



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition & Outreach and Technical Assistance Working Group Meeting Agenda

Friday, March 25th, 2022

11:00 A.M. - 2:00 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Helen Kent Davis - Texas Medical Association

CHCC Agenda

11:00 A.M. - 11:05A.M.

Welcome & Introductions

11:05A.M. - 11:25 A.M.

**Number of Texas Kids in Foster Care Linked to
Limited Mental Health Care Access**

(Kate Murphy - Texans Care)

- <https://txchildren.org/posts/2022/3/4/our-memo-to-tx-leaders-on-implementing-expert-panels-foster-care-plan>

11:25 A.M. - 11:40 A.M.

Texas Pediatric Brain Summit Takeaways

(Helen Kent Davis - Texas Medical Association)

11:40 A.M. - 11:45 A.M.

**DFPS's Order to Label Gender Affirming Care
as Child Abuse**

(Helen Kent Davis - Texas Medical Association)

11:45 A.M. - 12:00 P.M.

**Thawing of the Texas Chilling Effect & Public
Charge**

(Karla Martinez - Every Texan)

12:00 P.M. - 12:05 P.M.

Build Back Better Updates

(Adrienne Lloyd - Children's Defense Fund-TX)



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

OTA Agenda

12:10 P.M. - 12:30 P.M.

Office of the Ombudsman Report

(Matthew Lum - HHSC)

12:30 P.M. - 1:15 P.M.

HHSC's Plans for the Unwinding of the End of the Public Health Emergency and Workload/Workforce Challenges

(Molly Lester & Michelle Alletto - HHSC)



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

I. Increased Foster Kids without Placement Linked to Limited Mental Health Access

[See Memo]:

<https://txchildren.org/posts/2022/3/4/our-memo-to-tx-leaders-on-implementing-expert-panels-foster-care-plan>

Moriah Hernandez: Are there any house interim charges related to this issue?

Kate Murphy: Yes, There are several related to foster care. There are some in the Appropriations Committee looking into old bills related to foster care, there's also charges in the human services committee. There are also some charges in the public health committee. The Senate also created a CPS committee that will be exclusively dedicated to investing the system.

Clayton Travis: What advice would you give in regard to the rhetoric from law makers about all the money being invested in the past?

Kate Murphy: What we are saying is that, the money is needed to be invested in the right places. Most of that money has gone to administrative oversight rather than prevention and community based care.

II. House Interim Studies

[See PDF Document on House Select Committee on Healthcare Reform]:

https://house.texas.gov/_media/pdf/Proclamation-Select-Committee-on-Health-Care-Reform.pdf

III. DFPS's Order to Label Gender Affirming Care as Child Abuse

Helen: TMA has filed an amicus brief. There will be a hearing, however, we can't do anything until the court acts.

Clayton Travis: It has been a very difficult issue. The families, the physicians, etc. are in a tough situation. Physicians who are providing gender affirming, and life saving medical care, have to now worry about being charged for child abuse. We are happy that the injunction is in



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

place. TPS also signed on to an amicus brief as well. There will be a July hearing on this specifically.

[See link to TPS Statement]:

https://www.aap.org/en/news-room/news-releases/aap/2022/aap-texas-pediatric-society-oppose-actions-in-texas-threatening-health-of-transgender-youth/?blm_aid=34909

[See link to TMA Statement]:

https://www.texmed.org/TexasMedicineDetail.aspx?id=59123&utm_source=Informz&utm_medium=Email&utm_campaign=TMT&_zs=RVEjF1&_zl=n93f6&blm_aid=34909

Kate Murphy: There was also federal guidance to reduce funding to states who are engaging in these discriminatory practices. Consequently, Paxton sued to the Biden administration for that.

IV. Thawing of the Texas Chilling Effect & Public Charge

[See slides]

V. Build Back Better Update

Adrienne Lloyd: It is no longer called Build Back Better. Right now there aren't any formal negotiations happening, but we expect to conversations to happen behind the scenes . We are hopeful that ACA Health Package, which included a fix to the coverage gap, will continue to stay in place. In terms of timeline, we're expecting to see negotiations pick back up by memorial day after April recess. So in April, it will be a time to gather stories, and op-ed's about closing the coverage gap. Overall, things will be very slimmed down.

Earlier this month, the Office of Management and Budget is reviewing a regulation that could potentially fix the family stitch. Also, about 500,000 low-income Texans will be eligible for the Special Enrollment Period. This means that if you are below 150% of the federal poverty level, you are able to enroll in a \$0 marketplace plan at any point of the year. This is now officially live on Healthcare.gov

VI. Office of the Ombudsman Report



CHILDREN'S HEALTH
COVERAGE COALITION
FORMERLY THE CHIP COALITION

[See Slides]

VII. HHSC Plans for the Unwinding of Continuous Medicaid Coverage During the PHE

[See Slides]

DHS Rulemaking

Proceso de Reglamentación de DHS



ANPRM Issued

60 day Comment Period + Agency Review



NPRM Issued

Comments + Agency Review

3

Final Rule Issued

Process to get to a final DHS public charge rule:

El proceso para finalizar la norma de la carga pública:

1) DHS Issued ANPRM (comments + agency review) - PIF submitted sign-on comment in December 2021

DHS emitió un Aviso Avanzado de Propuesta de Reglamentación - PIF presentó un comentario en dic 2021

2) DHS issued NPRM on 2/24/22 (comments + agency review) - Comments due on Monday, April 25.

DHS emitió un Aviso de Propuesta de Reglamentación (NPRM) el 24-feb-22; La fecha límite para presentar comentarios es el lunes, 25 de abril.

3) DHS issues a final rule. / DHS emitirá la norma final.

ANALYSIS OF DHS' PROPOSED RULE

***ANÁLISIS DE LA REGLA
PROPUESTA POR DHS***



Definition of Likely at Any Time to Become a Public Charge

Likely at any time to become primarily dependent on the government for subsistence as demonstrated by either:

- **the receipt of public cash assistance for income maintenance**
- **long term *institutionalization* at government expense**

La Definición de “probable que en cualquier momento se convierta en una carga pública”

Probable que en cualquier momento dependa principalmente del gobierno para su subsistencia en una de dos maneras:

- *Asistencia en dinero en efectivo para mantenimiento de ingreso*
- *Institucionalización a largo plazo a expensas del gobierno.*



Public Cash Assistance for Income Maintenance

Asistencia en dinero en efectivo para mantenimiento de ingreso

Includes / Incluye

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

State and local cash assistance for income maintenance

Asistencia estatal y local de dinero en efectivo para el mantenimiento de ingresos

Does Not Include / No Incluye

Special purpose cash, e.g. child care assistance or energy assistance /
Asistencia con propósito específico como cuidado para niños

Disaster cash, e.g. Stafford Act or pandemic assistance /
Asistencia en un desastre como la ayuda en la pandemia

Earned income, e.g. unemployment benefits or tax credits /
Ingresos ganados como beneficios de desempleo



Long Term Institutionalization at Government Expense

Institucionalización a largo plazo a expensas del gobierno

Includes / Incluye

Medicaid-funded long term institutionalization

Institucionalización a largo plazo financiada por Medicaid

State or locally funded long term institutionalization

Institucionalización a largo plazo financiada por el gobiernos estatales o locales

Does Not Include / No Incluye

Home & Community Based Services

Servicios de base comunitaria o en el hogar

Short-term Rehabilitative Care

Cuidado de rehabilitación a corto plazo

Any other Medicaid Benefits

Cualquier otro beneficio de medicaid



Receipt of Public Benefits

Recepción de beneficios publicos

Counts as receipt when:

- **Individual is listed as a beneficiary**
- **Current and past receipt**

Se considera recepción cuando:

- *El individuo está nombrado como el beneficiario*
- *Recepción actual o en el pasado*

Does Not Count as Receipt When:

No se considera como recepción cuando:

Applying for a benefit for self or on behalf of another

Solicita el beneficio para sí mismo o para otra persona

Approval for future receipt for self or behalf of another

Se aprueba para recepción futura para sí mismo o para otra persona

Solely on behalf of another, even if assists with application (e.g. parent applicant for child only TANF and child receives)

Exclusivamente para otra persona, aunque ayuden con la solicitud (por ejemplo: un padre aplicando para TANF para su hijo y su hijo recibe el beneficio)



Totality of Circumstances Test

Prueba de totalidad de circunstancias

DHS will consider at a minimum all the factors:

- **age; health; family status; assets, resources, and financial status; education and skills; and affidavit of support**
- **Will favorably consider the affidavit of support**

DHS considerará como un mínimo todos los siguientes factores:

- *edad; salud; estatus familiar; activos; recursos, estatus financiero; educación y habilidades; declaración jurada de apoyo económico*
- *Considerará favorablemente una declaración jurada de apoyo económico*

Exempt Groups / Grupos Exentos

- Refugees, asylees, and Amerasian immigrants, at admission and adjustment to LPR
- Afghan and Iraqi interpreters or nationals employed by US government
- Cuban and Haitian entrants applying to adjust status under IRCA, the Cuban Adjustment Act or Haitian Refugee and Immigration Fairness Act of 1998
- Certain people who have been battered or subject to extreme cruelty by a spouse or parent
- Petitioners for T visas, people with certain pending T visa applications or who have a valid T visa when filing to adjust status and at adjudication
- Nicaraguans and other Central Americans applying to adjust under NACARA
- Certain foreign government nonimmigrant visa holders
- People who entered the US prior to Jan 1, 1972 and meet conditions to be granted LPR status under registry
- Special Immigrant Juveniles
- VAWA self petitioners
- People applying for TPS
- Petitioners for U visas, people granted U visas provided they have valid U visa at time of request and adjudication to either adjust status or to receive an immigration benefit
- Applicants adjusting status who qualify for a benefit under section 1703 of the National Defense Authorization Act
- Certain nationals of Vietnam, Cambodia and Laos applying for adjustment of Status
- Certain American Indians born in Canada
- Texas Band of Kickapoo Indians
- Liberian applicants adjusting status who qualify for a benefit under LRIFA
- Certain Polish and Hungarian Parolees paroled into the US
- Certain Syrian nationals adjusting status
- Any other categories of noncitizens exempt under any other law, under section 212(a)(4) of the Immigration and Nationality Act.

PIF COMMENT STRATEGY

***ESTRATEGIA DE
COMENTARIOS de PIF***



PIF Comment Strategy / Estrategia de comentarios PIF

Goals / metas

Support the timely issuance of a final public charge rule that at a minimum codifies the 1999 Field Guidance and survives legal challenge.

Apoyar la regla final de carga pública que, como mínimo, codifique la Guía de campo de 1999 y sobreviva a la impugnación legal.

Strategy / estrategia

Key orgs submit high-quality comments to create administrative record that defends final rule against legal challenge (80% of impact).

Organizaciones claves envían comentarios de alta calidad para crear un registro administrativo que defienda la regla final contra el desafío legal (80% del impacto).

Ensure orgs and individuals in PIF network can raise voice to advocate for policy (20% of impact).

Garantizar que las organizaciones y las personas de la red PIF puedan alzar la voz para abogar por la política (20 % del impacto).

Tactics / tácticas

1. Template Comments

comentarios de plantilla

2. Sign on Comment for Organizations

Comentario para Organizaciones

3. Petition for Individuals

Petición para Individuos



How A Partner Organization Can Get Involved: Sign-On for Organizations ***Cómo organización puede participar: Comentarios para organizaciones***

- **Engage networks**

- Expanding coverage in TX coalitions
- Thawing the chilling effect partners
- Statewide grassroots coalitions

- ***Involucrar a sus redes***

- *Coaliciones de cobertura médica en TX*
- *Eliminando el efecto escalofriante*
- *Coaliciones de grupos de base estatales*




How A Partner Organization Can Get Involved: *Petition for Individuals*

Cómo una organización puede participar: *Petición para individuos*

- **Health outreach and enrollment teams**
 - Families, schools, churches
- **Organizational newsletter to supporters**
- **Grassroots organizations**
- *Equipos de inscripción de seguro médico*
 - *Familias, escuelas, iglesias.*
- *Boletín organizativo*
- *Organizaciones de base comunitaria*

HHS Office of the Ombudsman Update

Presented to the
Children's Health Coalition
March 25, 2022




1

1

Total Ombudsman Contacts for
2nd Quarter FY22


- ◆ Complaints – 8,839
- ◆ Inquiries – 12,260



2

2

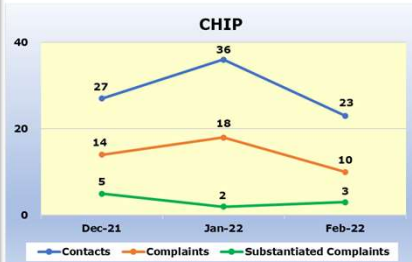
Contacts by Program: 2nd Quarter FY22



3

3


Contacts by Program: 2nd Quarter FY22



Month	Contacts	Complaints	Substantiated Complaints
Dec-21	27	14	5
Jan-22	36	18	2
Feb-22	23	10	3

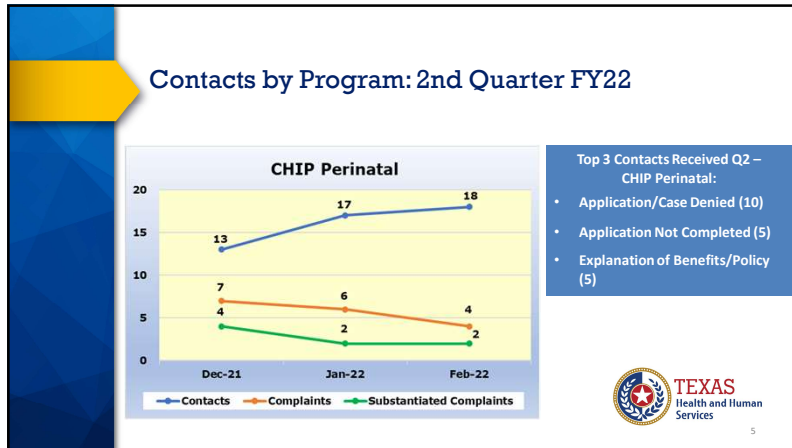
Top 3 Contacts Received Q2 – CHIP:

- Application/Case Denied (22)
- Case Information Error (7)
- Application Not Completed (5)

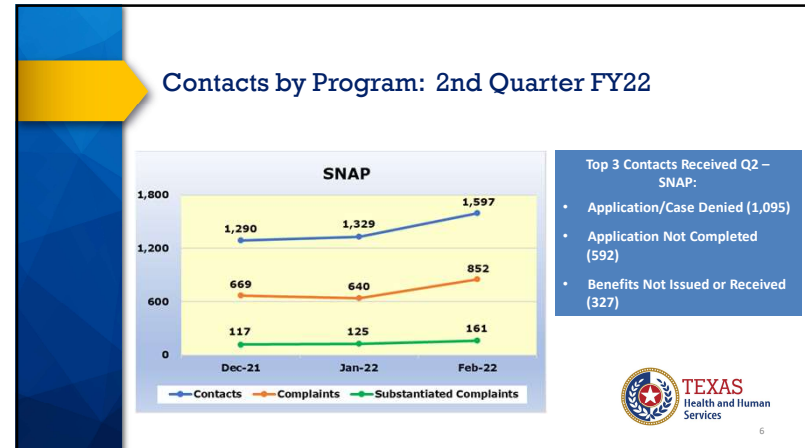


4

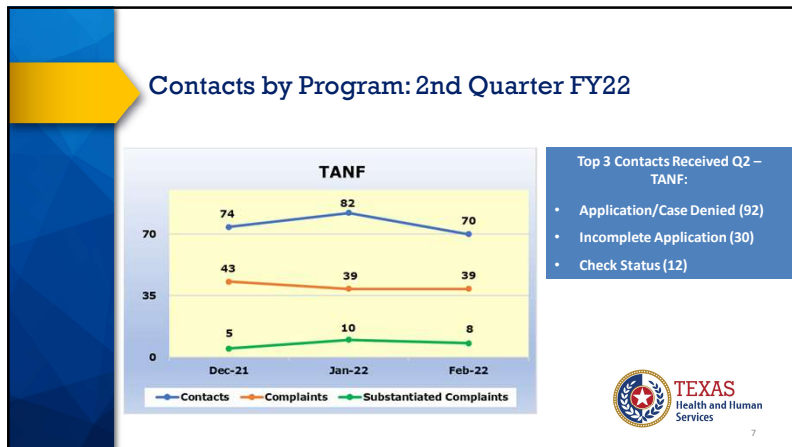
4



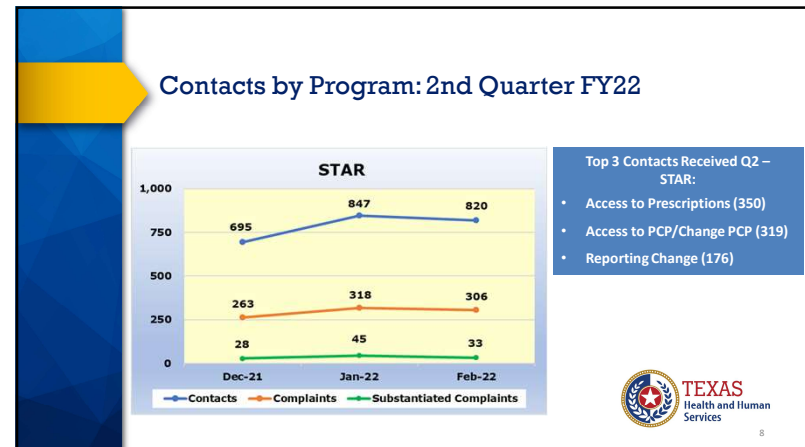
5



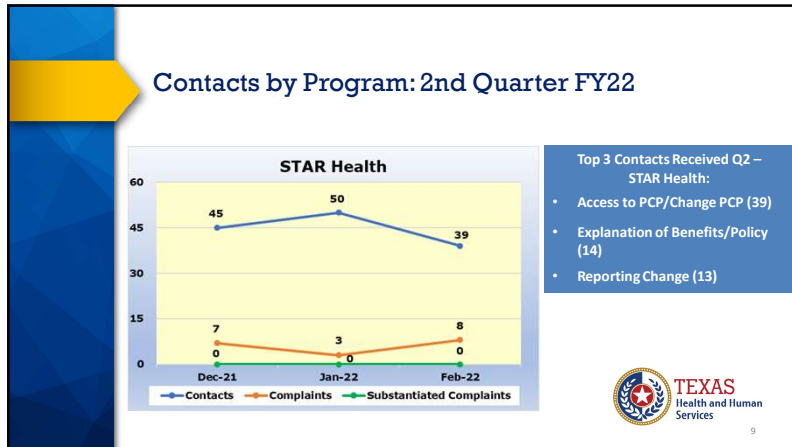
6



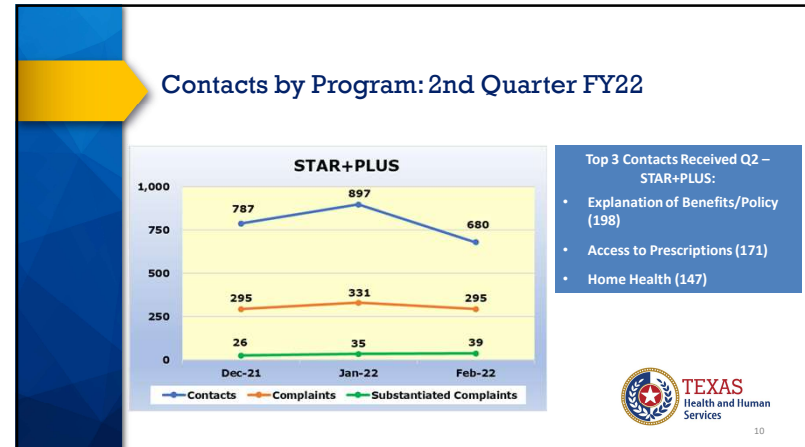
7



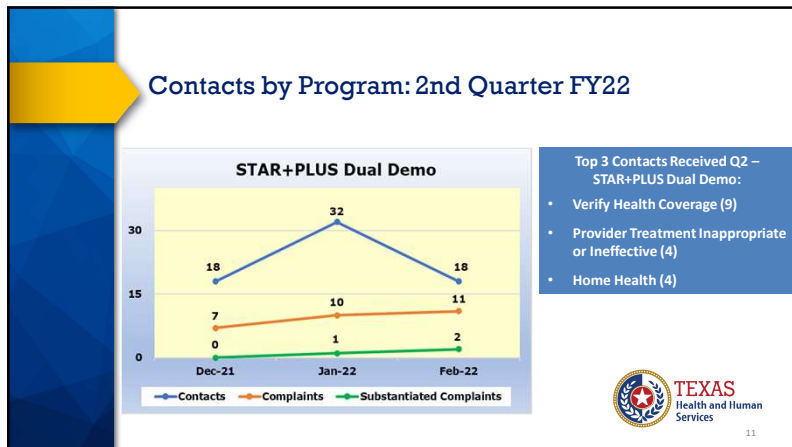
8



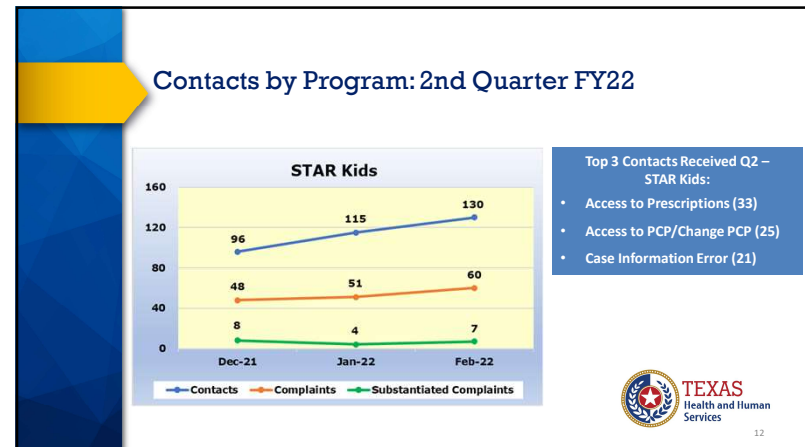
9



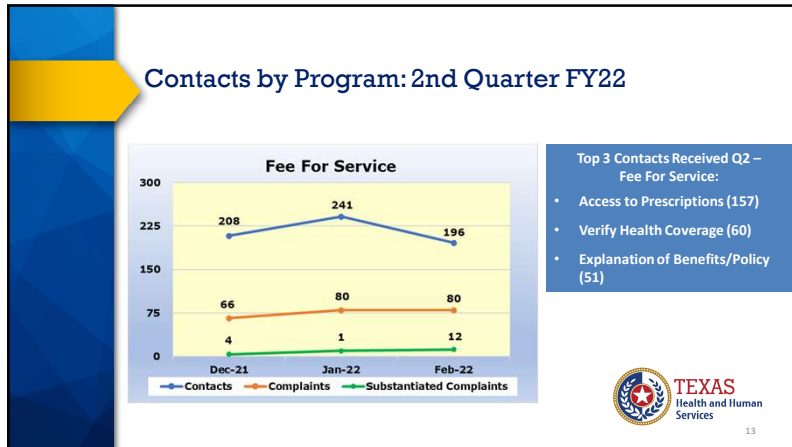
10



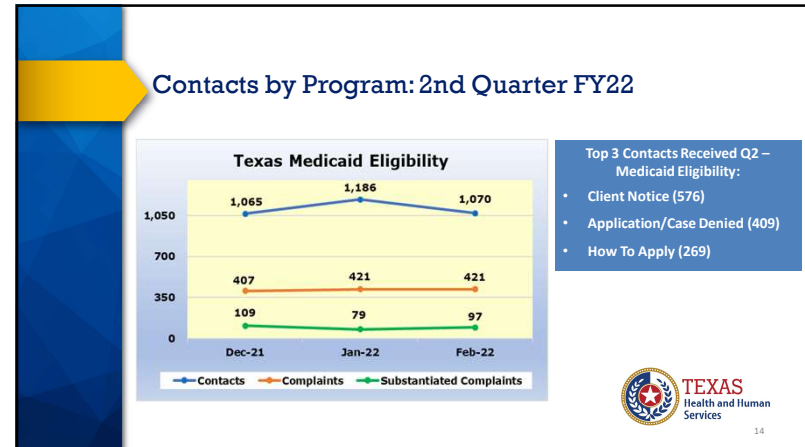
11



12



13



14



15

Ombudsman for Behavioral Health Program: 2nd Quarter FY2022



Contact Volume	
Complaints	175 (51%)
Substantiated Complaints	4 (1%)
Inquiries	167 (49%)
Total Contacts	342

Top Three Reasons for Contact	
Referrals	
Other	
Care & Treatment	

TEXAS Health and Human Services

16

FOSTER CARE OMBUDSMAN

TEXAS
Health and Human
Services

17


17

Foster Care Ombudsman Program: 2nd Quarter FY2022

Contact Volume	
Foster Care Youth Contacts	71 (27%)
Total Foster Care Youth Complaints	66
Total Foster Care Youth Substantiated Complaint Reasons*	14
Total Contacts	259

Top Three Reasons for Contact	
Rights of Children and Youth in Foster Care	
Case Recording	
Services to Children in Substitute Care	

*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

18

18

INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES OMBUDSMAN




TEXAS
Health and Human
Services


19

19

Individuals with Intellectual or Developmental Disabilities Ombudsman Program: 2nd Quarter FY2022

Contact Volume	
Complaints	1,572 (79%)
Inquiries	409 (21%)
Total Contacts	1,981

Top Three Reasons for Contact	
Abuse/Neglect/Exploitation	
Other	
Rights	



TEXAS
Health and Human
Services

20

20


Ombudsman Managed Care Assistance Team

UPDATE: Effective 2/1/22, Medicaid services include Applied Behavioral Analysis (ABA) services for individuals 20 years and younger with Autism Spectrum Disorder (ASD). ABA services includes an interdisciplinary team meeting to provide for coordination of services.

[Medicaid Autism Services Policy](#)

Highlighted Case:

[Seizure Medication not on Medicaid Drug Formulary](#)



21

21

Contacts

<p>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</p>	<p>Fax (Toll-free) 888-780-8099</p>
<p>Online https://hhs.texas.gov/omcat</p>	<p>Mail HHS Ombudsman P. O. Box 13247 Austin, Texas 78711-3247</p>



22

22



Specific requests to HHSC from CHCC members for the 3/25 presentation

Scope of work

- What is the number and percentage of Medicaid clients that will go through redetermination at the end of the PHE?
- What is the number and percentage of Medicaid clients that have been recertified in the last 12 months, during the PHE.
 - Currently, what percentage of renewals are successfully completed administratively?

Workforce

- Please provide information on call 2-1-1 option 2 call volume, hold times and abandonment rates for the last several weeks, and projected values for those three metrics at the end of the PHE? For several weeks now, when we call 211 option 2, we are told our hold times will be “more than 60 minutes.”
- Please provide an update on timeliness and days to decision for processing Medicaid, CHIP, and SNAP applications and renewals. We understand that Texas has struggled to hit timeliness standards and assisters report that Medicaid applications are not even initially picked up by eligibility workers for 35-44 days after being submitted and that determinations take longer.
- Please provide context data on numbers of current HHSC eligibility staffing from 2019 to present (and other staff expected to be needed for the post-PHE transition plan).
- What are its plans for training eligibility and 211 staff and how will training change?

Process for renewals

- Will HHSC share its “Unwinding Operational Plan?” Which risk-based approach will Texas use?
- How the renewal process at the end of the PHE will vary from standard renewals, if it will?
 - Will clients receive a renewal notice with request for verification via mail *without* the ability to provide a signature on the renewal form (requiring a separate action through 211 or YTB?)
 - Is the state giving the 30 day allowance for returning renewals AND for submitting any additional requested verifications, when action is required? Or is TX sending a request for addl info that is limited to 10 days?
- What flexibilities were leveraged when HHSC resumed renewals in August 2020 (they had been paused since Mar 2020), and which of those will be used again (or not) at the end of the PHE?
- Does the state plan to use an unwinding timeline that begins before the end of the PHE? (See Option A, p. 32 of latest [guidance](#)).

- What number and % of renewals will be initiated in each month and over how many months will renewals be initiated? Looking at historical eligibility and renewal backlogs, is this timeline reasonable based on the size of the backlog, eligibility staffing, and IT capacity?
- The new CMS guidance allows us to align Medicaid renewals with other household members (sibling alignment) and other programs (SNAP/TANF) without a waiver. Will HHSC do this? It will reduce burdens on staff and families.
- The new CMS guidance allows Texas to request a temporary waiver to rely on SNAP income data for Medicaid renewals for individuals under 65. Will HHSC apply for this waiver?

Getting updated address

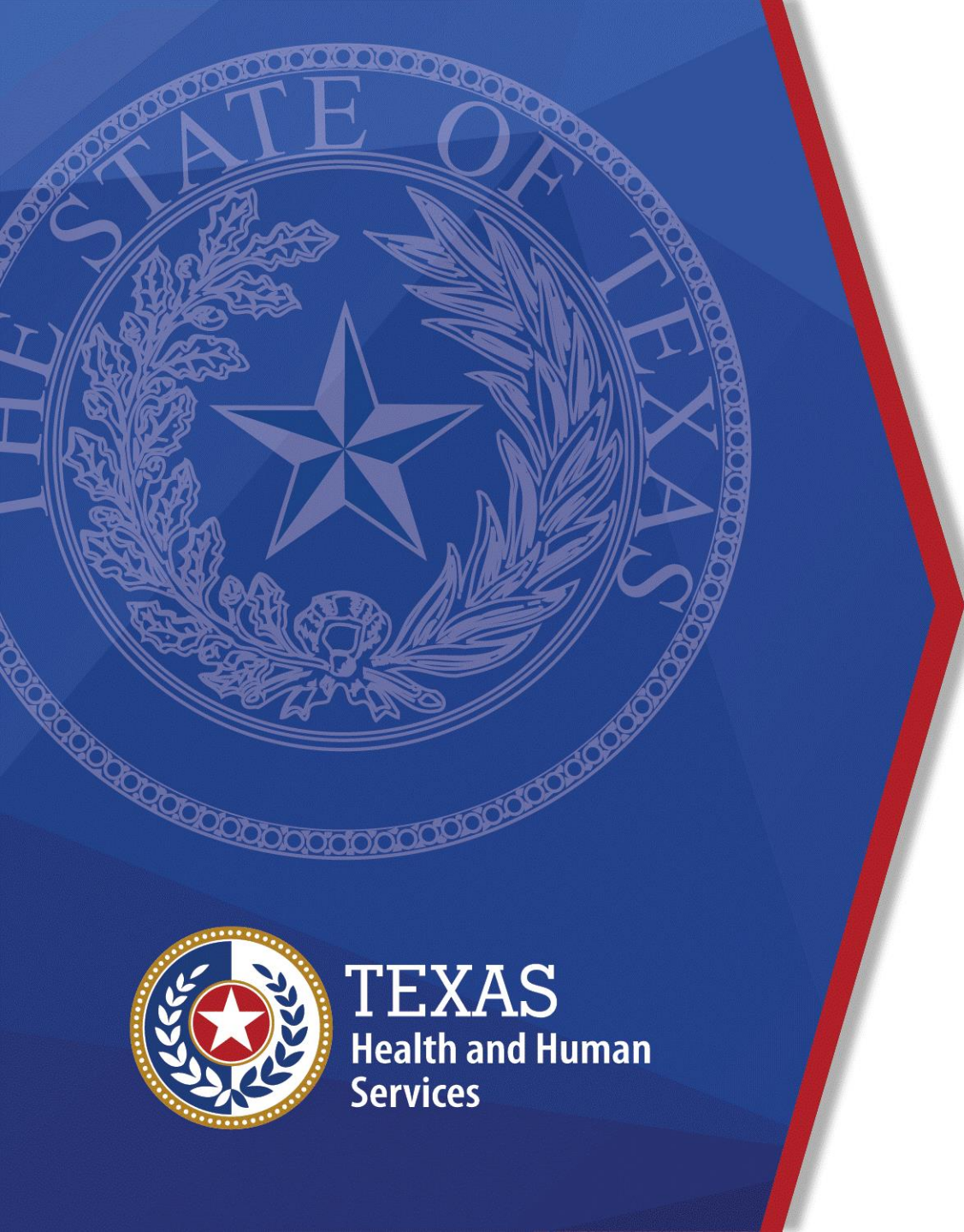
- How does the amount of returned mail (bad addresses) now compare to pre-PHE?
- What does HHSC do when it gets returned mail? How will HHSC update a returned-mail address? Does HHSC accept USPS in-state forwarding addresses? How/when are other modes of contact used in response to returned mail?
- Will HHSC get updated addresses *before* the end of the PHE using the USPS National Change of Address database?
- Will HHSC get updated addresses *before* the end of the PHE using data from MCOs? The most recent CMS guidance makes available a temporary waiver to get clients to verify contact information from MCOs (page 25, #3)
- IL Medicaid has created a quick change of address webform that can be completed on a smart phone that does NOT require a client to remember a username/password or wait on hold. Can TX do something similar?
<https://www2.illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx>

Outreach

- Please share your plans for outreach/education to Medicaid members about the end of the PHE.
- Will HHSC directly text clients (which can happen without prior consent) about updating contact information now and resumption of regular renewal processes at the end of the PHE?
- Will HHSC allow MCOs to text clients who've given consent about updating addresses with HHSC and resuming regular renewals?
- What can enrollment assisters based in health care settings be doing proactively to assist enrollees in staying on their coverage?
- How will you engage with providers, community-based organizations, assisters, etc. to let them know what to expect when the PHE ends?

CHIP

- Have CHIP redeterminations continued as usual?
- Will the end of the PHE impact the renewal process for CHIP?
- How does HHSC project CHIP will grow at the end of the PHE and are staffing/systems sufficient to ensure clients can transition to CHIP, pay premiums, etc?



Update on Ending Continuous Medicaid Coverage

March 2022



TEXAS
Health and Human
Services

Overview



TEXAS
Health and Human
Services

- 1 | **Background**
- 2 | **Federal Guidance**
- 3 | **Current Landscape**
- 4 | **HHSC Plan to End Continuous Coverage**
- 5 | **Timeline for Ending Continuous Coverage**
- 6 | **Workforce and Workload Challenges**
- 7 | **Communications and Stakeholder Outreach**
- 8 | **Constraints & Next Steps**

Background

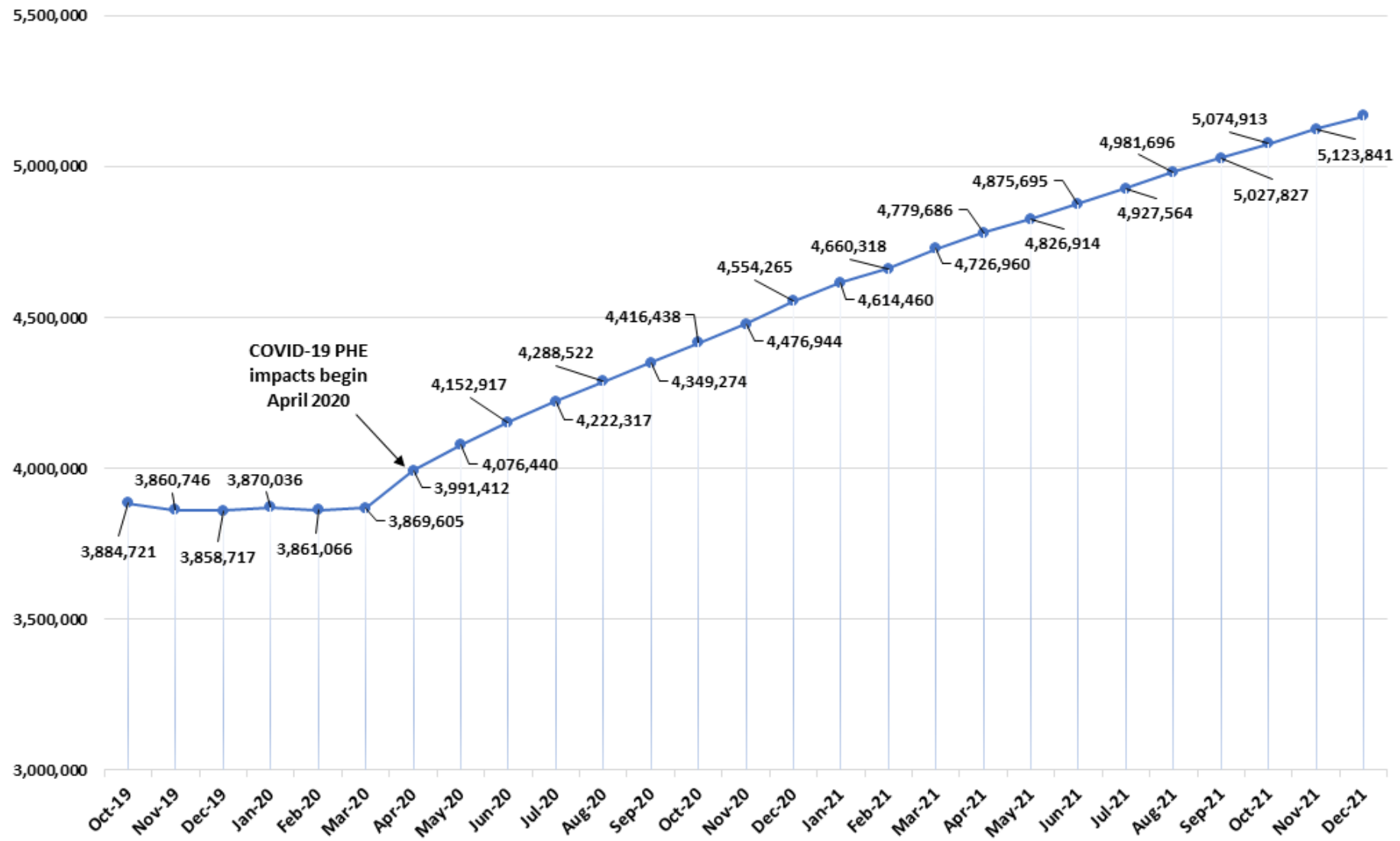


TEXAS
Health and Human
Services

The Families First Coronavirus Response Act (FFCRA) was passed by U.S. Congress in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states **maintain Medicaid coverage** for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal public health emergency (PHE) ends.
- HHSC implemented the federal directive effective March 18, 2020.

Medicaid Full Benefit Caseload, October 2019 - December 2021



Notes: May - December 2021 data is not yet final and subject to change. Source: PPS. HHSC Forecasting, December 2021.



TEXAS
Health and Human
Services

Federal Guidance



TEXAS
Health and Human
Services

- Guidance from Centers for Medicare and Medicaid Services (CMS) has evolved over time.
- Major parameters for unwinding include:
 - States have 12 months to complete pending eligibility actions, which can begin up to 60 days before the first disenrollments will begin.
 - Disenrollments cannot be effective before the first of the month after the PHE ends.
 - States must conduct a full redetermination (as outlined in 42 Code of Federal Regulations 435.916) and allow members a minimum of 30 days to respond to renewal packets or requests for information.
- On March 3, 2022, CMS released new guidance to states in preparation for the end of continuous coverage. HHSC is evaluating the new guidance; however, HHSC's plan appears consistent with the risk-based options presented in the guidance.

Current Landscape



TEXAS
Health and Human
Services

HHSC is preparing for the large volume of work expected with unwinding continuous coverage. This plan is subject to change based on new guidance and the changing landscape.

Estimated PHE End Date

- The PHE is currently slated to end on **April 16, 2022**; it can be extended in increments up to 90 days. The federal government has indicated that it will likely extend the PHE beyond that date.
- The federal government has committed to giving states at least 60 days notice before the end of the PHE.
- HHSC is working under the assumption that the PHE will be extended another 90 days to **July 16, 2022**.

Redetermination Population

- HHSC estimates as many as **3.7 million members** will need to have their Medicaid eligibility redetermined when continuous coverage ends.
- Of these, about 2.97 million individuals have been extended due to the continuous Medicaid coverage requirement in the FFCRA.

HHSC Plan to End Continuous Enrollment



TEXAS
Health and Human
Services

- HHSC's unwinding approach **stagger**s Medicaid redeterminations for continuous coverage over multiple months.
- The continuous coverage population will be distributed into **three cohorts** to best accomplish the goals of:
 - Maintaining coverage for eligible individuals; reducing churn
 - Prioritizing redeterminations for those most likely to be ineligible or to be eligible for another program
 - Reducing the risk of overwhelming the eligibility system or workforce during the unwinding period
 - Establishing a sustainable renewal schedule for subsequent years

First Cohort

- Includes individuals most likely to be ineligible or transitioned to CHIP.
 - Pregnant women who may transition to Healthy Texas Women Program
 - Members who aged out of Medicaid
 - Adult recipients who no longer have an eligible dependent child in their household

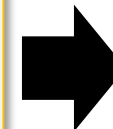
Approximately 880K members (as of December 2021)



Second Cohort

- Includes individuals likely to transition to a different Medicaid eligibility group
- Medicaid children, parent/caretaker and waiver groups pending information
- Certain MAGI population groups (e.g., children, people under Transitional Medical Assistance).

Approximately 280K members (as of December 2021)



Third Cohort

- Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., Children in Medicaid).

Approximately 1.81M members (as of December 2021)

Timeline – Ending Continuous Coverage



TEXAS
Health and Human
Services

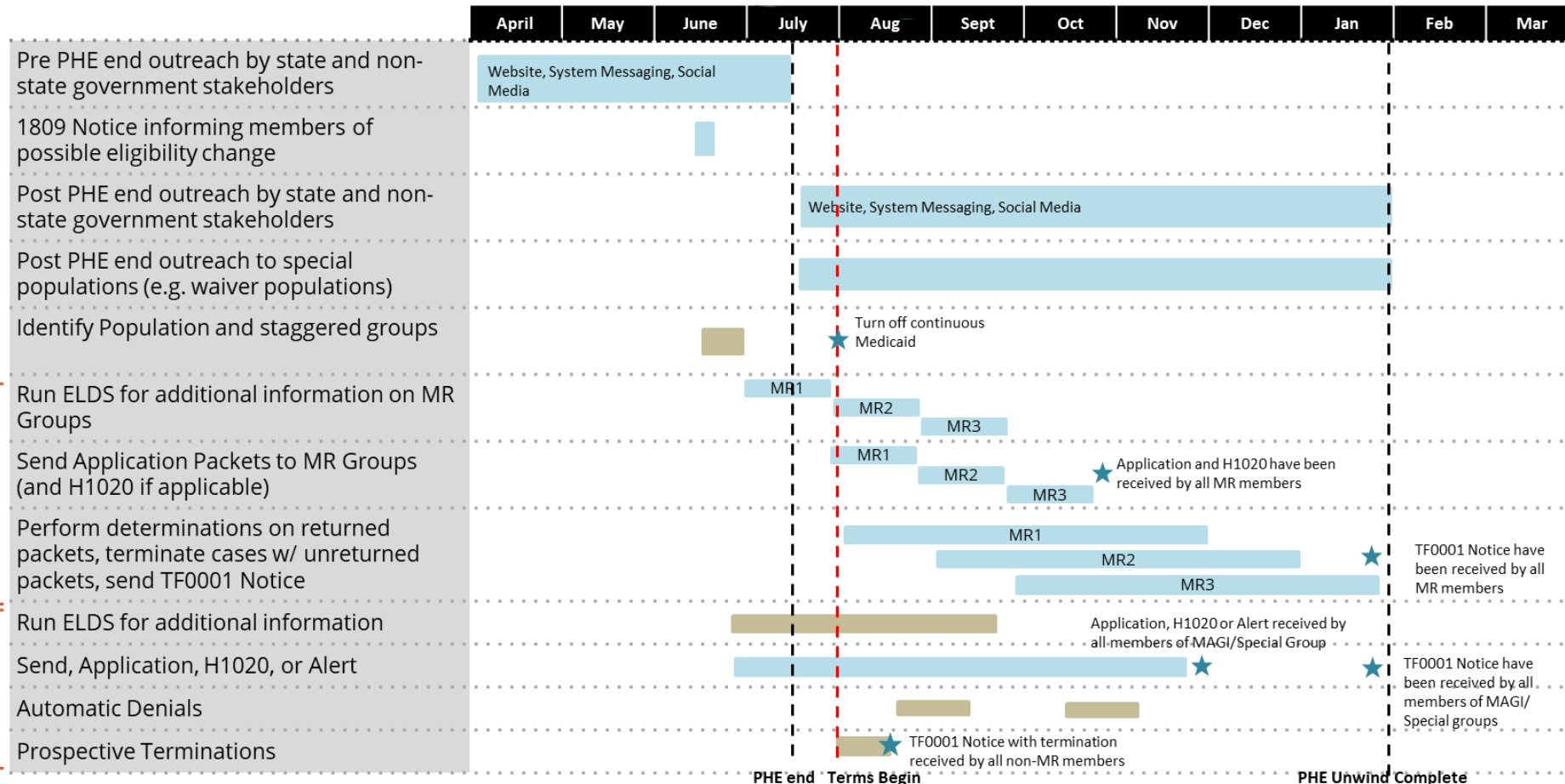
Outreach-related
Activity

★ Milestone

Note: Timeline assumes
PHE ends July 16, 2022.
The current PHE
declaration ends April
16, 2022. The federal
government has
indicated the PHE will
be renewed beyond
April 16, but has not
indicated the duration
of that renewal.

Population that
will go through
the Medicaid
Renewal (MR)
Process

Population that
will go through
MAGI Alert,
Special, or non-MR
process



Workforce/Workload Challenges



TEXAS
Health and Human
Services

To address potential strain on the eligibility system during the unwinding period, HHSC has identified multiple strategies aimed at increasing workforce capacity and/or reducing workload on eligibility workers. These include:

- Augmenting the eligibility operations team with other staff to process certain case actions.
- Conducting job fairs in high retention areas and doing on-demand hiring to boost recruitment.
- Increasing staff efficiency and performance, while improving the client experience, by:
 - Allowing clerical staff to perform data entry tasks and assist with interview scheduling.
 - Prioritizing specific system changes that will result in faster processing times, including the automated scheduling of SNAP appointments and automation of certain manual eligibility staff alerts (i.e. MAGI).



Increase Staff



Decrease workload

Communications and Stakeholder Outreach



HHSC is engaging with providers, health plans, and advocates to support members and prepare for the end of continuous Medicaid coverage.

Key Messages – Actions Members Can Take Now

1. Sign up for the YourTexasBenefits account and mobile app.
2. Report any changes in contact information to ensure members receive important notices when needed.
3. Return renewal packets or requests for information as soon as possible after they are received by the member.

These key messages aim to **reduce member confusion**, increase likelihood of **eligible members maintaining coverage** and **minimize call center volume**.

Constraints and Next Steps



TEXAS
Health and Human
Services

Constraints

- The unwinding of continuous coverage is comparable in magnitude to the launch of the Affordable Care Act (ACA).
- The end date of the PHE is still uncertain. CMS may issue further guidance, complicating planning and implementation.
- Additional guidance from CMS may require the need to revisit strategy, IT coding, and other preparations currently underway.
- Workforce challenges exist across the system that continue to impact planning efforts and preparation. This includes hiring and retention of staff for contract partners, including call centers.

Next Steps

- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Continue activities to increase workforce capacity and ensure the eligibility system is prepared for ending continuous coverage.
- Continue engaging with contract partners and external stakeholders to build awareness for HHSC plans to end continuous coverage and expectations for members when action is needed.