



**Texas CHIP Coalition**  
Meeting Minutes

January 17, 2014

*Present:*

Anne Dunkelberg, CPPP  
Helen Kent Davis, TMA  
Shelby Massey, TACHC  
Lizzie Jespersen, CDF  
Catherine Samuel, CDF  
Sr. JT Dwyer, Seton  
Michelle Romero, TMA  
Sonia Boyd, BCBS TX  
Jennifer Mendez, Sendero Health Plans  
Sandy Martinez Nava, Superior Health Plan  
Stacey Pogue, CPPP  
Lizzie Krog, Office of Rep. Naishtat  
Jessica Boston, Office of Rep. Naishtat  
Gwendolyn Cubit, Office of Rep. Naishtat  
Stacy Wilson, THA  
Clayton Travis, TCFC  
Lauren Dimitry, TCFC  
Kathy Eckstein, CHAT  
Laura Guerra-Cardus, CDF  
Kit Abney-Spelce, insure-a-kid  
Ashlee Moonyham, CommUnity Care  
Jenny Rocha, CommUnity Care  
Molly Woodard, TCFV  
Ivette Gonzalez, LSCC  
Summer Stringer, TFBN  
Becky Huerta, Central Health  
Kathleen Davis, TXIAF  
Megan Randall, CPPP

*Conference Line:*

Bob, Parkland Hospital  
Beth, Parkland Hospital  
Gracie, Parkland Hospital  
Rosanne, Texas Children's Hospital  
Alina Batool, Community Health Choice  
Erica Bynote, Molina Healthcare  
Teresa, Maximus  
Robin Chandler, Disability Rights Texas  
Shannon Noble, Texas Counseling Association  
Shannon Lucas, March of Dimes  
Aaron Herrera, TFBN  
Amy, Molina Healthcare

*Chair:*

Anne Dunkelberg, Associate Director, Center for Public Policy Priorities

*Minutes Scribe:*

Megan Randall, CPPP

*Next meeting:*

February 21, 2014

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## **I. Update on Healthy Texas Babies Initiative: Lauren Dimitry, Texans Care for Children**

LDimitry

- DSHS was given money after the 2011 legislative session with an objective to decrease infant mortality. The initiative is a collaborative multi-stakeholder project.
- The initial DSHS funding for the initiative ended as of Oct 2013. However, DSHS is still going to serve in an administrative role for the collaborative for one year, and the group will continue to be a statewide multi-stakeholder coalition. The collaborative's first independent meeting was in November.
- Also, the department recently released a data book which contains statewide data related to maternal health and infant mortality indicators. The book breaks data down into distinct regions of the state where you can see differences.
- The collaborative is still in the process of forming its Expert/Leadership panel. There are currently three work groups – people working on the neonatal side, the obstetrical side, and the community health side (Alice and I are both participating in the community health workgroup).
- A benefit of not being housed in DSHS is that there is a lot of interest on the part of the group in advocacy and policy solutions. They are interested in what this coalition does, and it would be good when they start their work to bring them in for a presentation.

LGuerra-Cardus

- Has the collaborative discussed what types of policy they will advocate for?

LDimitry

- In November, each work group had to prioritize one or two ideas. One of the leading ones that came out of the community health workgroup was inter-conception care for women. The workgroup is interested in discussing the gap in care between the post-partum visit and subsequent pregnancies.
- These ideas will be sent up to the leadership panel, but the panel is still being determined. Once the panel is set they will ideally pick one issue for each of the workgroups to work on.
- Aisling McGuckin at DSHS is our contact. She is the liaison between the collaborative and the department while the group transitions out of the department.

## **II. Navigator Rules Update: Stacey Pogue, Senior Policy Analyst, Center for Public Policy Priorities**

SPogue

- As many of you know, the TDI proposed rules for navigators have caused a lot of concern amongst navigators, advocates, providers, etc.
- The agency closed the rule comment period on January 6 and said that it received over 500 pages of comments. We don't yet know the timeline for the final rule and when will be released. EDITOR'S NOTE: final rule was adopted 1/21/2014)
- The general timeline for rules is that once the agency has finalized the rule, and it is filed with the Secretary of State, it will take effect 20 days later.
- One of the main areas of concern has been the proposed prohibition on providing information on substantive and comparative benefits. As I understand it, TDI intends to modify this language to bring it more in line with SB 1795. This is good since this is something we are all concerned about.

- The Commissioner also spoke after the hearing about trying to narrow the scope of who is regulated in the rule. I have heard a couple of reports on how she is framing this. For example, they may be limiting it to people using the healthcare.gov website. What Sr. JT Dwyer reported was that the Commissioner didn't intend to catch anyone who has historically been providing Medicaid/CHIP enrollment assistance, etc. but she still wants to be able to regulate potentially fraudulent "navigators."
- The department will also be looking at the cost of training, etc. TDI said they are looking at whether they can certify existing trainings for Medicaid, CHIP, etc. because under the proposed rule there must be training approved by TDI. Certifying currently available free trainings would reduce costs.

SrJTDwyer

- Have you heard anything about whether TDI would entertain the idea of not making rules effective until after the Marketplace open enrollment period closes?

SPogue

- I have not heard anything about this at all.

KEckstein

- There has been media coverage about some legislators calling for lawsuits.

SPogue

- Members of the TX Democratic Congressional Delegation have asked Eric Holder to have the Department of Justice weigh in. I don't think, however, that the DOJ or administration really wants to file lawsuits against states. They have already had these opportunities in other states and have yet to do this.

### **III. What Next for Medicaid Expansion Advocacy: Laura Guerra-Cardus, Texas Associate Director, Children's Defense Fund**

LGuerra-Cardus

- Most of the info about Medicaid expansion advocacy meetings and activities goes out through the CTN (Cover Texas Now) listserv. If you want to receive these emails, please e-mail Stacey Pogue to be added to the listserv ([pogue@cphp.org](mailto:pogue@cphp.org)).
- We had a number of strategic meetings last year during which we spoke about how what we can get done on coverage expansion in 2015 will depend on how good our planning is this year. We want to be working on it all year long.
- Before the primaries, we want to focus on educating people about the problem – about the coverage gap and that Texans have been left out – as well as on connecting people who support coverage expansion (and people who have been left out) to advocacy efforts. This is where TLMO (Texas Left Me Out) comes in.
- From the primaries to the general election, the focus will be on getting top folks who support Medicaid expansion to come out (county judges, mayors, chambers, heads of business organizations, etc.)
- After the general election, we will be connecting with legislators and asking for coverage expansion to be addressed, etc.
- We will be doing a kickoff to coverage expansion on February 5<sup>th</sup> at 10 a.m. The main goal of the event will be to illuminate the human problem and to draw a lot of attention to the TLMO page. The page has been highlighted on two media spots now and from that has received 600 sign-ups and 25 stories.
- The Feb 5<sup>th</sup> event will be at the Capitol. We will have one advocate MC from the CTN coalition framing the issue, and we are thinking about doing a letter from advocates to the lege, and that will allow any organization that wants to be a part of this to put its name on

this event. We are also hoping to have a CAC, or someone who actually works with people, to be a speaker. We also want to have a set of individuals/families available to speak to the press on that day.

- We are coming up with other ways for organizations to participate, as well. You can recommend a speaker or story to us, and we will be sending out talking points. There will also be a Tweet chat and that is an opportunity for your organization to connect with and reach people that your partner organizations are connected to. We have Moms Rising helping with this (they have a blogger in TX who will help us put pieces in local community papers). If you have a contact at a local community paper, let us know.
- The event will also help us get national groups involved (First Focus, Family USA, etc.). A lot of other states are interested in the TLMO project, and are looking to see if we can be successful with it, etc.

KAbneySpelce

- Who are we targeting to attend the February 5<sup>th</sup> event?

LGuerra-Cardus

- Media. That is the main thing. Capitol press corps, etc. We chose to do it at the Capitol because part of the message is that the problems are a result of the decisions made there.
- Feb 5<sup>th</sup> focuses on the issue and stories. From Feb 5<sup>th</sup> to the end of open enrollment, it will be a hyper-local strategy. Online newsletters, community partners, presentations, media interviews, etc. We do want the big names coming out, but it might not be the right time for some of the big names because we are in the primaries. We will be asking for the top folks to come out after the primaries on this issue. We want to keep the message clear and simple right now, talking about the people.
- The other thing to add is that we are creating a PPT presentation and flyer for CAC's and people that work with these and other issues (food banks, etc.).
- The flyer is for handing to a family and the presentation is to incorporate into your day-to-day work. Someone from our team will be happy to come to a regional meeting if your organization would like to learn and talk about this and how they can help. We are scheduled to talk to the Gateway to Care collaborative next week, for example, and we want to hit other large networks as well. Just e-mail me.

ADunkelberg

- On Medicaid expansion, a Q & A came out from CMS HHS over Christmas. One of them underscores a couple of issues that we brought up last year about Medicaid expansion and spells them out nicely. One issue is that, to the extent that we enroll women in expanded coverage and they get pregnant later, they *do not* get shifted to the maternity category. They will stay where they are and states will still draw the enhanced match. About 56% of babies born in TX are delivered on Medicaid, so there would be a huge cost reduction for the state if we expanded Medicaid (would pay 0 cents on the dollar versus 40 cents on dollar).
- The other issue is that everyone has heard the term emergency Medicaid, and it creates confusion because it is a misnomer. Emergency Medicaid is coverage for people who are excluded from Medicaid only by virtue of immigration status (and not just the undocumented, since TX excludes other legal immigrants from Medicaid as well). Basically, emergency Medicaid mirrors the existing Medicaid category, except for immigration status. If I am a regular uninsured adult and I have an accident, emergency Medicaid doesn't pay for me. We don't have any Medicaid coverage for able-bodied adults in Texas. One of the things that this guidance said is that states that do Medicaid

expansion can bill emergency Medicaid for emergency costs for immigrants up to 138% of poverty. That is potentially a big savings for hospitals.

HKentDavis

- Taxpayers also need to be an emphasis when talking about this. Because, ultimately, they are the ones putting up the funds. You could have a huge chunk of savings for a county, etc. Sometimes people don't associate publicly financed hospitals with taxes.

#### **IV. Discussion of Eligibility System Changes**

ADunkelberg

- The answer to the first question on the HHSC Q & A for today says that the current TX streamlined app includes asset questions. In the last couple of weeks, we have had some confusion about which application HHSC is moving forward with. The YTB online app doesn't have asset questions currently.

KAbneySpelce

- But outstation eligibility workers did have an application with asset questions, and were told that was application they were to use.

ADunkelberg

- It has been confirmed informally to HHSC via e-mail from CMS, that CMS cannot approve an app which continues to ask for asset info. This was confirmed in a letter to Rep. Coleman. We need to get clarity on that.
- There is a tiny bit of good news in the more arcane pieces of our refusal to offer Medicaid to former foster youth from other states. The general rejection of this option is in place, but there is a wrinkle to that which has to do with the Interstate Compact on the Placement of Children. Every state has some number of kids who are placed across state lines (i.e. moved from one state to another during foster placement). The way Texas HHSC was proposing to treat these kids is that they would be without a state (would not have Medicaid from state of origin, and would not be treated as TX Medicaid eligible). Credit to my former boss Judge McCown who raised this issue with the Governor's Office. It sounds like there is some progress on this front, if not a perfect outcome.
- The third issue that I am concerned about is the Commission's proposal to limit Texas children to one segment of continuous eligibility going forward. Every other segment of six months they would be on month-to-month eligibility subject to reporting changes. I am concerned that this doesn't comply with state law. Federal authorities don't feel there is anything about the federal law that would obligate states to do this. I haven't received a lot of info from the feds, no new info at least, but am hopeful we will get an update today.

#### **V. ACA Implementation Update, Stephanie Muth, Deputy Executive Commissioner, Health and Human Services Commission**

*See attached PPT slides for more information.*

*Update on Account Transfers*

SMuth

- We began receiving account transfers this morning (about 70 account transfers as of this morning). CMS has indicated they will send us about 700 today to start looking at.

- On the PPT slide, it says that we will receive 72,000 applications from the October – January period. We have an updated number since then – it is 90,000 unduplicated cases that we will receive.
- We noticed that, of the 200 test case files that were recently sent over, none of them would actually be eligible under Texas Medicaid rules. We have no idea, of the 90,000 applications that we will receive, how many will be Medicaid/CHIP eligible.
- CMS has indicated that there are defects in the transferred files. They have put some fixes into place since October, but no defects were fixed retrospectively. We will be dealing with these as we process cases and are getting limited info about this. As of today, we are one of only 15 states that are receiving account transfers. Not a lot of history yet to know what we will see as we process these transfers moving forward.

LGuerra-Cardus

- We have seen that family Marketplace coverage is being held up because the Marketplace believes the kids are CHIP eligible, and their kids' application has been sent down to HHSC for determination. But, in these cases, the family has already been denied for CHIP (have already applied and been denied in the recent past).

SMuth

- The other thing we are finding, just from names on the flat file, is that the Marketplace is sending us people who are already actively enrolled.

KAbneySpelce

- The problem is that the Marketplace is saying that the kids are eligible for CHIP/Medicaid, but the family knows that they've already been denied. Do we know, after you deny, how the Marketplace is notified and how it handles this?

SMuth

- We don't know how CMS will handle this.
- We sent our first group of account transfers to CMS on Jan 5<sup>th</sup>. We sent account transfers for 537 cases. The Marketplace was only able to accept 188. They have many edits in their system which prompt the system to reject referrals from us (i.e. if you have a job title with less than five characters, if your employer has a number in its name, etc.). We have had to manipulate our entries so that the data will transmit to them. We expect to resume today, and we don't know how many will go through. We have had issues with parameters that their system was set to accept that we didn't know about.
- The way the system is supposed to work, when working properly, is that the Marketplace will send someone to us and say this person is potentially eligible. HHSC makes the determination and communicates back to the Marketplace, and then the Marketplace will move forward with that.

LGuerra-Cardus

- For the family I am working with, they are in a stream of applicants that needs an account transfer of the HHSC denial back to the Marketplace. What does your timeline look like for this to happen?

SMuth

- We really have no idea. CMS has to process it on their side. We didn't propose to start sending to the Marketplace until Jan 1. We have less than 20,000 denials in queue to send to them. Submitting electronically shouldn't be a significant period of time, but we have no idea what CMS' timeline is for processing. We can raise this issue with them in next call.

LGuerra-Cardus

- Is there a way that we can work with you on special cases? The Marketplace keeps telling them they can't do anything until they hear from HHSC

SMuth

- You can send them to me, and our staff will look at it. I will follow up as soon as we have our next call. Not sure I can help if CMS is waiting for something electronically, but we will see what we can facilitate.

#### *Update on CHIP to Medicaid Transition*

SMuth

- Effective Jan 1, the income limit increased from 100% to 133% FPL for ages 6 – 18.
- Instead of doing a big bang approach, we said we would honor the current 12 months of continuous eligibility, and upon renewal would move them from CHIP to Medicaid. If you are newly Medicaid eligible, you have the option to move from CHIP to Medicaid earlier, however, and we would allow individuals to make that move starting Jan 1.
- CMS has recently raised concerns about this process, so we will send a notice to all of these individuals to make sure they are aware that they will remain enrolled in CHIP until renewal, unless they want to move to Medicaid earlier.
- The other piece is that we have to ask them to submit an application if they want to move because we don't have their MAGI info. CMS wants us to automatically move people, but there is no way to do this. We have to have people submit an application.
- Notices are going out in the near future and the intention is to provide copies to community partners. We can share copies of the notice.

KEckstein

- Will the letter say anything about Medicaid benefits being more comprehensive than CHIP?

SMuth

- The letter will tell them, if they have questions, to contact their enrollment broker.

#### *Administrative Renewals Update*

SMuth

- The first group that would come up for administrative renewal would be in September of 2014. Today, we send a renewal pack to everybody and your renewal is contingent upon you returning the packet. The requirement under MAGI is that we first see if we have enough info in electronic data sources to renew the person before we reach out with an enrollment packet. We would automatically renew them if we have enough electronic info.

#### *Rules Update*

SMuth

- To address your questions about the streamlined application, on December 31<sup>st</sup> we formally submitted the TX streamlined app through the State Plan Amendment (SPA) process. The application *did* include the asset questions. We have not yet received a response.

ADunkelberg

- We have had no communication from you or CMS about the notion that kids will only get one segment of 6 months continuous eligibility under the proposed process, and how this complies with TX state law, etc. It will likely have a depressing effect on enrollment if kids go to having only one segment of six month continuous eligibility.

SMuth

- Originally, from the beginning, we had laid out plans to CMS showing that state law required a 6 month continuous eligibility period and that their requirement under the ACA

was a 12 month certification period. Our legal interpretation, looking at state law and what was required during the second six months of certification, would give a six month period of continuous eligibility and in the second six months we would act on changes in income and would automatically ping those data sources. We would only reach out to the client if data sources tell us that income has changed in a way that would affect eligibility. It may be that the data indicates they have a new job, but does not give income info, and can reach out to them to get new income info in this case.

- CMS has raised no concerns about this process. It is consistent with MAGI requirements.

ADunkelberg

- I don't understand why you can't do an administrative renewal at the six month mark. Some of the feedback I got was that you were rejecting the quarterly wage database as a sufficient data source.

SMuth

- There are other criteria we need to look at when doing a full eligibility determination. The state legislature can give us a different direction, but current state statute requires us to do an eligibility determination.

ADunkelberg

- But there is nothing in state law saying what an eligibility determination is or entails.

SMuth

- The way that state and federal law interact is that these individuals will not receive 12 months of continuous eligibility. We received no legislative direction to the contrary.

ADunkelberg

- One thing CMS said to me is that there is nothing in their policy that would prevent TX from recertifying for a 2<sup>nd</sup> segment of 6 months of continuous eligibility.
- It is clear to me that you guys are trying to set this up in a way that will not disrupt eligibility, but I am afraid that it will despite best of intentions. We will be keeping a close eye on it.

HKentDavis

- Has HHSC done analysis indicating what the impact on caseload will be if we have one six month continuous eligibility period, and then go month-to-month?

SMuth

- The caseload projections from the legislative session assume a 12 month certification period, wherein the second six months we would act on income changes. The numbers presented during session anticipated this policy.

HKentDavis

- And what is the impact on children? How many would lose coverage?

SMuth

- Today, they have a six month period, so the average length of stay would be between nine and ten months. We would anticipate that it would be a longer average length of stay on this policy than on the previous policy. It is hard to say because we don't yet know and haven't done this. We don't know how many people will have data available, and how many people we will see a change for.

KAbneySpelce

- In the future, we will probably want reports come June. We will probably want to know what the numbers are.

SrJTDwyer

- If the Marketplace sends you a transfer, will 2-1-1 know that the application is in the system?

SMuth

- Not until we receive the account transfer. As soon as we receive the account transfer, 2-1-1 will know.

## **VI. Texas Streamlined Application Update: Stephanie Muth, Deputy Executive Commissioner, Health and Human Services Commission Application**

*Combined CHIP and OTA Workgroup. See attached Q & A for more information.*

SMuth

- The YTB version is what we submitted to the feds.

KAbneySpelce

- I found a 1205 that *doesn't* ask asset questions and then an outstationed eligibility team sent me an app *with* asset questions.

SMuth

- Where did you get the version that did not contain asset questions?

ADunkelberg

- I got it at YTB.

SMuth

- That was not my understanding. The YTB should be the version that asks the asset questions.

KEckstein

- We got a letter from CMS saying that they would not allow an application with asset questions, and that HHSC had been advised that they would not allow it.

SMuth

- We will process either application we receive. We will not pend or deny a case for not having asset info. We told CMS that we would submit the application with those questions, and that the state of TX wants to collect that info for informational purposes. The application does not say that the questions are optional.

KAbneySpelce

- So, if we cross out that section, and we skip forward, it will not cause letters to be generated or any further discussion around assets?

SMuth

- We will not pend or deny an application if that information is not included, if they are applying only for healthcare coverage. But we may look to third-party data sources and collect asset information that way, but will not reach back out to client.

HKentDavis

- Has that been communicated to enrollment assisters that if a client does not include that info, an application will not be pended or denied?

SMuth

- We would not typically do that, since the state has an interest in collecting that info.

GCubit

- What will you use this info for?

SMuth

- Texas leadership wants to understand the cost to the state of Texas of the federal policy to eliminate asset tests.

ADunkelberg

- It should also be noted that Perry sent a directive to HHSC in September asking for this.

LDimitry

- When you ping data sources and someone comes up that had a change in job/income, and you reach out to them, what is the timeline that they have to respond by?

SMuth

- It is the normal timeline in existence today. Your notice would also tell you.

CHIPCoalitionMember

- It is 10 days normally.

KAbneySpelce

- One piece of confusion is, for divorced parents, do you need to submit a tax return for the other parent? If you list that someone else claims a child on their tax return, you don't have to go get their tax returns?

SMuth

- No. I will go back and verify this with policy folks. Stephanie [Stephens'] response is that we are not using tax returns to verify tax status.

KAbneySpelce

- In the old world, noncustodial parents could not apply for CHIP or Medicaid for their kids. In this new world, with MAGI, if I am a noncustodial parent who claims the child on their tax return, can I apply for CHIP or Medicaid for them?
- The answer on the Q & A indicates that a noncustodial parent *can* apply.

SMuth

- Let me confirm this with policy people.

KAbneySpelce

- There is a place on the app that says if your income changes from month to month, project what it will be this year, and next year. Am I projecting for 2014 and 2015?

SMuth

- This is one of the Marketplace questions. What they are looking for is 2014 and 2015, not 2013. We don't use 2015 income for the Medicaid determination. That is for the Marketplace determination.

KAbneySpelce

- So we can assure families applying for CHIP/Medicaid that they can do their best to estimate, but that HHSC will not be looking at it.

SMuth

- What we can do for some of the more complex application and eligibility questions is set up a separate phone conference call where we can go through all the more technical information.

SStringer

- We've been told that some local offices are not accepting paper apps at all because of the new apps coming out, but also to my knowledge the vendor has not prepared new apps yet.

SMuth

- Local offices should accept the paper app. We will process whatever app we receive. We might have to pend an application for additional info if it is an old application. If you run into a problem with a particular office let us know. We are in the process of printing and distributing new apps now. It is also available through ytb.com.



# **Status of Federally-Required Medicaid and CHIP Eligibility Changes**

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**January 17, 2014**

## **From the Marketplace to HHSC**

- HHSC expects to begin receiving account transfers from the Marketplace on January 17, 2014.
- For October 1, 2013 – January 5, 2014, CMS indicates HHSC will receive 72,068 applications from the Marketplace.
- CMS has indicated that there are defects in the transfers from the Marketplace and that CMS will only correct defects prospectively. CMS communications on handling account transfer issues has been limited.

## **From HHSC to the Marketplace**

- On January 5, 2014, HHSC began sending account transfers to the Marketplace.
- HHSC sent account transfer files for 537 individuals. Of those, the Marketplace was unable to accept 188 files. For example, the Marketplace was unable to accept files that included:
  - Jobs with less than five characters
  - Names with numbers
- HHSC has been addressing these issues and expects to resume sending transfers on January 17, 2014.

- Effective January 1, 2014, the income limit for Medicaid for children ages 6 to 18 increased from 100 to 133 percent of the federal poverty level (FPL).
  - HHSC is enrolling eligible new applicants ages 6 to 18 with income up to 133 percent of FPL in Medicaid.
  - Eligible children currently enrolled in CHIP will be transitioned to Medicaid at renewal, unless they apply for Medicaid before renewal.
- HHSC plans to send a notice to this group of current CHIP enrollees to inform them that they may be eligible for Medicaid if they choose to apply, and that no action is needed if they would like to remain on CHIP until renewal. The notice is pending federal approval.
- HHSC also plans to send a notice to partners to inform them of the client notice and how they can assist clients.

- Systems changes for administrative renewals are scheduled for August 2014. The earliest an individual certified under the new federal income rules is eligible to begin the administrative renewal process is September 2014 for a certification period beginning January 2015.
- Administrative renewals require using available electronic data to the greatest extent possible before reaching out to a client to provide information or verification. If HHSC cannot determine eligibility based on electronic data, a pre-populated form will be sent to the client.
- Programs subject to administrative renewals include:
  - Children’s Medicaid and CHIP
  - Medicaid for Parents and Caretakers
  - Medicaid for the Elderly and People with Disabilities (MEPD)
  - Medicaid for Transitioning Foster Care Youth (MTFCY) and Former Foster Care Children (FFCC)

- Rules relating to federally-required Medicaid and CHIP eligibility changes were adopted and published in the December 27, 2013 issue of the *Texas Register*.
- An emergency rule for Medicaid for Transitioning Foster Care Youth (MTFCY) is published in the January 17, 2014 issue of the *Texas Register*. The emergency rule, which is effective January 1, 2014:
  - Aligns the eligibility requirements for MTFCY and the new Former Foster Care Children (FFCC) program to provide Medicaid coverage only to youth who transition out of foster care in Texas.
  - Ensures that individuals receiving MTFCY on or before December 31, 2013 continue to receive services until they age out, subject to other eligibility conditions. This also applies to the Former Foster Care in Higher Education (FFCHE) program.
- A second set of proposed rules will be published in the *Texas Register* in February.

- On December 31, 2013, HHSC formally submitted the Texas streamlined and integrated applications to CMS through the State Plan Amendment process.
- HHSC has not received a response from CMS.

## **CHIP Coalition Questions January 17, 2014**

1. There seem to be two versions of the Texas Streamlined Application 1205- one that asks about things you pay for (assets) and one that does not. Which application is being circulated? It is my understanding that CMS stated the streamlined app could not ask assets questions.

Response: The current Texas Streamlined application submitted to CMS and available on our website includes assets questions.

2. What happens if a family, only requesting healthcare coverage not SNAP or TANF, skips the assets questions on the 1010 or the 1205?

Response: If a family only requesting healthcare coverage skips the assets questions, HHSC will not deny or pend the client to request additional information.

3. If someone outside the household claims one of the applicants as a dependent do you have to include the tax return that includes the dependent with the application?

Response: Tax returns are not used to verify tax status, but they can be used to verify self-employment income or MAGI expenses.

4. In Section H People Applying for Benefits of the 1010 dated 10/2013 should you include individuals/ children that are included on the families tax return, are not applying for benefits, and don't live in the household?

Response: Section H should only be completed for the applicant, the spouse of the applicant, and/or parent(s) living with a child applicant. The applicant should include dependents under Section I.

- a. If yes does this mean non-custodial parents can apply for children not living with them if they claim them on their taxes?

Response: Non-custodial parents are allowed to apply for Medicaid/CHIP on behalf of their child if they claim the child as a tax dependent on their income taxes.

5. On Section 4 of the 1010 and number 34 on the 1205 ask about yearly income. It asks Your total income for this year, total income for next year. Since we just began 2014 is this asking total income of 2013 and total income expected for 2014? Or are you asking a family to project total income of 2014 and income of 2015?

Response: This question is used for healthcare coverage through the Marketplace. HHSC assumes this question applies to projected income for the current year and the next year. Since we just began 2014, projected income should be provided for 2014 and 2015.

6. Section 6 of the 1010 and Renewal of coverage on Step 5 of the 1205- this only applies if someone buys Marketplace coverage correct? This could be confusing for Medicaid and CHIP families who may think they don't have to renew but every 5 years if they check the box.

Response: This question applies to Marketplace coverage, but it should be completed by all applicants. The information received on these applications will be sent to the Marketplace if the applicant is deemed ineligible for Medicaid/CHIP.

7. Can the applicant return the Employer Coverage Tool if the employer completes the information? It appears to be the same questions as Appendix A. Is there a reason the client would need to transpose the information to appendix A?

Response: The applicant needs to transcribe the information provided by the employer in the Employer Coverage Tool into Appendix A. The Employer Coverage Tool cannot be submitted in lieu of Appendix A.