

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

Friday, September 23rd, 2022

11:00 A.M. - 1:05 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Stacey Pogue from Every Texan

CHCC Agenda

11:00 A.M 11:10 A.M.	Welcome & Introductions
11:10 A.M 11:30 A.M.	Public Charge Rule
	• Karla Martinez (Every Texan)
11:30A.M 11: 50 A.M.	CHCC Legislative Priorities
	Clayton Travis (Texas Pediatric Society)
11:50 A.M 12:15 P.M.	House Select Committee on Health Reform hearing on eligible but uninsured children
	• Stacey Pogue (Every Texan)
12:15 P.M - 12:25 P.M	PHE Update
	• Diana Forester (Texans Care for Children)
12:25 P.M - 12:30 P.M	Optional Brain Break

OTA Agenda

12:30 P.M. - 1:00 P.M. Office of the Ombudsman Report

• Matthew Lum – HHSC

1:00 P.M. - 1:05 P.M.

Texas State of Enrollment Conference

• Karla Martinez (Every Texan)



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

Workgroup Meeting Friday, September 23th 2022 11:00 A.M. - 1:15 P.M.

On Video Conference Call:

Anne Dunkelberg Karla Martinez Stacey Pogue Betsy Coats Allison McHorse Alec Mendoza Clayton Travis Petra Chilaka Apryl Jenny Hixon Preston Poole Michelle Tijerina Decrecia Limbrick Linda Litzinger Diana Forester Bryan Mares Denise Gomez Jannette Diep

Meeting Chair: Stacey Pogue – Every Texan Meeting Scribe: Isabel Agbassi - Every Texan



CHCC AGENDA

I. Public Charge Rule

[SEE ATTACHED SLIDES]

Questions:

- Linda Litzinger: If you came as a child and you applied for citizenship at some point, and the only thing that's directly charged to you, your Medicaid number was the school charging SHARS, did I hear that that won't go against you?
 - **Karla Martinez:** It depends on the immigration status the child had originally, but the test does not usually apply for citizenship.
 - **Anne Dunkelberg:** It would matter whether you're talking about a child that is born here, a child that's undocumented or a child who has their own green card.
 - **KM:** I will add that most people, especially in Texas, that are eligible for benefits like Medicaid and SNAP, are not people that would be going through a public charge test, because those immigration statuses that go through a public charge test are not eligible for benefits in Texas.
 - **AD:** I think another way to put that is undocumented kids can't get Medicaid or CHIP, so they're not on there. And then a child who has a green card, they've already been through any public charge test to get the green card, so it's already behind them. SHARS being administrative claiming for services that the school provides is even a weedier topic, because if it's like an administrative activity of the school, it's never going to be connected with an individual child. If they had an IEP, then they might actually be enrolled in Medicaid.
- **AD**: So I've been working on public charge since 1999 or before, when a lot of the guidance, the field guidance that Carla talked about came out during the Clinton administration, and I've picked up a fair amount over the last 20-plus years about it. But there are things that came up. If you were resisting, for obvious reasons, watching the Ken Byrne series on the US's behavior and the Holocaust, I would just say I feel your pain. It is not easy to watch, but there's some fascinating connection of the dots about how that fit into years of US Immigration policy and pushback against immigrant populations as the many different waves came. So they touch on both the creation of the public charge policy in conjunction with the Chinese Exclusion Act, which is now recognized as a horrible discriminatory



policy. You get some very painful details about how the US. The State Department, which at the time was very conservative, used the public charge test to exclude a lot of Jews who were trying to escape Germany. So I would just say if you would like to get some broader context about why you're seeing more references to it, to the history of this policy being something that's embedded in racism and discrimination, it's not just a throwaway comment and that Ken Burns series may be worth the pain of watching it.

II. CHCC Legislative Priorities

Clayton Travis: We've got some work to do on our legislative agenda. I've created a one-pager meant to highlight what we stand for in this session. So there are four major categories. Number one is (because it's been such a hot topic during the House Select Committee on Health Care Reform) improving outreach and enrollment to help eligible children and pregnant women get and stay covered. It includes three components: fund the community partner program refund, eliminate administrative hurdles, and fund a robust outreach campaign to mixed immigration status families. Invest in physician and provider rates to ensure access to care for children and moms. This is basically exceptional item twelve in the HHSC LAR where I do know there is an exceptional item associated with each individual legislative priority. For exceptional item twelve, it's called the consolidated rate request which is a rare rate increase to increase access to care. I'll just read segments of this justification. Some categories of reimbursement rates have not been updated for long periods of time by physicians, for instance, about 25 years, and lack of available appropriations to support an increase of that magnitude. HHSC has identified five categories of reimbursement rates that are not currently reimbursed in accordance with the methodology, and where HHSC believes a reimbursement rate increase would positively impact clients' access to high-quality care. The top five categories of reimbursement identified are community attendance Services, physician ENM codes, evaluation and management codes, end-stage Renal disease, female genital system surgery, and private duty nursing. The only categories where rate reimbursements are necessary are methodologically supported. The categories included in the exceptional item have been identified by HC as priorities due to the long duration since a reimbursement rate change has been implemented, coupled with the high likelihood of a significant impact on client care. And then they say the top three categories for reimbursement rates that the agency identified are Community attendance Services (which does overlap with the top five I gave earlier), wellness visits for kids, and other office visits (could be put under the category of physician evaluation and management codes), and then birth related and women's health surgeries (which could go under female genital system surgeries.). But it does leave out two of the top five categories, which is in-stage renal and private duty. So huge note there. And so that's why I thought it would be very important. This is probably the number one issue for the Texas Pediatric Society.

Questions:

- LL: Do therapists go in there?
 - **CT:** Therapists are not identified.



In addition, you see that I have dental listed here. We had a specific request from Diane Rhodes, ED of the Texas Dental Association, to include dental in our ask because they're making a concerted effort with the surplus of funds that Texas has to increase reimbursement rates for dental services. So I listed all of those here. One thing I didn't list as a bullet point would be birth-related and women's health surgeries. I would ask the OBs to weigh in at a different point in time, but that could be included. So enhanced health coverage for kids, moms, and families. This is continuous. Ask for twelve months of postpartum Medicaid coverage, and fully fund ECI. Better birth outcomes, exceptional items. And then extend meaningful health coverage for the insured. This is Medicaid expansion. And then innovate in Medicaid to meet families where they live, work, and play. This is kind of a nod to many of the initiatives being promoted. Invest in healthy school environments by allowing to draw on federal funds for Medicaid services, including nursing services and counseling provided school for Medicaid-enrolled students. This is the policy change for the free care rule that was changed in 2014 by CMS. And then finally addressing non-medical drivers of health by establishing a Medicaid policy framework to better integrate clinical and community services. So there's a lot in the weeds of what this means, whether that's updating MLRS medical loss ratios for MCOs to make sure that they can bill for community social determinants of health integration without it counting against their administrative caps. There are a lot of different things that could fit into this category, but to address it from a kind of value-based point of view, that's where we're at. Let's talk about it.

AD: I'll send an edit on the mixed states families to make it technically correct. One other comment I would make to the group is about why we're not talking about twelve months of continuous coverage for kids. Based on our earlier discussions, which may not be memorialized anywhere other than our minutes, given that last session's legislation hasn't even been implemented because of the public health emergency freezing Medicaid enrollment, it does not seem like it made sense to be trying to move legislation on how complex the target is.

CT: We don't have rules or bylaws here, but the majority buy into this document, the framing, the one-pager formatting, if you will so that we can have a close to final document next month. I think that's a good timeline. I think we need to make an active request to CHCC organizational members to make sure they're okay with being listed down here. This is probably the most powerful page because we need to demonstrate who we represent because this is where the political power comes in to get things done. To actively outreach to our members to make sure that we can actually list them and they approve and they're totally fine with everything.

AD: Just a reminder that the budget documents the LAR document makes a reference to this, including prenatal and postpartum care, including treatment for conditions commonly associated with maternal morbidity and mortality that are not currently offered in the family planning program. Preconception and family planning care. Avoid disruptions in family planning by funding client services provided within whatever that means the year the service is performed. Avoid disruptions in healthy Texas women for women aging out of Medicaid and it may include alternatives to abortion.



III. House Select Committee on Health Reform hearing on eligible but uninsured children

Stacey Pogue: I'm going to give you some background on the House Select Committee on Health Reform for this interim. One of their charges (Charge 4) is to study outreach to kids who are uninsured but eligible for Medicaid and CHIP. When that charge came out back in the spring, we put together a work group to hammer out some recommendations we could offer from the coalition. We wanted to talk about technical outreach but also steps beyond awareness to enroll folks.

I pulled together a document from all the writing you guys have done for years, including the last legislative agenda, recommendations that I put together for the PHE, and then a brainstorming session with a workgroup. The steering committee decided we wanted to reach out to that committee because they were talking about planning a hearing for October 3 and asked if we could have somebody invited who would present CHCC recommendations on outreach and enrollment of eligible kids because the coalition has such a long and consistent history on raising recommendations in this area. The committee clerk confirmed we could and wanted individual testimony from members of CHCC. Texans Care for Children, The Texas Association of Community Health Centers, and Texas Pediatric Society are all testifying, so we have folks in this coalition who've been asked and are providing testimony. The committee clerk thought it would really help the committee if we spoke about funding for outreach and funding for the community partner program and the chilling effect and outreach needed to mixed immigration status families. We're excited about the opportunity to get Anne on the agenda to talk on those subjects and then hand in the rest of the recommendations. I want to walk through those recommendations beforehand.

One category is revitalizing the state's outreach and application assistance efforts to get folks enrolled who are eligible today, like funding the community partner program. The part I particularly want to focus on is a figure pointing to \$10 million to do so. We all agree that it is more helpful to point to a specific number than just, say, fund outreach.

Questions/Feedback:

- **Anne Dunkelberg:** We should look at any mismatch in the recommendations and our legislative agenda. Also, the \$10 million figure is for the biennium. I will look to the Georgetown University Center for Children and Families for information on how much states spend on outreach.

SP: Another piece I want to focus on is how to better instruct HHSC to improve on data-driven renewals to use income data they already have to renew kids without parents needing to submit paycheck stubs. This puts an extra burden on eligibility workers. For a numeric goal, I put a 50% renewal rate which Diana conferred that most states are hitting.

The next one is streamlined renewals and increase program Integrity by enrolling kids in Medicaid if they're in SNAP. I was missing a critical document you guys produced in January 2020 when HHSC asked this coalition



to come give ideas on enrolling eligible but uninsured kids. There's a whole section on Express Lane eligibility, and I want to propose that I update this bullet to say it's cost effective.

So, the next big category is to fund the state's eligibility system and enrollment system which Clayton linked to the exceptional item from the agency.

The other things from the memo from the coalition two and a half years ago that are not directly written into here are leveraging 211 training and staff to ask some questions: 1) Are there any kids in your household? 2) Do they have insurance? Questions help make sure that those 211 channels have an outreach role that is not in here.

IV. PHE Update

Diana Forester: It was expected that the PHE would end on January 11, but that no longer seems to be the case given requests for additional funds for COVID vaccines. There have been a significant growth in caseload over the last few years, and they don't expect all 2 million people to drop off of Medicaid. It will likely be a smaller number.

Questions/Comments:

- **Anne Dunkelberg:** One of the things that could slow it down is continuing the public health emergency, but starting to delink the Medicaid continuation from it. Because that was written in the FFCRA, that would require congressional action.

OTA AGENDA

V. Office of the Ombudsman Report

[SEE ATTACHED SLIDES]

Question/Comments:

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- **Stacey Pogue:** For the category of Application Not Completed (Medicaid Eligibility), completed, does that mean that HHSC on its end didn't complete processing of the application according to the client's needs? Or that the client, him or herself, didn't complete their application steps?
 - **Matthew Lum:** That one could be either or. We would have to look at the individual case to see if it was the individual who didn't provide information or if HHSC was still holding the application for some reason.

VI. State of Enrollment Conference

Karla Martinez: In less than a month, on October 18 and through 20th, we are having our Texas State of Enrollment Conference. This is a virtual conference geared towards enrollment assistors for all Texas food and



health benefits and the health insurance (healthcare.gov) marketplace. This is going to be over the course of three days virtually. Every Texan is hosting this conference in partnership with Texas Association of Community Health Centers and Young Invincibles, with lots of support and partnership from enrollment assistors across the state as well.

DHS Final Public Charge Rule



BEFORE WE DIVE INTO WHAT'S IN THE FINAL RULE

- Public charge is an antiquated policy reflecting centuries of racial and class bias
- We are committed to working with Congress to strike it
- However, it remains part of the Immigration and Nationality Act and the Department of Homeland Security (DHS) must administer the law
- The final rule will help limit the chilling effect of the policy

FINAL RULE



The Department of Homeland Security's public charge final rule will take effect on **December 23, 2022** and applies to people applying for admission and adjusting status **inside** the U.S.

- It cements and improves upon the 1999 INS Interim Field Guidance that was in place for more than 20 years and was based on a century of policy and practice that preceded it
- The 1999 INS Field Guidance is in effect until then

Note: The State Department's current policy is similar to the 1999 Interim Field Guidance and applies to people applying for admission or LPR status **outside** the U.S, including people required to leave the U.S. to seek status through consular processing.

Definition of 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 or long-term institutionalization at government expense."

Constant Action Active Active

Public cash assistance for income maintenance	Long-term institutionalization at government expense
Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF)	Limited to to institutional services, including in a nursing facility or mental health institution
 Cash assistance only TANF "child only" benefits are not considered in a parent's immigration application 	Does not include short-term rehabilitation, imprisonment for conviction of a crime, or home and
State, Tribal, territorial or local cash assistance for income maintenance (e.g. General Assistance)	community based services

Note: Use of an included benefit will not automatically make someone a public charge. DHS will consider the amount and duration of receipt and how recently the benefit was received, along with other factors in the totality of circumstances test, such as education and skills, income...

Public Benefits <u>Not</u> Considered

- Health Care: Medicaid (except for long term institutionalization), CHIP, Marketplace subsidies, Medicare, immunizations, or testing/treatment for communicable diseases
- Nutrition: SNAP, free and reduced school meals, WIC
- Housing: Subsidized public housing, Section 8 housing Choice Voucher or Project Based Rental Assistance
- **Special Purpose or Supplemental Benefits**: disaster assistance, pandemic assistance, utility assistance, child care assistance
- Federal, tribal, territorial, state or local tax credits: CTC, EITC

We will ask USCIS to provide additional guidance, listing other programs that will not be considered. For example, we will ask them to confirm that "earned" benefits, such as Social Security retirement and unemployment insurance are excluded (consistent with the NPRM).

Receipt of Benefits

Benefits received by family members not applying for immigration status – such as U.S. citizen children – will not be considered

A noncitizen must be listed as a **beneficiary** of the benefits.

Does not count as receipt of benefits:

- Applying for a benefit on one's own behalf or that of another
- Approval for *future* receipt of benefits
- Receipt of benefits solely on behalf of another person, or by another person, even if a noncitizen assists with the application process – E.g. TANF child only benefit

Totality of Circumstances Test

Does not define the statutory factors: age; health; family status; assets, resources and financial assistance; education and skills

Does describe evidence officers will use to support certain factors

Favorably considers the affidavit of support

Will consider current and/or past use of 2 types of benefits

Disability alone is not sufficient to be determined a public charge

USCIS officers must articulate a reason for each public charge determination



People exempt from a public charge determination:

- People applying for or granted asylum, refugee status, or TPS;
- Special Immigrant Juveniles; Afghan or Iraqi Special Immigrant Visa holders.
- VAWA self- petitioners, and survivors who have applied for or been granted T or U status are generally exempt from a public charge assessment, regardless of their ultimate pathway to adjust status.

Benefits are not considered if used by:

- People who have an exempt status when they receive the benefit
- People who are eligible for resettlement assistance, and other benefits available to refugees (example: Afghan and Ukranian humanitarian parolees).
- See the full set of exemptions at 8 CFR § 212.23

Note: LPRs do not face a public charge determination when they apply for citizenship

The Final Rule's Helpful Clarifications

Benefits used when in an exempt status and/or by people eligible for refugee benefits/resettlement assistance are not considered

HCBS, short term rehabilitation, imprisonment do not count as long term institutionalization

29 categories of noncitizens who are exempt from public charge determination spelled out

Confirms that VAWA self-petitioners, and survivors who have applied for or been granted T or U status are generally exempt from a public charge assessment, regardless of their pathway to adjust status

WHAT'S NEXT

September 13, 2022 | Press Release | Immigration

Paxton Files Brief with U.S. Supreme Court to Protect Taxpayers from the Skyrocketing Costs of Illegal Immigration

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AUSTIN - Attorney General Paxton is leading a 14-state coalition that has filed a cert-stage brief in the U.S. Supreme Court after the Biden Administration took unprecedented action to quietly abolish a federal immigration rule designed to protect American taxpayers. The rule in question, known as the "public-charge rule," prohibits the entry of illegal aliens who are likely to become significant financial burdens on American citizens. The brief was filed after the Chicago-based U.S. Court of Appeals for the Seventh Circuit ruled against a Texasled coalition.



In this Jan. 31, 2019, file photo, hundreds of people overflow onto the sidewalk in a line snaking around the block outside a U.S. immigration office with numerous... Read More

by: Sandra Sanchez Posted: Sep 16, 2022 / 06:01 PM CDT Updated: Sep 16, 2022 / 06:01 PM CDT

McALLEN, Texas (Border Report) — Migrant advocates are supporting the Biden administration's new public charge rule, while Texas on Tuesday joined 13 other states to file against it in court.

The Biden administration is amending changes made during the Trump administration that had disqualified migrants from filing for citizenship if they accepted public benefits, like food stamps.





Combined chilling effect of "Invisible Wall" MUCH larger

Texas: 5.6 million Texans live in a family that includes at least one non-U.S. citizen (of any immigration status);

- About 1.9 million of these are kids age 17 or younger, of whom the great majority— about 1.65 million—are U.S. citizen children. That's more than 1 in every 4 Texas children (26%).
- 3.9 million of those Texans have family incomes under 250% of the federal poverty income, which is just over \$66,000 a year pre-tax income for a family of four in 2021.

U.S.: As many as <u>26 million</u> people in families with immigrants might be chilled from participating in programs that make their families healthier and stronger.¹

• There is already a chilling effect.



1 in 4 U.S. children has an *immigrant* parent; in Texas more than 1 in 4 has a *non-US citizen* parent

1 "Public Charge Proposed Rule: Implications for Non-Citizens and Citizen Family Members Data Dashboard," Manatt Health, October 2018

2 Samantha Artiga and Anthony Damico, "Nearly 20 Million Children Live in Immigrant Families that Could Be Affected by Evolving Immigration Policies" Kaiser Family Foundation, 2018

Evidence of Chilling: Texas Reports and Data

15

Struggling families: ECHOS (Houston community clinic/food pantry group) saw BIG declines: 31% in Children's Medicaid, 60% in adult Medicaid/CHIP-P, 47% drop in SNAP enrollment, from 2017-2019. *Same time period: 460% increase in food pantry usage.*

<u>Working-class families</u>: Foundation Communities (Austin) saw 16.9% drop in immigrant families seeking health coverage enrollment assistance in OE2017-OE2018. (*Only a 5.4% reduction in non-immigrant clients.*)

<u>Children with special needs</u>: VELA (Austin agency serving mixedstatus families with children with disabilities) has seen an 80% drop in families using SNAP.

CONCLUSION: Outsized impact of the climate of fear among the poorest and most vulnerable families.

States with Largest Decline in Child Enrollment in Medicaid and Chip (December 2017 - April 2019) Rest of States 39.8% (433,334) Kalifornia 17.1% (186,724)

Illinois

7.6%

(82,736)

Missouri

(75, 329)

6.9%

Florida

(96,695)

8.9%

Georgetown University

Health Policy Institute





PIFCOALITION.ORG/TOOLKIT

Below you'll find a webinar opportunity, upcoming tweet storm, and partner toolkit.

Community educational materials

- 2 Documents available in 9 languages
 - "Does Public Charge Apply To Me?" (aka "the stoplight")
 - Breaks down public charge concerns by immigration status
 - "Public Charge: 3 Things You Need to Know"
 - Very simple, headline-driven document with most important messages for families
 - Printable, or shareable digitally
 - Template versions can be modified for partners to personalize

https://pifcoalition.org/find-resources

DOES PUBLIC CHARGE APPLY TO ME?

Are you and your family members U.S. citizens? Public charge does NOT apply to you. You should continue to use programs you are eligible for.

Do you and your family members already have green cards? Public charge does NOT apply to you when you renew your green card or apply to become a U.S. Citzen. However, it may apply if you leave the country for more than 6 months. Talk with an immigration attorney if you are planning to take a long tip outside the U.S.

Are you applying for or do you have one of the following statuses: TPS, U or T Visa, Asylum or Refugee status, or Special Immigrant Juvenile Status? Public charge does NOT apply to you. If you already have or are in the process of applying for one of these immigration statuses, you can use any government programs that you qualify for.





PUBLIC CHARGE 3 THINGS YOU NEED TO KNOW

July 2022

Some people who apply for a green card or a visa to enter the U.S. must pass a "public charge" test. In those cases, immigration officials look at whether the person will mostly depend on the government for support in the future. Three important things immigrant families need to know about public charge are:



Only 2 kinds are considered:

1. Monthly cash support. This includes Supplemental Security Income (SSI), Temporary Assistance



HOME PUBLIC CHARGE FIND HELP

National 1

EN ESPANOL 中文

Get specific information for California

The public charge test has changed and should be easier for most people to pass. Get the facts about public charge & immigration.

Rules about public benefit programs and immigrants are confusing. But benefits can help your family stay healthy and thrive.

Click Use the Guide to see if public benefits could affect different immigration options.



SEGURO TEXAS

Seguro Texas

Inicio Encuentra Ayuda 🗸 Recursos 🗸 Sobre Nosotros In English 🗸 🔍



WE ARE HERE TO HELP YOU!

We've compiled resources, information, and FAQs that can answer questions you have around accessing benefits.

For <u>families</u> For <u>advocates</u> For <u>enrollment assisters</u> HHS Office of the Ombudsman Update Presented to CHC Coalition September 23, 2022



TEXAS Health and Human Services

Total Ombudsman Contacts for 4th Quarter FY22







Top 3 Contacts Received Q4 – CHIP:

- Application/Case Denied (16)
- Application Not Completed (10)
- Check Status (4)





Top 3 Contacts Received Q4 – CHIP Perinatal:

- Application/Case Denied (7)
- Check Status (6)
- Contact Info Request (3)





Top 3 Contacts Received Q4 – SNAP:

- Application Not Completed (4,242)
- Application/Case Denied (1,997)
- Benefits Not Issued/Not Received (508)





Top 3 Contacts Received Q4 – TANF:

- Application/Case Denied (113)
- Application Not Completed (90)
- Benefits Not Issued/Not Received (17)





Top 3 Contacts Received Q4 – STAR:

- Access to PCP/Change PCP (250)
- Access to Prescriptions (186)
- Billing (148)





Top 3 Contacts Received Q4 – STAR Health:

• Access to PCP/Change PCP (29)

 Explanation of Benefits/Policy (19)

• Verify Health Coverage (10)




Top 3 Contacts Received Q4 – STAR+PLUS:

- Explanation of Benefits/Policy (180)
- Home Health (133)
- Access to DME (125)





Top 3 Contacts Received Q4 – STAR+PLUS Dual Demo:

- Home Health (7)
- Billing (3)
- Other/NA (3)





Top 3 Contacts Received Q4 – STAR Kids:

- Access to Prescriptions (23)
- Explanation of Benefits/Policy (21)
- Access to PCP/Change PCP (19)





Top 3 Contacts Received Q4 – Fee For Service:

- Access to Prescriptions (90)
- Explanation of Benefits/Policy (71)
- Verify Health Coverage(45)





Top 3 Contacts Received Q4 – Medicaid Eligibility:

- Application Not Completed (569)
- Client Notice (433)
- Application/Case Denied (372)



OMBUDSMAN FOR BEHAVIORAL HEALTH





Ombudsman for Behavioral Health Program: 4th Quarter FY2022

Contact Volume		
Complaints	269 (61%)	
Substantiated Complaints	3 (1%)	
Inquiries	170 (39%)	
Total Contacts	439	
Top Three Reasons for Contact		
Referrals		
Care & Treatment		
Other		

Information Shared



FOSTER CARE OMBUDSMAN





TEXAS Health and Human Services



Foster Care Ombudsman Program: 4th Quarter FY2022

Contact Volume	
Foster Care Youth Contacts	77 (26%)
Total Foster Care Youth Complaints	164
Total Foster Care Youth Substantiated Complaint	68
Reasons*	
Total Contacts	299

Top Three Reasons for Contact	
Rights of Children and Youth in Foster Care	
Case Recording	
Court	

*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.



INDIVDUAL WITH INTELLECTUAL or DEVELOPMENTAL DISABILITIES OMBUDSMAN





TEXAS Health and Human Services

Individual with Intellectual or Developmental Disabilities Ombudsman Program: 4th Quarter FY2022

Contact Volume		
1,648 (81%)		
239 (12%)		
398 (19%)		
2,046		
Top Three Reasons for Contact		
Abuse/Neglect/Exploitation		
Rights		
Services		

Information Shared





Ombudsman Managed Care Assistance Team

Spotlight:

Highlighted Case: High Medical Needs individual transitioning from Community Living and Assistance Support Services (CLASS) waiver to Home and Community based Services (HCS) waiver, requiring support from Medicaid to maintain services home health services.



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 Fax (Toll-free) 888-780-8099

<u>Mail</u>

HHS Ombudsman P. O. Box 13247 Austin, Texas 78711-3247



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