSC



CHILDREN'S HEALTH COVERAGE COALITION

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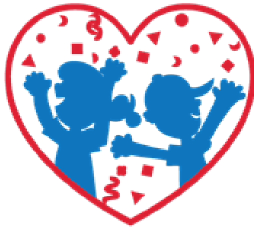


CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

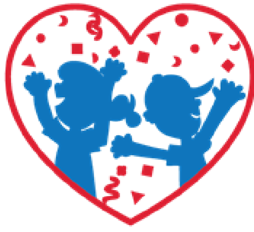
Children's Health Coverage Coalition and Outreach, Eligibility and Technical Assistance Workgroup Meeting

Friday, June 17th 2022

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

On Video Conference Call:

Anne Dunkelberg
Diana Forester
Santiago Garcia
Josette Saxton
Bryan Mares
Shelby Tracy
Adrienne Lloyd
Sonia Lara
Allison McHorse
Jannette Diep
Karla Martinez
Stacey Pogue
Adrian Kohler
Anna Stelter
Christina Hoppe
Clayton Travis
Denise Gomez
Erin Cusack
Priscilla Gonzalez
Camarena Graciela
Moriah Hernandez
Tara Hopkins
Kim Horton
Jannette Diep
Leela Rice
Michaela Bennett
Pamela Dee Nunes
Sara Gonzalez
Beth - Prosper Waco



CHILDREN'S HEALTH COVERAGE COALITION

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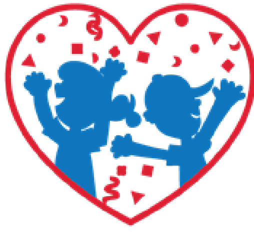
Erle Wynn
Michelle Tijerina
Shelby Tracy
Preston Poole

Meeting Chair: Diana Forester - Texans Care for Children
Meeting Scribe: Isabel Agbassi - Every Texan



CHILDREN'S HEALTH COVERAGE COALITION

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<u>CHCC AGENDA</u>

I. Mental Health Care in Texas

Josette Saxton: Here is a broad overview of the challenges Texas faces in addressing the needs of children who have mental disorders and/or mental health concerns and some opportunities to get ahead of the problems that are developing. To start with some context for the state of children's mental health needs in Texas, a general rule of thumb in looking at prevalence rates for any child to have any given mental health disorder in a given year is about one in five kids. The national prevalence estimates that the federal government and state use prior to the pandemic are around 1 in 10 kids for attention-deficit/hyperactivity disorder, 1 in 11 kids for behavioral or conduct problems, 1 in 12 kids for anxiety, and 1 in 20 kids for depression. Among those with a disorder, there is a smaller subset of kids who have a disorder that significantly impacts their ability to function at home, in school, and in the community. So, a lot of kids who have a mental health disorder can manage that disorder when they have access to different kinds of care and treatment both for them and their families. This can be provided in a school setting, a pediatrician's office, or with a mental health professional such as a counselor, therapist, or social worker.

One of the main takeaways I want you all to take with you is that mental health issues among kids are common. About half of all chronic cases of mental illness start before the age of 14 and 75% of chronic mental illness in adults started before the age of 24. So it isn't just a matter of addressing children's mental health but one of preventing adult mental illness as well. Not all kids require significant levels of treatment.

Another takeaway is that the pandemic exacerbated problems that were there before:

- More students are seeking mental health services from schools.
- More kids in Texas are struggling with major depression. Rates of major depression among youth in TX increased 73% between 2015 and 2022.
- Suicide attempts among children have increased.
- Emergency departments are seeing higher rates of children for mental health concerns during the pandemic.
- Adults who care for children in TX are struggling with their mental health too.

Barriers to School-Based Social Care:

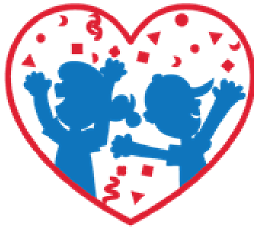
- School Safety Allotment is not a reliable or sufficient source of funding for districts to implement and sustain comprehensive mental health strategies
- The federal funding that the Texas Education Agency and school districts have relied on to address the student mental health will end, but the need to address the trauma, grief, anxiety, and despair students experience will continue
- Access to school-based tele-mental health is still limited, and federal COVID relief funding used to expand TCHATT's reach will lapse in 2023.

Barriers to Treatment:

- HHSC reports indicate that 662 children received lower levels of care in FY 2021 due to lack of LMHA resources
- Families waiting to access YES Waiver Services
- Access to school-based tele-mental health is still limited, and federal COVID relief fundings used to expand TCHATT's reach will lapse
- Delays in implementation of SB 1777 (2019) "in lieu of services" legislation are keeping mental health treatment options out of reach for families whose children need more intensive mental health care

Questions:

- **Clayon Travis:** Josette, what's your reaction to the 5 Mental Health components of Speaker's Phelan's letter back to Lieutenant Governor Patrick? One of them is expanded TCHATT which you seem supportive of but what about the other 4?
    - **JS:** The only one that raises some concern is looking to expand hospital beds or inpatient treatment beds. I think too often, we rush to build more beds and take kids away from their families when the idea that we should be providing more services earlier is more appropriate. The crisis services focused on kids is a great proposal. It's something I hear from families and communities that they think would be helpful when a kid is in crisis. A lot of crisis services should be available already through local mental health authorities, but they aren't just serving kids. Kids have different developmental needs, so they need specialized care. Some questions I have regarding new proposals are: 1) How will it roll out? 2) How will it fit the existing crisis service infrastructure? 3) Looking into funding, are we going to be able to sustain funding at a rate that will keep providers offering the service?
- **Anne Dunkelberg:** In terms of adequacy and acceptability of rates and workforce issues, at what point is the workforce and the provider not LMHA based?
    - **JS:** It's based everywhere.
        - **AD:** I think something we will need to do is continue educating lawmakers that the directed payment programs under the 1115 Waiver don't take care of rate adequacy issues. Pretty much only the LMHAs are getting the behavioral health enhancement, meaning the rest of the non-physician mental health providers don't have any kind of rate enhancement. Does the directed payment program for behavioral health providers help with this for LMHAs or does it not?
            - **JS:** In conversations I've had with Texas Council, there hasn't been direct mention of additional payments. Anecdotally, I can say that in most conversations about mental health, it's adult-focused. It would be interesting



to look into how much of those payments are going to children and if it is evenly distributed.

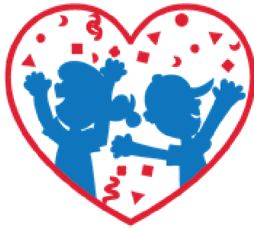
- **AD:** Would it be correct to assume that in order to have the adequacy of access you're looking for, we would need more availability from non-LMHA mental health providers as well?
    - **JS:** Definitely. There are bills that have been filed and will likely be filed again that look at reimbursement rates for social workers, counselors, and therapists to be more on par with MDs and close the gap. There is a huge workforce serving kids, but they might not be getting the rates to sustain them in their work. Both in the public system and private sector. Telehealth has helped to increase accessibility.
        - **AD:** One of my goals is to remind Senate Finance of helping to make rates adequate by funding outside of the state budget for hospitals and Medicaid for more providers. Directed payment programs aren't reaching community attendance, non-physician mental health providers, or the overwhelming majority of physicians.

II. General and Mental Health Related Interim Charge Update

Preston Poole: On May 24, there is a House Public Education Committee hearing about school-based mental health. It was the same day as Uvalde. It will likely have a large impact on future discussions. Representatives from TCHATT were there, and during the public comments section, people spoke about wanting mental health outside of school. There is a future committee hearing for the Senate Finance Committee on the 28th which is looking at state mental health funding and programs. It will be mainly focused on hospitals and their capacities.

III. CHCC Legislative Agenda & Mental Health Initatives

Clayton Travis: Let's discuss our plan for the next session on this legislative priorities document. One priority is to protect healthcare from budget cuts. Due to the 2023 budget surplus, do we think this is needed



since I don't suspect there will be drastic cuts to Medicaid? Issues likely remain with eligibility workers and system, but we can discuss a proactive approach to that later down the line.

- **Adriana Kohler:** I agree with making the bullet proactive instead of defense. Modifying it to say "Fully invest in services for kids to stay healthy." Signal to legislators to prioritize kids this session. I think there will be issues with ECI and funding, but I don't want to go in assuming it will be cut.
    - **Clayton Travis:** Yes, we can add this sentiment in some form about CHCC supporting investments. We can come back to this and figure out the best way to frame this.

Clayton Travis: The next point is to promote virtual care innovations. Remember HB 4 passed which basically said the agency needs to look at what flexibilities were created during the pandemic and see what is applicable to be extended past the pandemic. Basically what should be the standard of care and to judge it based on quality and cost effectiveness. Any comments regarding promoting virtual care? Something to note is the outstanding issue of payment parity between in-person and telehealth.

- **Anne Dunkelberg:** When are the comments due for HB 4?
    - **Clayton Travis:** Today, I think.
        - **Anne Dunkelberg:** Without wordsmithing at this time, I think it would be good to add something about considering the benefits for people in rural and remote locations and the flexibility of telephone-only options, particularly for people who don't have access to broadband or smartphones. It would be good to serve as a reminder that some of the COVID accommodations were extremely beneficial to folks who needed some extra access even before the pandemic got it.
            - **Clayton Travis:** Noted. Allison, do you remember when the HB 4 rules are due?
                - **Allison McHorse:** They are coming in phases. Some were due on Wednesday, but there is another set still open.
                    - **Adriana Kohler:** The ECI telehealth and the healthy Texas women are due today at 5.

Clayton Travis: Next point is enhancing health care coverage for kids and moms. Some wins here regarding the passage of 6 months continuous eligibility for children's Medicaid and six months postpartum. What do we want to point out in terms of what might have not gone far enough?

- **Anne Dunkelberg:** My position is that we are still interested in pursuing expansion for adults, and some of our testimony comments to HHSC on their waiver request for HB 133 signalled support for the amendment with the note that full 12 months allowed under law would be an optimal course of action.
    - **Diana Forester:** I'm not sure if the 6 months is getting approved on the federal level. With the landscape changing since last session with over half of states implementing 12 months, there is an argument to be made.

- **Adriana Kohler:** Texans Care will be prioritizing 12 months postpartum for moms.
    - **Shelby Tracy:** Going to Diana's point, I also think the landscape has shifted enough for us to talk about it again with the framing that there is a state plan amendment option in states like Florida that have pursued it. With the continuous coverage due to the pandemic, it is important to have data to demonstrate what the outcomes has been in terms of patient outcomes and cost. We have data to back up that it will ultimately save the state money and improve health outcomes.
        - **Clayton Travis:** Great point. Noted. I think the Texas Women's Health Coalition would be supportive of keeping it as well. A conversation is needed for continuous eligibility for kids.

Clayton Travis: Next point is improving outreach and support to help Texans get and stay covered. We can move PHE work into this. Revitalize the state's outreach and application assistance efforts to get more eligible children in. We should also jump on the outreach campaign for mixed immigration status families. I know there is an effort going on about that. Does anyone have any comments on that in materializing that into a legislative ask?

- **Anne Dunkelberg:** Karla can speak to this as a lead on the Chilling Effect campaign. Something to note is that there was a piece of legislation filed by Senator Menendez las session that we can refer to as a starting point. We can push for more strong support for an outreach package that includes robust outreach to the mixed immigration status families. As a reminder, just over a quarter of Texas children have at least one parent that is not a U.S citizen.

Clayton Travis: Next point is to align the state's health insurance outreach with the realities of COVID-19 and remove barriers to remote enrollment, Medicaid, and CHIP. Can someone provide context to this point?

- **Stacey Pogue:** I owe y'all feedback from the work group meeting on this charge, but nobody wanted to remove any big picture points discussed. For this, it is referring to allowing verbal consent or telephonic signatures on applications, so people can get real remote assitance. Based on workgroup feedback, what's missing is the PHE related outreach and enrollment before the PHE ends. Also making sure to incorporate best practices like texting. Due to having to renew so many people and so many kids being at risk of losing coverage, these things need to be done now and also moving forward. I can draft something soon.
    - **Anne Dunkelberg:** PHE related content should be top of the list.
        - **SP:** Outside of the bullet, having a whole section talking about getting ready for the end of PHE would be fine by me.
            - **Adriana Kohler:** That's a good idea. Once session starts, there will likely be confusion around the PHE, and it would be good to have our solid asks in one place.

Clayton Travis: New items. This is what our organization is framing. Investing in Medicaid's primary care network to address mental health needs of kids via the Child Psychiatry Access Network. To Josette's earlier point, the primary care network of Texas is where most behavioral health services are provided, so not have a sufficient primary care network with timely access is a problem. One is vital to address mental health concerns. These items are suggestions. Another one is the expansion of TCHATT. Not a coverage solution but one we can support to work across various issue areas. Open to others too. PHE Enrollment. Any other organizations want to propose a policy priority that they are tackling this session and what CHCC support on?

- **Shelby Tracy:** I suggest broadening the first 2 points. TCHATT is a great program but not the only way children access mental health services in schools. We have school based health centers and other options too. Same goes for CPAN. We can broaden the task to be investing in Medicaid's primary care network to address mental health needs of Texas children with CPAN as one of the examples.
    - **CT:** I appreciate that thought and we can refine the language.
- **Adriana Kohler:** I'm hearing about Medicaid funding for mental health in schools. The later agenda item might shed some light to this. We can put a placeholder.
    - **Adrienne Lloyd:** We are pushing that topic to our next meeting, but I agree with having a placeholder to this point and await future developments. Also, specifying what we mean by Medicaid and schools is important since it can be referring to 20 different things. Related to mental health, CDF did a report around Texas kids who lost caregivers to COVID and the different mental health supports they need.
        - **CT:** Would that be a supportive argument for investment or tied to its own policy?
            - **AL:** I think it can be a supportive argument. These kids have kind of been left in the dust.
                - CT: Completely agree.
- **Bryan Mares:** When are we trying to have this finalized?
    - **CT:** Good question. Let's aim for the beginning of October. We have the priorities and then the explanation of priorities that can be broken out as a full doc. So we can have a doc for those interested in a deep dive or a one or two pager that highlights everything. So we have a month to pitch before filing and then we go to a session from there.

IV. Federal Fix Update

Adrienne Lloyd: There is maybe a chance of health provisions getting in for Manchin whose primary focus is revenue reductions and climate. We're trying to get the advanced green tax credits in. It is not likely the coverage gap will be permanent. A new argument to be proposed is to make the coverage gap temporary to help set it in motion for states to finish the job. That also doesn't encourage states that have expanded to roll

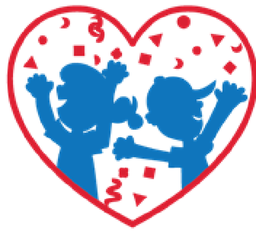
back since it's just a temporary fix. Since the federal fix may not happen, it's important to continue working on the state level.

V. **Unwinding of the PHE Updates**

Molly Lester: I'm the Deputy Chief program and services officer here at HHSC. Some updates:

1) For PHE, we assume that the PHE is going to be extended until October. We know it's not going to end with the current declaration in July because CMS did not issue a 60 day notice back in May. This is our working assumption with verbal confirmation from CMS. Our Unwinding plan that we have in place continues to be our plan. We will shift the start dates as the PHE gets extended. We will continue to work through refining elements of the plan and update projections. The bulk of the plan we discussed over the spring remains. Any questions?
    a) **Diana Forester:** If the end date is moving to October, will notices start to be sent out in September?
        i) **ML:** Yes. If it ends in mid October, then disenrollments can't be effective before November 1st which means we can start the process as soon as September 1st and run the first ELDS. Notices and renewal packets will go out after that, and based on our 8 month projection, complete the unwinding middle of 2023.
2) Another thing we've discussed and that CHCC has helped to keep us mindful of is the impacts of our call times, application processing, and general kind of operations timeliness. We have seen some significant increases in both 211 call volume and processing timelines for particularly new applications and then SNAP applications and redeterminations. We've requested flexibilities from FNS that are effective June 1 to allow us to extend SNAP certifications for those that can for June, July, and August, as well as waiving required interviews for SNAP. This helps us to mitigate client impacts associated with workload and workforce capacity that have existed since the pandemic started. We expect to be able to shut down the interview line as we've waived interviews so that folks won't be calling and waiting for an interview unless we reach out to complete their case. We are working through a number of recruitment, retention, and other workload reduction strategies over the next few months to make sure we are back to where we need to be processing current work and being prepared for PHE Unwind.

Our hope is that you'll start to see declines in call volume due to folks no longer needing to call 211 to ask for their case since we are able to extend them. And then you will see improvements in timeliness in July and August. We expect to have made significant progress on those processing times. We acknowledge we are not where we'd like to be, but we are taking swift action to get us back to where we should and making sure clients get their benefits processed timely. Hillary, Gina, anything I missed?



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Hillary Davis: Only additional thing is that FNS Flexibilities are only approved for 3 months at a time. At that point, we'll reassess where the PHE is at and our workload to know whether or not to request an extension of flexibilities.

Questions:

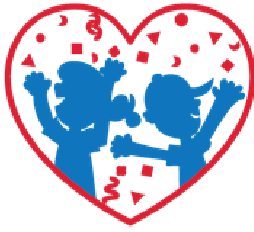
- **Anne Dunkelberg:** Why are we seeing issues in timeliness on Medicaid new applications? When presumably the volume is a lot lower because more people have been retained. How do we explain why we don't have the same issues that we have with SNAP?
    - **ML:** In general, partly because we have an integrated eligibility system, we have work across all programs done by the same workers. The way those get prioritized fluctuates but if there isn't enough workers to do all the currently filled positions to do all the work, then you're going to see impacts in processing time, even when Medicaid renewals aren't driving a lot of case work. We saw a tick when SNAP Extension Flexibilities expired at the end of the year going into January/February where there was some increase due to workload pickup. When there's shortages across the workforce, every program sees impacts.
        - **AD:** I thought the system would enable a worker to push the Medicaid application forward even if there's no interview required for that, even if you're waiting on stuff for SNAP. So I may have a basic misunderstanding there. Why wouldn't the Medicaid stuff be going more quickly?
            - **ML:** I think it also has to do with the way that those tasks are prioritized in the eligibility workers workflow. And my understanding is that as you start to see the way that work gets prioritized, particularly around expedited cases or kind of things that are up for redeterminations, it gets prioritized over newer applications. As you see challenges meeting the timeline of standards across, that then pushes new applications down in the task list. And so until as a system we can get back on the right side of completing those priority tasks. Again, you're going to see some of those delays across the system but in new applications as well.
- **Denise Gomez:** Thank you for the updates and this has been really informative. My question is around tthe waiver request that you're submitting to FNS, is there a chance that that might be denied at all, or are you pretty confident it's already been approved?
    - **ML:** It's already been approved. It was approved effective June 1. So SNAP renewals due in June, July, and August will be extended for six months, except in the cases because FNS issued some new guidance a few months ago that clarified that we can only extend somebody once in a twelve month period. So there are some folks who are eligible that we would have or coming up for renewal that we will have to redetermine, but for those that haven't received an extension in the last twelve months, we will extend them for an additional six months. And FNS has indicated that those flexibilities will only be available while the PHE declaration is still in effect. So depending on where we are in terms of our processing times, come August, we may ask for

another quarter's worth of extensions to put us in the best position possible. But that will depend on the timing of the PHE. But for now, we have it for June, July, and August.

- **DG:** I manage a small team that does benefit its enrollment. And one of the things that they've been mentioning was lots of cases that have come up not being called for an interview or having to call a line and not being able to get a response back. So I think the waivers will help tremendously. For those cases that have already been flagged for needing additional assistance, can we just assume that they no longer have to go through that if they're being approved in June, July, or August?
    - **ML:** That's correct. The SNAP interview waiver was effective June 1 as well. So folks who are coming up for renewal this summer should not have to call that line again. We'll reach out to folks if we need more information to complete their renewal or application. This applies to new applications as well, but they shouldn't have to call that line. And that will also be another added benefit for us from the eligibility workload side is we have several hundred staff eligibility workers who man that interview line. And if we aren't having to have them dedicated to taking those calls and doing those interviews, that's several hundred more workers that can be helping to process cases and do work there. So it will have an immediate client impact in terms of reducing frustration and having to wait for completing that call. And then also you'll see that in terms of additional production on our eligibility workers. So it has a benefit on both sides.

- **Anne Dunkelberg:** One is that I've heard from two different sources now that there are problems with seeing newborns not being in the system. I just wanted to see if you guys have heard about that.
    - **ML:** I heard about it anecdotally. Staff weren't aware of it being an issue. So I think having maybe some specific examples would just allow us to run that down and see what's happening and then figure out if it's a system issue or a communication issue. Since we aren't seeing it on our side, it's not coming up in our data as an issue.
        - **AD:** It was two completely different sources, which makes me think there must be something going on there. And then one of our colleagues shared a bunch of stories yesterday, including cases of people who applied for food stamps in April and are still waiting. So should I try to encourage the folks sharing those to make sure you have those? Are you in any position to expedite things for those people?
            - ML: We are certainly working through our oldest cases as much as possible and working through that. So certainly if you have specific examples, I mean, our Ombudsman's office already has a process by which those get shared, but if you send them our way, we can make sure that they get identified and addressed, because those are certainly at the top of our mind in terms of pushing.

- **Karla Martinez:** Just a quick logistic thing. I have been looking at the data files and kind of tracking the timeliness. The data file for April of 2022, the link is broken too. We submitted an open records request



seeing if we could get that file about two weeks ago and haven't heard back yet. But since those are your normal files, you upload every month. Just kind of wanted to raise that here.

- **ML:** We will check and get that fixed.

ML: We can come back in future conversations and update you all on where we are and what we're seeing. We are continuing to evaluate strategies that will help us on both workforce and workload. And I know that that's an area where a lot of y'all work and have sent us recommendations in the past. We are pulling through everything. Hillary, Gina, and I were just on a three hour meeting this morning where we were talking about additional things that we can do that will put us in the best position possible, both now PHE Unwind and making sure that we have a sustainable eligibility system. So this is not the last time that we will talk about this by any means, but just want to say acknowledge where we're at and the part that you all play in helping us find the solutions for it. So thank y'all for your work and we will give you guys, hopefully some really good news in the next month and beyond.

- **Diana Forester:** For clarification: you mentioned that the extension doesn't apply to people that have already been extended. Do you guys have any idea how much of the SNAP caseload those individuals fault? Like, is it like 25%, 50%?
    - **ML:** My recollection is that it's a fairly significant percentage because the last extensions that we did ended in December. So, most people should have been eligible come June for an extension because we have been processing renewals from January through May and then that will continue. But I want to say certainly the majority of them, but somebody smarter than me has that data somewhere.
        - **AD:** Do you mean a majority of them are eligible for a new extension or not?
            - **ML:** Majority are eligible for an extension. We should have that data, if not now, then in the next couple of weeks, so we can certainly provide that.