



**Texas CHIP Coalition**  
Meeting Minutes

August 21, 2015

Present:

Clayton Travis, TPS  
Kit Abney Spelce, Seton  
RexAnn Shotwell, TACHC  
John Berta, THA  
Melissa McChesney, CPPP  
Chris Yanas, MHM  
Maria Serafine, Aranza  
Julia Von Alexander, CPPP  
Cheasty Anderson, CDF

On the phone:

Stacy Wilson, THA  
Rosa Marie Linan, HHSC  
Alice Bufkin, Texans Care for Children  
Shannon Lucas, March of Dimes  
Sister JT Dwyer, Daughters of Charity  
Martha Roscoe, Lone Star Legal Aid  
Belinda Olivo, Maximus → Taking notes for Betsy Coates  
Aaron Herrera, Hunger Free Texans  
Donna, Driscoll Health Plan  
Paige Marsala and Tina, Office of the Ombudsman (?)  
Veronica Ardainiz, Children's Health Plan (?)  
Maria Elena \_\_\_\_\_, TX legal services (?)

Chair: Anne Dunkelberg, Center for Public Policy Priorities  
Minutes Scribe: Caitlin Shea, Center for Public Policy Priorities  
Next meeting: September 18, 2015

**I. Discussion on Medicaid therapy rate cuts and policy changes**

- SSI kids will be moving to Star Kids
- Clayton T: Over the past three years, we've seen a high uptick in therapy utilization. It could be argued that it coincides with Medicaid Managed Care roll-out to all areas of state. The Legislature is looking for any way to slim down the Medicaid program.
- Four different tiers: Home health agency; ; In-office individual therapy, in-home individual therapy, and "CORF/ORF" (outpatient facilities)
  - Anne: Different rate tiers/provider types make understanding the full impact of cuts difficult
- Anne: In previous discussions, concerns were voiced about overutilization (particularly re: speech therapy). This overutilization seems to be driven by providers, not consumers. There is also a sense that the budget rider is a blunt instrument, and that there are some potential methodological failings in

A&M study. There is also concern over impact of cuts on providers that are already operating at a loss, which has resulted in a group of providers filing suit.

- HHSC revised proposal would drop Therapy rate cuts to \$26.8 million from \$50 million each year.
  - Those cuts would take effect September 1 unless the court orders an injunction.
- Clayton: Has HHSC put out anything publicly? Anne: There is a memo to the Commissioner from HHSC posted by Quorum Report; an appendix to the letter is mentioned, but it's not attached. We know it's going to be fewer dollars (thanks to email chain); however, any changes in cuts will have to be blessed by Legislature leadership.
- John: THA is concerned about cutting rates in outpatient units of rehab hospitals, which were not included in original rider. Clayton: Children's hospitals are similarly concerned.
- New approach from HHSC proposing Medicaid therapy rates that cut less deep but more wide. John: Details were never released on how calculations were made for amount of cuts.
- Clayton: A new policy piece came out yesterday → acute and chronic therapy medical policy changes → implementation date: January? → <http://www.hhsc.state.tx.us/medicaid/MPR/index.shtml>
- Alice B: The group who conducted the A&M study says data is proprietary. As a result, the group doesn't have to release it publicly.
- Clayton: comments and public hearing for therapy medical policy changes details below:

### **Physical, Occupational and Speech Therapy**

Please be advised that the draft policy for therapy services is now available for comment.

**The comment period for this policy will be from August 20th to September 11th.**

**[Physical, Occupational and Speech Therapy Policy - Acute/Rehabilitative](#)**

**[Physical, Occupational and Speech Therapy Policy - Chronic/Habilitative](#)**

Summary of Therapy Policy Changes

- Revised Medicaid medical policy related for Physical, Occupational and Speech Therapy as directed by Rider 50 of 84th Legislative Session;
- Defined medical necessity criteria for Physical, Occupational and Speech Therapy in all Medicaid medical policies.

**In addition to accepting feedback on this policy electronically, comments will be accepted at a public hearing that is being held on August 31st from 8:30 am - 1:00 pm in the Public Hearing Room of the Brown Heatly Building at 4900 N. Lamar,**

Austin, TX. During the hearing you can provide oral testimony and/or written comment on the draft policy. If you intend to provide oral testimony, please plan to limit your comments to two minutes.

## **II. Discussion on Medicaid 1115 Waiver Renewal**

- Year # 5 in current waiver, 2 pools → \$3.1 billion total payments from each
  - For renewal, state has requested \$5.8 requested for uncompensated care pool
  - \$3.1 in DSRIP pool
- John: detailed notes on July hearings' public testimony, should be up on webpage under [the waiver renewal subsection](#) of HHSC website.

- Texas will be asked to create a report to calculate cost of uncompensated care that is similar to Florida's report, but won't be identical because Texas' may also look at some DSRIP issues (Florida doesn't have DSRIP pool).
  - Request from feds to do study is under discussion, not finalized and give to HHSC yet
  - Will use report to decide dollar amounts for UC pool; not yet known how DSRIP pool amounts will be determined.
- Three new CMS principles for UC pool renewals: Coverage is the preferred strategy.
  - Won't be making payments through UC pools for people who could be covered by Medicaid expansion
  - Don't want to be making back-end payments to make up for inadequate hospital rates in perpetuity
  - CMS is taking a harder look at states where DSRIP and/or UC only available to providers in locales with access to IGT
- But with a Coverage Gap solution, there would not only be no loss of federal funds to the state, there would be a substantial gain.

### III. OSS Updates

*Stephanie Stephens*

#### *Presumptive Eligibility Update*

- Still in process of cleaning up data on PE determinations
- From March to August 2015, 205 PE determinations were submitted.
- PE determinations are for individuals not families so only one person on each PE determination
- There are 42 hospitals and qualified entities total (about 8 are qualified entities (QEs ))
- Quality checks are based on three months of determinations; OSS is still in the process of figuring out which three months will be used
- Total number of PEs thus far is lower than HHSC's original caseload projection

#### *HHSC Policy Updates related to Supreme Court Same-sex Marriage Decision*

- HHSC has issued guidance to staff regarding SNAP. For SNAP, married individuals are now mandatorily counted in the same households, rather than optionally as before. Treated the same as all other married couples with regards to SNAP.
- Currently using a manual process because next update opportunity for TIERS system changes is August 2016.
- OSS is focusing on the necessary changes that impact determination itself (piece of implementation puzzle that gets people benefits), rather than language. The changes to language will come over time, and are not a priority until systems for determining new eligibility are in place.
- For programs other than SNAP:
  - Manual processes have been developed as with SNAP; however,
  - OSS hasn't gotten guidance out to staff yet; because,
  - OSS is waiting on legal guidance on certain questions.
  - So, applicants are still operating within same (unchanged) policy until guidance can be issued.
  - Individual cases may be sent directly to OSS staff, who can resolve process issue on case basis to allow same-sex couples to move ahead with access to Medicaid or CHIP benefits.

*SB200: Removing permanent SNAP DQ from drug felons*

- OSS is working to implement bill. They are creating a manual process to remove permanent DQ, and are anticipating that it will be removed close to September 1<sup>st</sup>.
- The law includes a penalty if recipient violates parole or community supervision. OSS is working to determine what qualifies as a violation, and how they can be notified.
- Aaron H: Has this law (and subsequent changes to SNAP DQ) been communicated statewide to community partners working with clients? OSS: We have met with Celia Cole, and she is planning on communicating with entities she is involved with; when OSS has slightly more definitive information, we will share it; Melissa M: It has also been brought up in CPP webinars; Aaron H: There are a lot of folks not in CPP, we want to make sure to communicate these changes to them.

*HB839: Suspension of Med/CHIP benefits and eligibility window for kids entering JJ facilities*

- OSS: This bill requires intensive changes, which will ideally be implemented by August 2016 (coincides with next TIERS release).
- Suspension of benefits results in eligibility windows that are greater than 12 months, but HHSC is required to renew eligibility annually. Waiting for guidance on how to align requirement to renew eligibility annually with suspending Medicaid benefits.
- It is optional for JJ facilities to provide notice to HHSC when kids are taken in or released, but mandatory for HHSC to suspend or reinstate eligibility. HHSC is also seeking guidance from CMS on these conflicting directives.
- Chris Y.: Wasn't there another bill that wasn't passed that looked at this process for adults? Yes, there was a parallel bill for incarcerated adults that failed to pass. OSS: Adults have different eligibility groups so it works a little different than it would for children. For adults receiving Medicaid based on receipt of SSI the Social Security Administration (SSA) must be notified when someone on SSI is incarcerated. For pregnant women who are incarcerated-Medicaid covers the delivery when there is a 24-hour-plus admission in a "free world" facility (i.e., not a hospital housed on prison grounds). Kit, Anne, & HHSC need to follow up offline. Technically PW could also be covered under the same terms who are in local jails, but HHSC believes that this is claimed only by UTMB so far.
- Anne D: If Texas had a coverage expansion, and if the hospital isn't a prison hospital, Medicaid could also pay for inpatient admissions of over 24 hours in free-world hospitals for almost all adult prisoners, which would save the state budget significant amounts on prison system health care.

#### **IV. OTA Meeting**

*TANF/Medicaid Challenge*

- MM: in discussion with enrollment assisters – when some individuals submitted applications for Parent and Caretaker Medicaid, person also getting processed for TANF cash assistance despite not having requested TANF;
- OSS: individuals processed for TANF as a result of submission of TANF-specific application, in both cases submitted the person was not processed for TANF based on the submission of a Form 1205 but a later submission of a 1010 requesting TANF. OSS stated that it confusion could be due to workers still calling Parent and Caretaker Medicaid "TANF-level Families," since that is the name for the program in TIERS.
- MM concerned that eligibility workers are telling clients to apply for TANF without fully explaining the Personal Responsibility Agreement and its work requirements that will be imposed, and the fact that a work-related sanction could impact the parent/caretaker's Medicaid.

- MM: what is causing confusion on the fact that vendor stated that the individual needed to submit a new application even though it was within 60 days of the original file date (second bullet point) → vendor script issue? Kit: is there financial gain to vendor or call center for resubmission of application? OSS: not same vendor, so no. They will look into the script to see if there is an issue.

*Pilot Program redirecting YTB applications—HHSC Leon Whitely*

- Background: YTB apps are routed based on zip code, which is a concern for outstationed workers, pilot to get tech to support online application for outstation workers
- OSS: We're winding down our pilot with refugee services; we have FQHCs in Dallas who are interested in routing to Outstationed Workers; TACHC → talking internally to determine if need to make change to MOU or can do through amendment to MOU
  - They are meeting with eligibility folks soon, and hope to roll out program/pilot in next couple of months.
  - Tech question of how to route, and how far can drill down
  - Want to get infrastructure, legal, and tech pieces correctly in place before moving forward

*Emergency Medicaid online applications*

- Does application information remain in TIERS system for individuals who have applied for Emergency Medicaid? That is, could a hospital filing a series of claims for a patient under Emergency Medicaid access the previous application data on that client to avoid repeated re-entry of same information?
- OSS: Some basic information will be retained, but another application will be need submitted; TACHC: may not be the case, all that will be retained is username and password. This is actually true for any YourTexasBenefits.com case not just Emergency Medicaid.
- Kit and MM to OSS: More data retention may be a big picture consideration for HHSC, as they encourage more use of their online application.



## **Update from HHSC Office of Social Services**

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*August 21, 2015*

As of August 2, 2015:

- 42 hospitals have submitted notices of intent, which include a total of 96 locations.
  - 16 notices of intent are currently in the qualification process.
  - 26 notices of intent are fully qualified (enrolled).
- 131 qualified hospital/qualified entity staff has completed the required training and have been provisioned to make presumptive eligibility determinations.
- 205 presumptive eligibility determinations have been received.
  - 105 have been received from qualified hospitals.
  - 100 have been received from qualified entities.

- On June 26, 2015, the Supreme Court issued a decision requiring states to license and recognize same-sex marriages. HHSC is making policy and systems changes to implement the Supreme Court decision.
- On August 14, 2015, HHSC provided policy guidance to require same-sex spouses to be included in the same eligibility group for the Supplemental Nutrition Assistance Program (SNAP), in accordance with federal direction.
- HHSC is currently finalizing policy guidance for Temporary Assistance for Needy Families (TANF), Medicaid, and the Children's Health Insurance Program (CHIP).
- Eligibility staff are initially using a manual process to recognize same-sex marriages in the Texas Integrated and Eligibility Redesign System (TIERS). HHSC is working to implement automated systems changes.



- The bill removes the permanent SNAP disqualification for individuals with felony drug convictions. The bill imposes a:
  - 2-year SNAP penalty for individuals with felony drug convictions who violate any condition of parole or community supervision; and
  - Permanent SNAP disqualification for any subsequent felony drug conviction for an individual receiving SNAP.
- HHSC is currently working on implementation of the bill in coordination with the Texas Department of Criminal Justice (TDCJ), including:
  - Implementing policy guidance and a manual process for TIERS to not apply a permanent SNAP disqualification for individuals with felony drug convictions, as soon as possible.
  - Working with TDCJ to define violations of parole or community supervision and identify available data.
  - Developing the timeline for implementation of automated systems changes and rules changes.

- The bill requires HHSC to suspend Medicaid or CHIP eligibility for children placed in juvenile facilities and reinstate eligibility upon release.
- HHSC is currently working on implementation of the bill in coordination with the Texas Juvenile Justice Department (TJJD).
  - The soonest eligibility systems changes can be made is August 2016.
  - HHSC has requested federal guidance on application of the requirement to renew eligibility once every 12 months.
  - HHSC will be surveying juvenile facilities on their plans to provide notices of placement and release.

The Center for Public Policy Priorities (CPPP) requested information on whether TANF was being disposed based on submission of the Texas Streamlined Application (Form H1205). Two example cases were provided. HHSC researched the cases and found the following:

- **Concern:** Submission of the H1205 led to denial of TANF and Medicaid as a result of the TANF work requirements.
  - **Response:** The cases were assessed for additional programs when subsequent H1010, Texas Works Applications requesting other programs were submitted. It is possible there was confusion if the client was told they were denied "TANF-Level Medicaid," which was the prior name for Parents and Caretaker Relatives Medicaid.
- **Question:** If a person loses their Medicaid due to a work-related sanction for TANF, at what point can they reapply for Medicaid and the sanction not affect eligibility?
  - **Response:** An individual may reapply after one month if the individual complied with Choices. If the individual has not complied with Choices, the individual may reapply after two months.

- **Concern:** Medicaid was denied based solely on electronic data sources indicating the individual was over income. The individual was not asked to provide verification prior to denial.
  - **Response:** Two sources of income were available: one verified by electronic data sources and the other verified by client statement. Using reasonable compatibility, the client was determined ineligible because both the client statement and electronic data sources were above the income limit.
- **Concern:** Call center staff told clients to submit a new application within 60 days of the original file date. Individuals are able to submit information as a change within 60 days of the file date.
  - **Response:** Records confirm incorrect information was provided to the caller. Follow-up actions have been taken with the vendor.
- **Concern:** A designated Authorized Representative (AR) was not permitted to complete the interview and the worker refused to share case information with the AR.
  - **Response:** Records indicate the worker spoke with the AR and provided case information.