Texas CHIP Coalition
Meeting Minutes

June 26, 2015

Present:

Anne Dunkelberg, Center for Public Policy Priorities
Sonia Lara, TACHC
Laura Guerra-Cardus, Children's Defense Fund –TX
Melissa McChesney, Center for Public Policy Priorities
Clayton Travis, Texas Pediatric Society
Helen Kent Davis, Texas Medical Association
John Berta, Texas Hospital Association
Rudy Villareal, HHSC
Raquel Luna, Lone Star Circle of Care
Sandi Hancock, Lone Star Circle of Care
Greg Hansch, NAMI – TX
Will Francis, NASW – TX

On the phone: Sister J.T. Dwyer, Sisters of Charity
Maureen Milligan, Teaching Hospitals of Texas

Chair: Kathy Eckstein, CHAT
Minutes Scribe: Caitlin Shea, Center for Public Policy Priorities
Next meeting: July 17, 2015

I. Post-Session HHSC Budget Update
Lisa Subia, HHSC

- In the 2016-17 General Appropriations Act, budgetary changes to GOAL B, Medicaid Services, include:
  - Cost growth not assumed in conference committee report;
  - $3.1 billion was allotted for projected caseload growth; and
  - A decrease of $373 million General Revenue (GR) was assumed for cost containment.
- An extra $50 million was allocated for Women's Health Program Consolidation.
- Some money allocated for IT initiatives, but not enough to meet consolidation need.
- To address the Medicaid shortfall in 2015, $155 million GR was appropriated in the Supplemental Appropriations bill and $244 million GR may be transferred from other health and human services programs.
- Senate Bill 200, Sunset legislation, reorganizes the health and human services system:
  - The functions of DARS and DADS are consolidated in a phased, two-year approach to be completed in 2017.
  - DSHS and DFPS are maintained as separate agencies but certain functions are transferred.
  - A transition plan is due March 1, 2016.

- A legislative oversight committee will offer advice on the transition plan and review the plan's implementation. The HHSC Executive Council will be established as a replacement for abolished agency councils that had provided soundboard for policymaking.
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    - The Executive Council will include chair, division directors (agency commissioners), and Executive Commissioner appointees.
    - Its purpose is to advise on consolidated HHSC operations, including the transition plan.
    - DADS will continue to have a Council until fully consolidated (DARS as well).
- There are too many rules and policies to be handled by one committee, so expect some breakouts.

II. Impact on Mental Health & Substance Abuse Services and State Hospitals
Lauren Lacefield Lewis, DSHS

- SB 200 mandates consolidation of state hospitals into HHSC.
- SB 202 pertains primarily to DSHS Regulatory Licensing, including licensing related to crisis facilities, standards for substance abuse, and general oversight procedures.
- SB 1507 requires the HHSC Commissioner to appoint a forensic director who will be responsible for statewide coordination and oversight of forensic services and coordination of DSHS programs relating to evaluation of forensic patients, transition of forensic patients from inpatient to outpatient or community-based services, community forensic monitoring, or forensic research and training. The director will also be responsible for addressing delivery of forensic services issues in the state (i.e., population changes). A forensic work group will be established – minimum of nine members – to provide input on the creation of a comprehensive plan for coordinating forensic services. The group is scheduled to be dissolved November 2019.
- SB 1507 also requires HHSC to divide Texas into regions in order to allocate state-funded beds for inpatient care. However, because state hospitals long have been over-utilized, DSHS has increasingly contracted out for beds. The required regional plan will need to account for the availability of both state and contracted beds.
- While many agency councils will be eliminated in the consolidation, the Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders will be maintained – in part, because of mandatory federal (block grant) provisions. It provides consumer/recipient representation and meets on mental health services in the states. It will also be tasked with reconciling current mission with impending changes and transition to HHSC.
- SB 1507 also develops a training curriculum for judges and attorneys on alternatives to inpatient commitment at state hospitals. Because DSHS places a high premium on peer-to-peer initiatives (when appropriate), peer-to-peer training may be implemented.
- The bill also integrates Outreach, Screening, Assessment, and Referral Services (OSAR) with local mental health authorities. There are concerns over how to do this in a way that maintains a client's service level and quality.
- Rider 85 of HB 1 discontinues the NorthSTAR Program. The program was granted a final round of regular funding and additional one-time funds to help transition services and authority.

Community Mental Health Services

- DSHS Rider 71 allocates $46.4 million to increase the number of individuals receiving community mental health services and to serve adults and children on the waitlist for community mental health services.
- Ways to create greater funding equity per capita need to be considered (with regards to community mental health services). It could be based on extent of need within service areas or by raw population, etc.
- DSHS Rider 61 expands Home and Community-Based Services to divert adult populations from jails and emergency rooms into community treatment programs.
- DSHS Exceptional Item – Adds 20 medically indicated Residential Treatment Center placements for DFPS referred children and youth. The waiting list was at 19 as of May 2015.
- Additional funds are also provided for crisis services expansion, including the provision of crisis alternatives, the integration of non-crisis services (i.e. transportation) into crisis projects. Urban centers are often emphasized because of the high concentration of projects and potential services available for integration.
- DSHS Rider 87 increases rates for Harris County Psychiatric Center, but rider is unfunded. The agency will have to find money within appropriated budget.
- Multiple peer-focused programs:
    - Recovery-focused Clubhouse (DSHS Exceptional Item)
    - Mental Health Peer Supported Re-entry, established by an unfunded rider.

Substance Abuse Services (DSHS Exceptional Items)

- Funding for Youth Substance Abuse Prevention includes a universal program targeted at youth who are experimenting with drugs and not yet addicted.
- Funding for Neonatal Abstinence Syndrome. Overarching goal is to bring ICU numbers down among babies and connect mothers to DSHS infrastructure. More than half of the funds are targeted at providing opioid substitution therapy for pregnant women in need of stabilization.

State Hospital Infrastructure ~$50 million/biennium (DSHS Exceptional Items)

- DSHS estimates that state hospitals need $180 million in deferred maintenance ($88 million of which is critical).
- DSHS wants to bring salaries up to a more "equitable" level using geographically appropriate benchmarks (as per State Auditor's Office salary data); however, the agency lacks adequate funds to do so.
- State hospital 10-Year Plan emphasizes the purchase of local capacity when possible, although some communities are already overwhelmed. Also mention pursuit of academic partnerships in which the university would operate state-owned hospital buildings.
- Funds are appropriated for additional 100 community and private psychiatric hospital beds. Demand is much higher.
- Statewide expansion of YES program occurs by September 2015, and by 2016, children in DFPS conservatorship will be eligible. Previously, the program has struggled to secure consistent access to specialty providers – particularly in small counties and cities. However, they hope that as the program becomes established and client base grows, it will be easier to pull in specialty providers and establish robust benefits even in those small counties and cities.

III. Consolidation of WHP
Lesley French, Office of Women's Health

- Beginning in April 1, 2016, HHSC's eligibility system will allow for the auto-enrollment of Medicaid-served pregnant women at 60 days postpartum into the Texas Women's Health Program. HHSC may need provider cooperation to inform and/or refer clients.
- Still ironing out potential interaction/overlap between auto-enrollment and marketplace special enrollment eligibility.
- Question: Is current transfer procedure – from tier system to marketplace – still required? Answer: not yet determined, something to keep an eye on.
- One of the program's goals is to increase access to Long-Acting Reversible Contraception, by adding pharmacy benefits for LARC, and facilitating easier reimbursement procedures for hospitals and FQHCs.
- The new Office of Women's Health established at DSHS consolidates the Texas Women's Health Program, Family Planning, Expanded Primary Health Care, and Breast and Cervical Cancer Services (BCCS).
    - All non-Medicaid programs are consolidated.
    - BCCS clients will need to go through the Medicaid treatment program.
    - More functional consolidation (physical) is necessary to prepare for future policy-focused changes.
- Implementation of consolidation happens in two phases:
    - Phase 1: New website (Healthy Texas Women) launched to provide centralized resource for low-income women to connect with family planning programs and other state services.
    - Phase 2: Texas Campaign (additional $50 million) will consolidate 3 programs (Women's Health Program,, Family Planning, and Expanded Primary Health Care) into 2 (New Women's Health Program and Family Planning) by July 2016.
        - Use auto-enrollment to support continuity of reproductive care and prevent shuffling between programs.
    - Advisory Women's Health Committee will be created, with appointments likely happening in the next two months (by Executive Commissioner). DSHS currently soliciting names and input for committee members.
- Question: Have gaps been found yet between new Women's Health Program and Title 10 services?

IV. HHSC Presentations
Office of Social Services (OSS) and the Office of the Ombudsman

OSS
Standing Update (Kim Bazan):

- HHSC staff are now leaving voicemails as part of an outbound calling campaign to monitor the impact of the new renewal process for clients.
- HHSC will begin auditing checks on Hospital Presumptive Eligibility to make sure process is happening correctly. Notices of intent to participate have been submitted by 29 hospitals.
- T final release of the mobile app happens in late June.
    - A community office/partner locator (in addition to HHSC eligibility office) has been added.

- There are more using android than IOS, but still 100,000 on IOS.
- Mobile uploads of documents have outpaced desktop uploads.

Legislative Changes (Michelle Harper):

- HB 2718 authorizes HHSC clients to receive supplemental assistance from qualifying faith/community- based organizations. Clients can opt in in-person or online. HHSC is currently ironing out technical details and will need to define what qualifies as "supplemental assistance." There are concerns related to how to help someone attain self-sufficiency without affecting eligibility status for other programs.
- SB 354 transfers Child Advocacy Center and CASA contracts to HHSC from the Attorney General's office on September 1st.
- SB 1664 authorizes ABLE savings plan for individuals with disabilities to pay for health/quality of life expenses. These plans are exempt from counting towards an individual's resources when determining program eligibility. HHSC is still waiting for federal guidance on how to structure them.
- HB 3987 authorizes new higher education savings program that allows schools to partner with savings institutions. It will require coordination with the Texas Higher Education Coordinating Board.
- HB 839 requires suspension of Medicaid/CHIP certification periods for children in juvenile justice facilities. System changes and federal authorization will be necessary. Juvenile justice facilities will need to report when a child is leaving, after which HHSC has 48 hours to reinstate coverage. The earliest these system changes could happen is August 2016.
- HB 200, which removes permanent SNAP disqualification for individuals with drug felony conviction, will require HHSC to connect parole/supervision data.
- SB 1540 authorizes HHSC to conduct background checks on current/prospective HHSC employees who have access to sensitive information. HHSC still needs to define "appropriate bars" to employment. Community Partner Program employees will not be affected.

Community Partner Program (CPP)

- CPP has grown from 8 community-based organizations (CBOs) in 2012 to1,211 as of June 2015.
- Goals are to make applying convenient and to encourage clients to submit complete applications.
- New ways to find community partners (including online and through the Your Texas Benefits mobile app) are being introduced in July 2015.
- There are new certification requirements for CPP Site Managers and Your Texas Benefits Navigators. HHSC will absorb the costs of new requirements.
- In some regions, spotty internet access can be a barrier to outreach and maximizing enrollment numbers.
- The CPP contract is up for renewal soon. The next 6-12 months will be spent deciding which direction to take the program. They are looking for input.

Office of the Ombudsman (Paige Marsala)

- Staff went over the background, mission and primary functions of the Office, described the process for resolving complaints, and provided some statistics on CHIP complaints.

IV. Presentation on Texas Outreach and Enrollment Digest (TOED) and Discussion on Outreach and Technical Assistance (OTA) Purpose
Melissa McChesney, CPPP

Outline of TOED's responsibility

- Use TOED for Q&As, resources, important data and news about programs;
- Provide feedback loops to identify issues related to clients experiencing barriers through OTA meetings, emails to Melissa, etc.;
- Inform appropriate program/policy officials;
- Influence program and policy decisions;
- Provide information on updated policy to other relevant stakeholders; and
- Identify systemic issues within coalition frame.

Discussion on OTA Purpose and How to make it Better

- The group originated during a time of serious eligibility challenges. With shifts over time it is important to reassess the original goal and purpose to maximize coalition resources.
- Round Robin "What are the benefits of OTA?":
    - Stay on enrollment issues
    - More information on application problems or difficult aspects of the application process.
    - Build a strong line of communication between OTA and HHSC in order to effectively voice OTA concerns.
    - Role of "immediate, temporary solutions."
    - Working to help resolve barriers when possible
        - For example, Texans coming out of the coverage gap (because of increased income) were required to have been denied by Medicaid prior to coming out of coverage gap. Rule didn't make sense within context of state Medicaid policy, and was acting as barrier to coverage. Rule was clarified, and it is no longer necessary to have been denied coverage by Medicaid prior to coming out of coverage gap.
- Ideas for Improvement
    - The inclusion of new stakeholders was discussed.
    - Bridge between managed care and eligibility. Ombudsman staff drawn into variety of eligibility issues (not just health plans) and eligibility issues are part of mandate of help line
    - OTA has been dominated by health care, but could also be used as resource for SNAP
        - It would be useful to connect health care participants with SNAP.
        - Integrated eligibility means that SNAP and Medicaid likely share eligibility concerns so would be a harmonious pairing.
        - We could bring food and nutrition people into the room for the OTA meeting.

Presentation to the Texas CHIP Coalition

Health and Human Services Commission

Lisa Subia, Chief Financial Officer
June 26, 2015

TEXAS Health and Human Services Commission

CCR HB 1
Funding by Method of Finance / Goal

Health and Human Services Commission

	Estimated / Budgeted 2014-15	CCR HB1 2016-17	Biennial Change	Percentage Change
General Revenue Funds	19,758.3	22,561.7	2,803.4	14.2%
General Revenue-Dedicated Funds	-	20.5	20.5	N/A
Federal Funds	30,531.2	32,835.7	2,304.5	7.5%
Other Funds	1,158.9	1,172.3	13.4	1.2%
Total, Method of Finance	**51,448.4**	**56,590.2**	**5,141.8**	**10.0%**
Goal A, HHS Enterpise Oversight & Policy	2,011.70	2,092.4	80.7	4.0%
Goal B, Medicaid Services	46,518.60	51,589.9	5,071.3	10.9%
Goal C, CHIP Services	1,949.40	1,784.5	(164.9)	-8.5%
Goal D, Encourage Self Sufficiency	355.60	608.0	252.4	71.0%
Goal E, Program Support	304.90	270.3	(34.6)	-11.3%
Goal F, Information Technology Projects	181.20	115.0	(66.2)	-36.5%
Goal G, Office of Inspector General	127.00	130.1	3.1	2.4%
Total All Funds by Goal	**51,448.4**	**56,590.2**	**5,141.8**	**10.0%**
FTEs	**12,773.5**	**12,837.7**	**64.2**	**0.5%**

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Medicaid**
  - Statewide expansion of STAR+PLUS program and nursing facility services carve-in result in long-term care services previously provided at DADS being provided at HHSC
  - $239.8 million GR ($583.0 million AF) included to fund the Health Insurance Providers Fee and resulting federal income tax impact, per the Affordable Care Act
  - $44.2 million GR ($189.2 million AF) to fund increased claims administrator costs
  - $12.3 million GR ($31.5 million AF) to fund additional services provided to individuals with intellectual and developmental disabilities

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Medicaid continued**
  - Funding for anticipated increases in cost due to medical inflation, higher utilization, or increased acuity is not included.
  - $5.0 million GR ($712.6 million AF) for three add-on payments to hospitals (includes $301.7 million GR-Dedicated Trauma Facility & EMS Acct 5111 trauma funds:
    - $355.5 million AF and $153.0 million trauma funds transferred from DSHS for a safety-net hospital add-on payment
    - $299.0 million AF and $128.7 million trauma funds transferred from DSHS for a trauma hospital add-on payment
    - $58.1 million AF and $20.0 million trauma funds transferred from DSHS and $5.0 million GR for a rural hospital add-on payment

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Medicaid continued**
  - $3.1 billion GR included for projected caseload growth
  - Decrease of $373.0 million GR ($869.6 million AF) is assumed for cost-containment initiatives
  - Decrease of $300.0 million in Other funds due to one-time interagency contract with DSHS to provided additional funds for Medicaid expense

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Children's Health Insurance Program (CHIP)**
  - $2.5 million GR ($30.9 million AF) included to fund the Health Insurance Providers Fee and resulting federal income tax impact, per the Affordable Care Act
  - $152.4 million GR ($1.8 billion AF) decrease primarily due to transition of certain children from CHIP to Medicaid pursuant to the Affordable Care Act
  - Reduction to proportion of GR funding related to a 23 percentage point increase to enhanced FMAP
  - Funding for anticipated increases in cost due to medical inflation, higher utilization, or increased acuity is not included.

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Other HHSC Funding**
  - $32.5 million GR ($77.7 million AF) to increase the base pay of Community Attendant Care Workers to $8.00 per hour and for rate enhancements across community-based programs
  - $3.9 million federal TANF for the Family Violence Services program to serve 2,176 additional clients
  - $137.8 million GR ($141.6 million AF) for the transfer of the Expanded Primary Health Care Program and Family Planning Program from DSHS to HHSC
  - Strategy D.2.1 renamed Women's Health Services to include Texas Women's Health Program, EPHC, and Family Planning Program ($257.1 million GR and $260.9 million AF in total funding for this strategy)

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Other HHSC Funding**
  - $52.6 million AF increase to transfer the Court Appointed Special Advocates (CASA) grant program and the Children's Advocacy Centers (CAC) grant programs from the Office of the Attorney General to HHSC *($4.8 million increase for CASA and $6.7 million increase for CAC over 2014-15 levels)*
  - $20.0 million GR increase to implement a grant program to provide mental health services to veterans
  - Net increase for the Office of Inspector General from additional funding for Medicaid Fraud and Abuse Detection System and increased lease costs for new facility, offset by a decrease from expiration of fraud case management system contract

TEXAS Health and Human Services Commission

CCR HB 1
Funding Highlights

- **Other HHSC Funding**
  - $1.4 million GR ($1.9 million AF) increase to support contract oversight & monitoring under the Chief Operating Officer
  - $27.0 million GR ($100.4 million AF) increase for a variety of technology initiatives (Data Warehouse, Cybersecurity, Telecommunications, Nutrition Management software for SSLCs/State Mental Hospitals)
  - $8.0 million GR increase for Alternatives to Abortion
  - $5.4 million TANF federal funds for Nurse Family Partnership
  - $1.1 million GR ($3.0 million AF) to support additional staff in the Medicaid/CHIP Division

TEXAS Health and Human Services Commission

HB 2

H.B. 2 Supplemental Appropriations
General Revenue and Federal TANF

Section	Item	HB2 Enrolled
Appropriations HHSC		
Sec. 12	Medicaid Acute Care	75,544,927
Sec. 13	Medicaid ACA Tax	79,685,024
Sec. 4	GR-MOE TANF Reduction	(50,000,000)
Sec.14	Federal TANF Increase	3,055,357
	Total Appropriations HHSC	**108,285,308**
Transfers for Medicaid Shortfall		
Sec. 34	DADS transfer CFC	98,762,408
Sec. 34	DADS transfer (LTSS)	31,151,738
Sec. 34	DSHS transfer (CPCS)	5,900,000
Sec. 34	DSHS transfer (Community MH)	1,300,000
Sec. 34	HHSC G.1.1 (2014)	2,722,670
Sec. 34	HHSC A.1.2 - IEE	101,812,581
Sec. 34	HHSC D.1.1- TANF Cash	2,412,362
	Total Transfers- Medicaid Shortfall	**244,061,759**

Available for Medicaid Shortfall	
Medicaid Acute Care	75,544,927
Medicaid ACA Tax	79,685,024
transfers Medicaid	244,061,759
Total Available	**399,291,710**

TEXAS Health and Human Services Commission

Highlighted Legislation

- Senate Bill 200
  - Reorganizes the HHS System, bringing client services, regulatory, and facility operations into HHSC
  - Continues HHSC for 12 years, DSHS and DFPS for eight years, and provides for limited-scope Sunset review of OIG in six years
  - Abolishes all HHS Advisory Councils and creates a new HHSC Executive Council

TEXAS Health and Human Services Commission

Highlighted Legislation

- Senate Bill 55 (Nelson)
  - Creates a grant program at HHSC to support community programs that provide services and supports to veterans suffering with mental health conditions
- Senate Bill 20 (Nelson)
  - Changes the way state agencies enter and manage state contracts for goods and services

TEXAS Department of State Health Services

The 84th Texas Legislature:

Impact on Mental Health & Substance Abuse Services and State Hospitals

Lauren Lacefield Lewis
Assistant Commissioner, Mental Health and Substance Abuse

June 26, 2015

Sunset Legislation

SB 200: HHSC Consolidation Bill

- Mental health & substance abuse services consolidated into HHSC by September 1, 2016
- State Hospitals consolidated into HHSC by September 1, 2017
- DSHS will retain public health functions

SB 202: DSHS Sunset Bill

- Originally contained several elements related to behavioral health services. Final version was almost exclusively specific to DSHS Regulatory Licensing
- Some behavioral health elements of the filed version of SB 202 were moved to SB 1507

SB 1507

Forensic Director

Statewide coordination and oversight

Coordination of programs

Addresses issues with delivery of forensic services in the state (population changes, service availability, waitlists, etc.)

Forensic Work Group

No fewer than 9 members, appointed by HHSC Executive Commissioner, including representatives from DSHS, TDCJ, TCOOMI, Sherriff's Association of Texas, LMHAs, and state hospitals

Requires a report of workgroup recommendations by July 1, 2016

Work group is dissolved on November 1, 2019

SB 1507

Regional Allocation of Mental Health Beds

Requires HHSC to divide the state into regions for the purpose of allocating state-funded beds in state hospitals and inpatient mental health facilities

Input for regional allocation collected from the Forensic Director, the Forensic Work Group, and considers the previous allocation methodology

Re-convenes the previous advisory panel on an at-least-quarterly basis to develop recommendations on:

- A bed day allocation methodology for allocating to each region
- A bed day utilization protocol that includes a peer review evaluation process

Initial allocation methodology recommendations due March 1, 2016

New allocation methodology to be in effect by June 1, 2016

SB 1507

Treatment Alternatives Training for Judges and Attorneys

DSHS, with input from the court of criminal appeals and the Forensic Director, will develop and maintain a training curriculum for judges and attorneys

- Information on alternatives to inpatient commitment at a state hospital
- Includes a guide to treatment alternatives

Outreach, Screening, Assessment and Referral (OSAR) Services

Requires DSHS to contract with local mental health authorities for OSAR services

Local mental health authorities may subcontract with substance abuse or behavioral health providers for OSAR services

Local mental health authorities are required to develop an integrated service delivery model that utilizes historical substance abuse providers when feasible

NorthSTAR Discontinued

The NorthSTAR Program is a managed care approach to the delivery of mental health and chemical dependency services to the eligible residents of Dallas, Ellis, Collin, Hunt, Navarro, Rockwall and Kaufman counties.

Rider 85 of House Bill 1 discontinues NorthSTAR on December 31, 2016.

New, one time funds are provided to aid the transition to the new operational model.

FY 2017 funding for the eight months after the transition:

NTBHA:

- Ongoing Funds: $31.7 M General Revenue (GR) / $42.7 M All Funds (AF)
- includes one-time transition funds of $7.1 M

LMHA serving Collin County

- Ongoing Funds: $7.9 M (GR) / $10.2 M (AF)
- includes one-time transition funds of $1.5 M

DSHS Rider 85

Community Mental Health Services

New Funding Initiatives from
the 84th Legislature, Regular Session, 2015

Access to Mental Health Services ($46.4 million/biennium)

DSHS will allocate ($37 million/biennium) to local mental health authorities and NorthSTAR to increase the number of individuals receiving community mental health services to serve 3,718 individuals.

DSHS will allocate ($9.4 million/biennium) to local mental health authorities to serve 960 individuals on the waitlist for community mental health services (933 adults and 27 children)

DSHS Rider 71

Home & Community-Based Services ($32 million/biennium)

Continues existing Home and Community-Based Services (HCBS) for adults with complex needs or extended/repeated stays in inpatient psychiatric facilities ($32 million/biennium)

Expands the program to divert adult populations from jails and emergency rooms into community treatment programs.

DSHS Rider 61

Residential Treatment Centers ($4.8 million/biennium)

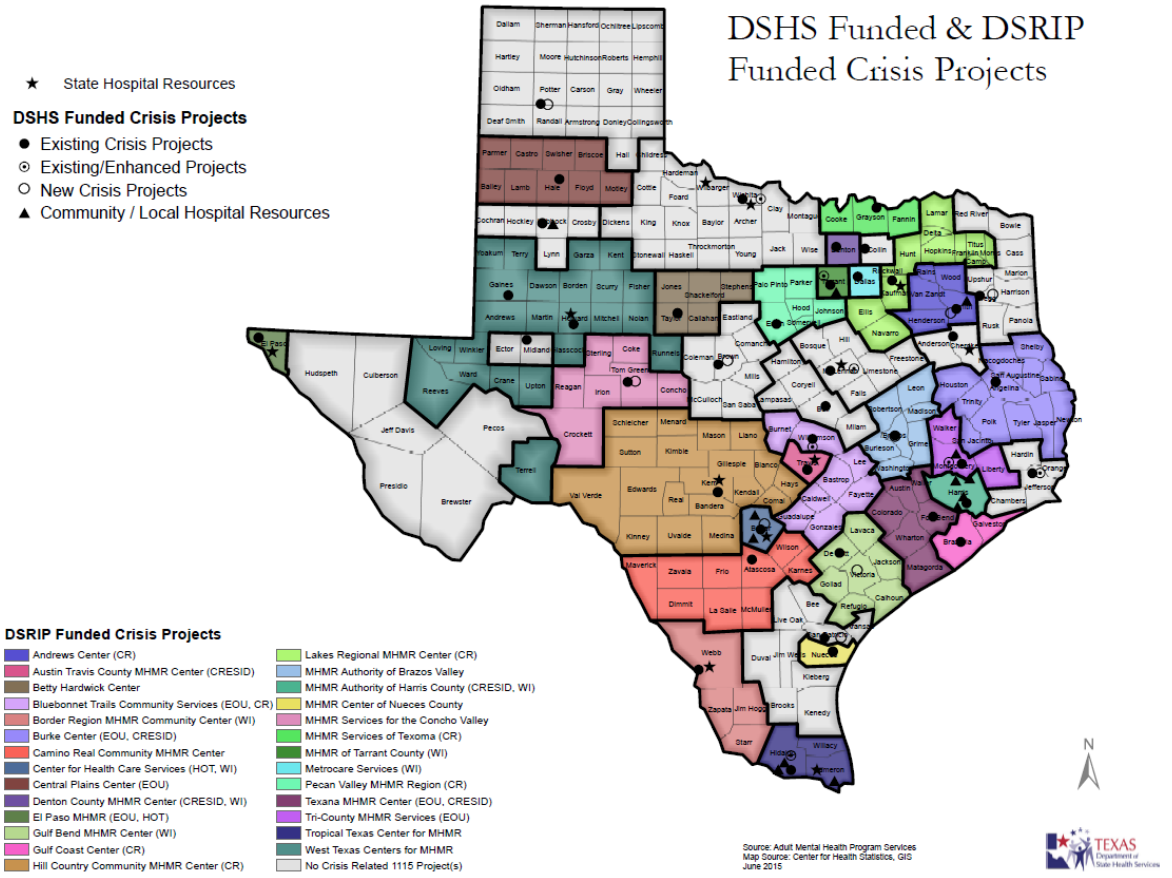
Expands current capacity by adding 20 medically indicated RTC placements for DFPS referred children/youth at risk of relinquishment by their parents/guardians due solely to lack of mental health resources.

As of May 2015, 19 children/youth were on the waiting list

DSHS Exceptional Item

Crisis Expansion ($31.7 million/biennium)

Expands and enhances crisis services.



DSHS Exceptional Item

Harris County Psychiatric Center

Increased rates for Harris County Psychiatric Center (HCPC), funded from the strategy for Mental Health Community Hospitals.

*Harris County Psychiatric Center

DSHS Rider 87

Recovery-Focused Clubhouses ($1.3 million/biennium)

The Clubhouse Model is an evidence-based, recovery-oriented program for adults with mental illness.

Certified and coordinated through the International Center for Clubhouse Development (ICCD)

Program model is peer-focused with goal of improving member's functionality in the community

An Estimated 5,820 New Clubhouse Members

Anticipate at least 15% of Active Members will secure employment as a result of participation

DSHS Exceptional Item

Mental Health Peer Supported Re-entry (up to $1 million/biennium)

DSHS will partner with LMHAs and county sheriffs to establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care

Implementation plans: December 2015

Out of funds appropriated from the strategy for mental health services for adults

DSHS Rider 73

Substance Abuse Services

New Funding Initiatives from
the 84th Legislature, Regular Session, 2015

Youth Substance Abuse Prevention ($7.8 million/biennium)

DSHS-funded substance abuse prevention providers offer services in 173 of the 254 Texas counties (68 percent), with 81 counties receiving no services.

Several of these are high-risk counties, comprised of rural midsized cities, military populations, and border communities.

This funding is expected to serve:

Program Type	Youth	Adults
Youth Prevention Universal	132,420	30,060
Youth Prevention Select	10,692	2,736
Youth Prevention Identified	7,236	1,744
Totals	**150,348**	**34,540**

Neonatal Abstinence Syndrome ($11.2 million/biennium)

Screening and Outreach

- $1.3 million will increase work to engage high risk populations through street outreach efforts to target 1,111 women.

Intervention and Treatment

- $2.9 million to increase the number of women served through existing Pregnant and Postpartum Intervention (PPI) programs by 2,417.
- $5 million will be used for 635 Opioid Substitution Therapy slots.

Specialized Programs

- $1.5 million will support one residential treatment pilot program available to approximately 171 pregnant women using opioids in need of stabilization and specialized services
- $500,000 to expand the Mommies program to 560 families in the five counties with highest incidence and costs for NAS cases: Bexar, Dallas, Harris, Tarrant, and Nueces

DSHS Exceptional Item

State Hospitals

New Funding Initiatives from
the 84th Legislature, Regular Session, 2015

State Hospital Infrastructure (~$50 million/biennium)

Hospital IT Infrastructure ($1.7 million/biennium)

- Maintain network infrastructure to support upgrades to phone system.

Hospital-Telephone Systems Replacement

- Replace existing hospital telephone systems with funds prioritized for highest need first.

Life and Safety Issues at State Hospitals ($18.3 million/biennium)

- Repairs necessary to avoid critical failure of our State Hospital infrastructure.

Inflation-Related Direct Costs Increases for Operating the Current State Hospital System ($24.4 million/biennium)

- $9.3 million for FY 2016 and $15.1 million for FY 2017

DSHS Exceptional Items

State Hospital Workforce

Staff Recruitment and Retention ($5.6 million/biennium)

- Funds appropriated to provide pay increases to Nurses and LVNs based on geographic areas ($1.3 million/biennium) and increased PNA pay by 2 percent ($1.4 million/biennium).

HHSC Exceptional Item

Psychiatric Residency (Ongoing Initiative)

- Funds continue to support 15 residency slots through DSHS contracts with Texas medical school departments of psychiatry to purchase resident and supervisor time.

Ongoing DSHS Program

Supported Decision Making Program ($2.5 million/biennium)

DSHS anticipates serving 100 patients through both supported decision-making and guardianship assistance.

- Supported-decision making services do not require a court finding of incapacity, and include power of attorney, directive to physician, declaration for mental health treatment, a payee

- Guardianship is always court ordered and appointed

DSHS Exceptional Item

State Hospital 10-Year Plan

Expand Access through purchased local beds

Pursue academic partnerships

Address workforce issues

Repair and Replace Aging State Hospitals

State Hospital System Long-Term Plan

As Required By
The 2014-15 General Appropriations Act, S.B. 1,
83rd Legislature, Regular Session, 2013 (Article II,
Department of State Health Services, Rider 83)

Department of State Health Services
January 2015

Maintain and Modernize the State Hospital System

Additional Funding for Community and Private Psychiatric Hospitals ($50 million/biennium)

Funds were appropriated to increase the number of community and private psychiatric hospital beds in order to maintain and improve the state hospital system.

- Allows for gap filling in areas across the state where there is need and allows for the creation of satellite clinics in rural and frontier areas.

DSHS Exceptional Item

Other Initiatives

YES Waiver Statewide Expansion & Begin DFPS Expansion in FY 2016

- Statewide expansion of the program by September 2015.
- Expansion to children in DFPS conservatorship in FY2016.

Substance Abuse Services for DFPS Clients

TEXAS
Department of
State Health Services

Questions?

Texas CHIP Coalition

Lesley French
Office of Women's Health
Department of State Health Services
Texas Health and Human Services Commission

June 26, 2015

- Current Enterprise Programs
- Ongoing Initiatives
- Office of Women's Health & Healthy Texas Women
- Questions

- HHSC
  - Medicaid
    - Pregnant Women's Medicaid
    - CHIP Perinatal
  - Texas Women's Health Program
- DSHS
  - Family Planning
  - Expanded Primary Health Care
  - Breast and Cervical Cancer Services
  - Title V Prenatal

HHS Women's Health Programs

Texas Women's Health Program	Family Planning Program (FP)	Expanded Primary Health Care Program	Title V Prenatal	Medicaid – Women's Services	CHIP Perinatal	Breast and Cervical Cancer Screening	Medicaid for Breast and Cervical Cancer
Clients: ~115,000 (average monthly) women enrolled in FY14	***Clients:*** ~65,000 women served in FY14	***Clients:*** ~170,000 women served annually in FY14	***Clients:*** ~8,000 women served in FY14	***Clients:*** ~533,000 (average monthly) women enrolled in FY14	***Clients:*** ~37,000 (average monthly) women enrolled in FY14	***Clients:*** ~43,000 women served in FY14	***Clients:*** ~4,700 (average monthly) women enrolled in FY14
Eligibility: 185% FPL, Women Age 18-44 seeking family planning, US Citizens or eligible immigrants	***Eligibility:*** 250% FPL, Women of childbearing age who have not been sterilized and men who have not been sterilized, Texas resident.	***Eligibility:*** 200% FPL, Women Age over age 18, Texas Residents	***Eligibility:*** 185% FPL. women of child bearing age. Texas resident	***Eligibility:*** Medicaid-income eligible (varies by program), US Citizens or eligible immigrants, Texas residents (includes TANF, both child and adult, STAR Health, pregnant, and federal mandate clients)*	***Eligibility:*** 200% FPL, US Citizens or eligible immigrants, Texas residents, currently pregnant	***Eligibility:*** 200% FPL, women age 21-64, Texas resident	***Eligibility:*** 200% FPL, women ages 64 or younger, US Citizens or eligible immigrants, Texas residents, diagnosed and in need of treatment for either breast or cervical cancer
Annual Funding: $36 million General Revenue	***Annual Funding:*** $21.6 million All Funds **(**$18.8M General Revenue, $2.8M Federal/Other)	***Annual Funding:*** $50 million General Revenue	***Annual Funding:*** GR- $1.2M Fed (Title V) $291K	***Annual Costs:*** $3.7 billion All Funds ($1.5 billion General Revenue)	***Annual Funding:*** $205 million All Funds ($58.5 million General Revenue)	***Annual Funding:*** GR – $2.9M Fed (CDC and Title XX) - $6.4M Fed (Title XX) - $3M	***Annual Costs:*** $91.2 million All Funds ($26 million General Revenue)

**Excludes Emergency Medicaid - Birth Costs to Undocumented Persons, which provided labor and delivery services for approx.52,000 women in FY13 through emergency services for undocumented persons.*

"Medicaid cost estimate reflects using a per member, per month cost for medical and vendor drug costs for all client risk groups, based on the total number of female clients age 18 and above, as well as older adolescent females (15-17) in the non-disabled Children's and Foster Care groups."

HHS Women's Health Programs

Texas Women's Health Program	Family Planning Program (FP)	Expanded Primary Health Care Program	Title V Prenatal	Medicaid – Women's Services	CHIP Perinatal	Breast and Cervical Cancer Screening	Medicaid for Breast and Cervical Cancer
Covered Services* pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial test only), and Contraceptives.	***Covered Services*** pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial and follow-up testing), and contraceptives.	***Priority Services*** pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, breast & cervical cancer screenings, clinical breast exam, pap tests (initial and follow-up testing), immunizations and contraceptives.*	***Covered Services:*** pelvic examination, STD screening and treatment, HIV screening, diabetes screening, high blood pressure screenings, cholesterol screenings, pap tests, prenatal labs, ultra sound, non-stress test, dental services, and post-partum visit.	***Covered Services*** Full Medicaid acute care benefits for qualifying women. In addition, pregnant women have access to family planning annual exams, other family planning office or outpatient visits, laboratory services, radiology services, contraceptive devices and related procedures, drugs and supplies, medical counseling and education, sterilization and sterilization-related procedures, prenatal visits, prescriptions, prenatal vitamins, labor and delivery, postpartum visits.	***Covered Services:*** Up to 20 prenatal visits, prescriptions and prenatal vitamins, labor and delivery of the baby, two post-partum visits, and regular check-ups, immunizations and prescriptions for the baby after the baby leaves the hospital.	***Covered Services:*** pelvic examination, high blood pressure screenings, breast & cervical cancer screenings, clinical breast exam pap tests (initial and follow-up testing) mammograms, diagnostic services for women with abnormal breast or cervical cancer test results, cervical dysplasia treatment, and individualized case management.	***Covered Services*** Full Medicaid benefits during active cancer treatment, including cancer related services, such as: diagnostic services, surgery, chemotherapy, radiation, reconstructive surgery, medication (ongoing hormonal treatment), and active disease surveillance.

**Additional EPHC services: mammograms, diagnostic services for abnormal breast or cervical cancer test results, cervical dysplasia treatment, individualized case management, and prenatal medical and dental services.*

***Full Medicaid acute care benefits are only available during pregnancy and up to two months after birth for certain income-eligible women.*

Ongoing Initiatives

- Better Birth Outcomes
- Healthy Texas Babies & Someday Starts Now
- Pregnancy Medical Home Pilot
- Perinatal Advisory Council
- Texas Pre-39 Weeks Policy
- Interagency Lactation Support Workgroup
- Texas Collaborative for Healthy Mothers and Babies
- Medicaid Pregnant Women Auto-enrollment Women's Health Program
- LARC Pharmacy Benefit
- Healthy Texas Women

Ongoing Initiatives

- Automatic Transition of Medicaid for Pregnant Women Clients to the Texas Women's Health Program (TWHP)
  - The Sunset Advisory Commission Staff Report on the Health and Human Services Commission (HHSC) issued in October 2014 included a management action directing HHSC to study the feasibility of automatically transitioning new mothers in Medicaid to the new women's health program.
  - HHSC's eligibility system will be modified to allow for the automatic transition of Medicaid for Pregnant Women clients to TWHP, with an implementation date of April 2016.

Long-Acting Reversible Contraception

Long-acting reversible contraception (LARC, such as IUDs and contraceptive implants) is safe and a highly beneficial contraceptive. LARCs reduce the risk of unplanned pregnancies and improve the health of newborns and mothers by facilitating healthy spacing between pregnancies.

Women served who received LARC

(of total women receiving contraceptives)

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Texas Women's Health Program **Clients:**	1.5% **439**	4.1% **1,946**	5.5% **2,192**	6.5% **2,770**	7.1% **5,322**
Family Planning **Clients:**	6% **8,420**	6% **8,243**	5% **2,441**	9% **2,815**	7% **2,950**
Expanded Primary Health Care **Clients:**					15% **12,698***

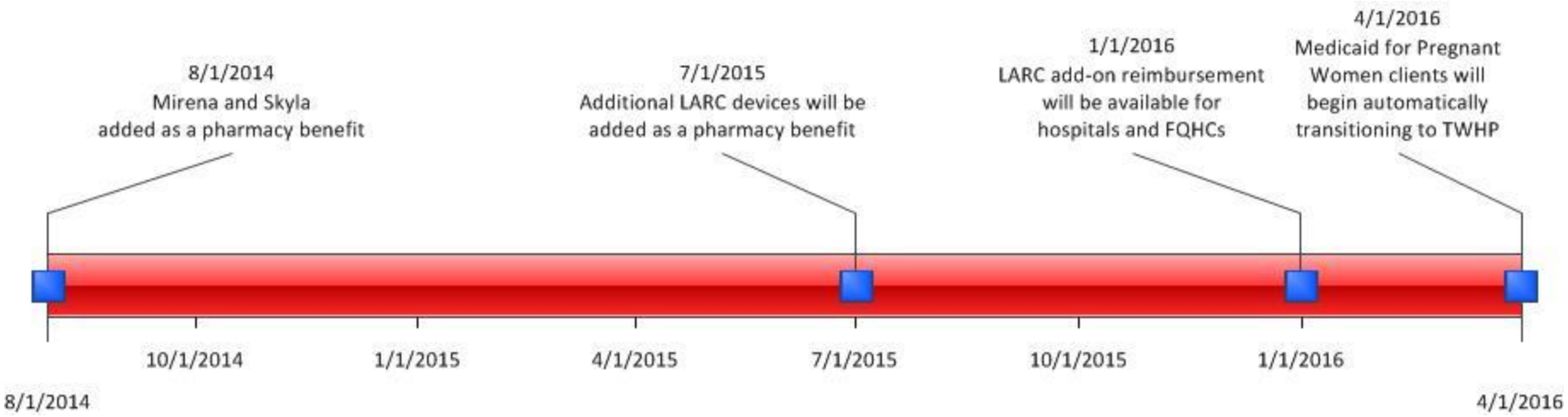
Ongoing Initiatives

- Increasing Access to and Utilization of Long-Acting Reversible Contraception (LARC)
  - **LARC Pharmacy Benefit:** Effective August 1, 2014, a limited number of LARC devices (Mirena and Skyla) were added to the Medicaid and TWHP formularies, allowing providers to prescribe and obtain these LARC devices from certain specialty pharmacies. HHSC anticipates that additional LARC devices will be added to the Medicaid and TWHP formularies by summer 2015.

Ongoing Initiatives

- Increasing Access to and Utilization of Long-Acting Reversible Contraception (LARC)
  - **Add-on Reimbursement for LARC in Hospital and FQHC Settings:** HHSC is pursuing changes to the way claims are processed in both fee-for-service and managed care that will provide additional reimbursement for LARC devices in the hospital and FQHC settings, with a target implementation date of January 1, 2016.
    - Hospitals will be allowed to submit a claim for a LARC device inserted immediately postpartum and receive reimbursement in addition to the diagnosis-related group (DRG) payment received for the inpatient stay related to delivery.
    - FQHCs will be allowed to submit a claim for a LARC device and receive reimbursement in addition to the encounter payment received for the family planning visit.

Estimated Timeline for Current Initiatives



Office of Women's Health

- As of April 1, 2015, the HHSC and DSHS women's health programs were consolidated under the newly created Office of Women's Health at DSHS.
  - Texas Women's Health Program
  - Family Planning
  - Expanded Primary Health Care
  - Breast and Cervical Cancer Services

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Department of
State Health Services

TEXAS Health and Human Services Commission

HEALTHY TEXAS WOMEN

Phase 1 - Website Campaign

- Launched Healthy Texas Women website. Site launched in Nov. 2014 (Completed)
- Press conference and outreach (Completed)

TEXAS Health and Human Services Commission

HEALTHY TEXAS WOMEN

Phase 2 – Texas Campaign

- Legislative
  - Budget
  - Direction for programs
- Advisory Committee
  - Stakeholders - TMA, ACOG, THA, TWHC, etc.
- Outreach

Women's Health Programs

	CURRENT PROGRAMS			PROPOSED PROGRAMS	
Program	**Texas Women's Health Program**	**Family Planning**	**Expanded Primary Health Care**	**New Women's Health Program**	**Family Planning**
Client Eligibility	185% FLP Women 18-44 Citizen/Eligible Immigrant Not sterilized or pregnant	250% FLP Women & Men seeking FP Resident Not sterilized or pregnant	200% FLP Women 18+ Resident		
Eligibility Determinations	Centralized/TIERS	Onsite	Onsite		
Administration	100% Fee-for-servie	50% Fee-for-service 50% Cost Reimbursement	50% Fee-for-service 50% Cost Reimbursement		
Visits	One + follow up related to contraception	Multiple	Multiple		

Covered Services	***Covered Services:***
	• Pelvic Examination
	• STD Screening and Treatment
	• HIV Screening
	• Diabetes Screening
	• High Blood Pressure Screenings
	• Cholesterol Screenings
	• Breast & Cervical Cancer Screenings
	  ○ Clinical Breast Exam
	  ○ Pap tests (initial test only)
	• Contraceptives
		Covered Services:
		• Pelvic examination
		• STD Screening and Treatment
		• HIV Screening
		• Diabetes Screening
		• High Blood Pressure Screenings
		• Cholesterol Screenings
		• Breast & Cervical Cancer Screenings
		  ○ Clinical Breast Exam
		  ○ Pap tests (initial and follow-up testing)
		• Contraceptives
			Covered Services:
			• Pelvic examination
			• STD Screening and Treatment
			• HIV Screening
			• Diabetes Screening
			• High Blood Pressure Screenings
			• Cholesterol Screenings
			• Breast & Cervical Cancer Screenings
			  ○ Clinical Breast Exam
			  ○ Pap tests (initial and follow-up testing)
			• Contraceptives
			• Mammograms
			• Diagnostic services for women with abnormal breast or cervical cancer test results
			• Cervical dysplasia treatment
			• Individualized case management
			• Prenatal Medical and Dental Services
			• Other services.		

TEXAS Health and Human Services Commission

TEXAS Department of State Health Services

Questions?

TEXAS
Health and Human
Services Commission

Office of Social Services Updates

June 26, 2015

Status of Federally-Required Medicaid & CHIP Eligibility Changes

New Renewal Process

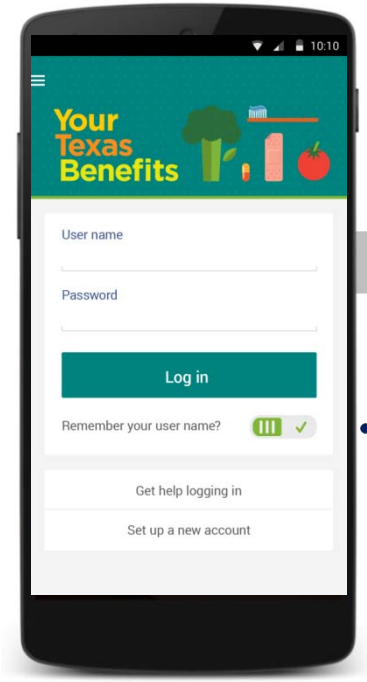
- HHSC is continuing to monitor the impact of the new renewal process on clients.
  - Outbound Calling Campaign
    - HHSC is requesting additional data on outbound calls.
    - Effective May 21, 2015, HHSC staff began leaving voicemail messages to remind clients to complete the renewal if the client cannot be reached by phone.
  - If a client has any issues applying or renewing, please contact the agency.

Medicaid Presumptive Eligibility

- As of June 1, 2015:
  - 29 hospitals have submitted notices of intent, which include a total of 70 locations in the state.
    - Eight notices of intent are currently in the qualification process.
    - 21 notices of intent are fully qualified (enrolled).
  - 117 qualified hospital/qualified entity staff has completed the required training and have been provisioned to make presumptive eligibility determinations.
  - 146 presumptive eligibility determinations have been received.
    - 79 have been received from qualified hospitals.
    - 67 have been received from qualified entities.

Your Texas Benefits Mobile App

Release 4 planned for late June



Nov 2014

Release 1:

- Uploading files

Feb 2015

Release 2:

- Setup a new account or upgrade
- Alerts
- Phone # and password changes
- Upload history

May 2015

Release 3:

- Submit changes
- Choose paperless letters/forms
- Message center

June 2015

Release 4:

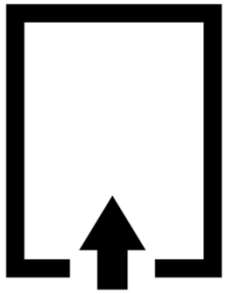
- Account creation and case management enhancements
- Office & community partner locator

YourTexasBenefits Mobile App

242,588 installs

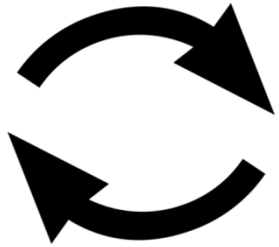
33,399 accounts created

380,000+ document uploads



Over 1,600 per day!

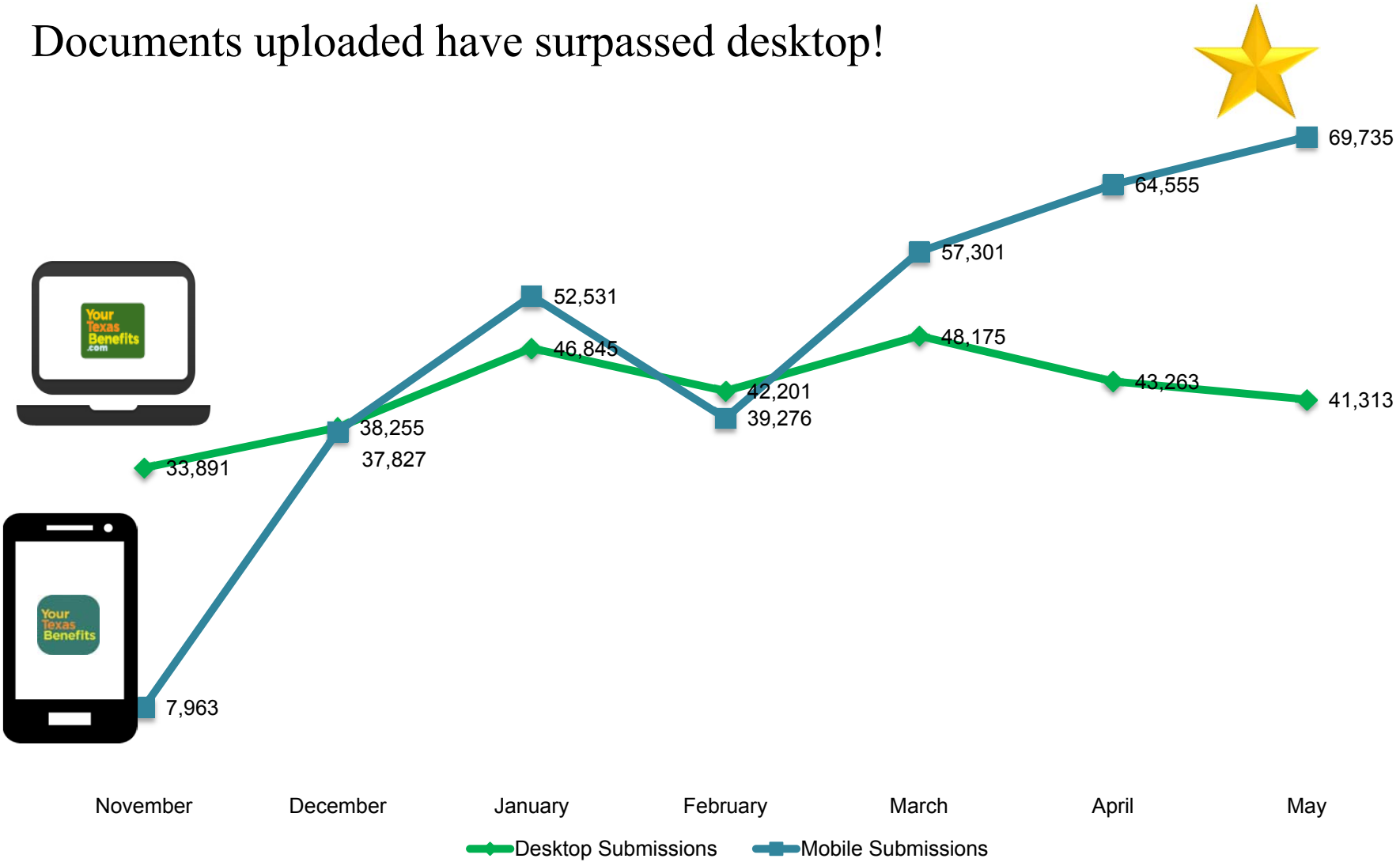
21,533 changes reported*



Stats are as of mid-June

* Changes reported include personal contact information (R2) and new change reporting released May 18

Documents uploaded have surpassed desktop!



Legislative Changes for HHSC Eligibility and Community-based Services

Legislative Update

The 84th Legislature passed a handful of bills impacting community-based services and program eligibility overseen by HHSC. Implementation planning is underway and timelines are not yet confirmed.

- **HB 2718**: Establishes a new option for HHSC clients to receive supplemental assistance from qualifying faith- and community-based organizations
- **SB 354**: Transfers responsibility for Children's Advocacy Centers and Court Appointed Special Advocates contracts from the Attorney General to HHSC
- Two new savings programs were authorized and require HHSC to exempt the accounts from counting as a resource when determining eligibility
  - **SB 1664** authorizes ABLE savings plan accounts to help individuals with disabilities pay for certain types of expenses associated with maintaining health, independence, and qualify of life
  - **HB 3987** authorizes a new higher education savings program; the exemption is capped at the current costs associated with 30 semester hours

Legislative Update

- **HB 839:** Requires suspension of Medicaid and CHIP certification periods for children in juvenile justice facilities
  - Upon notification of a child's release, HHSC will reinstate coverage within 48 hours of the months remaining on the certification
- **SB 200:** HHSC's Sunset bill includes a provision removing the permanent SNAP disqualification for individuals with a drug felony conviction
  - Clients failing to comply with drug felony parole and supervision requirements will be disqualified for two years
  - Future felony drug conviction will result in permanent disqualification
- **SB 1540:** Authorizes HHSC to conduct criminal background checks on eligibility and other prospective and current employees that have access to sensitive personal or financial information

Texas Health and Human Services Commission

Community Partner Program Update

Office of Community Access

June 2015

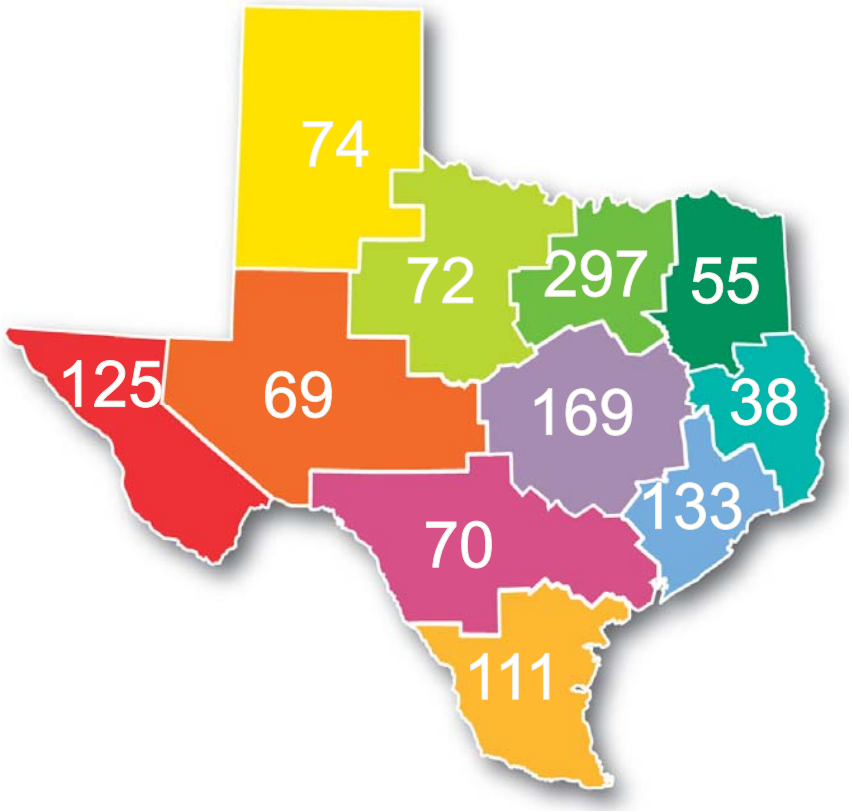
Program Growth

- **HHSC launched a pilot of the Community Partner Program with 8 community organizations in early 2012.**
- **As of June 2015, 1,211 CBOs have joined the Community Partner Program.**
- **Since the pilot in January 2012 through the end of May 2015, Partners have helped clients with:**
  - 51,923 online applications
  - 216,575 document uploads
- **In May alone, Partners submitted:**
  - 3,090 online applications
  - 11,285 document uploads

Updated June 2015

Current Partners Throughout Texas

1,211 CBOs have joined the Community Partner Program.



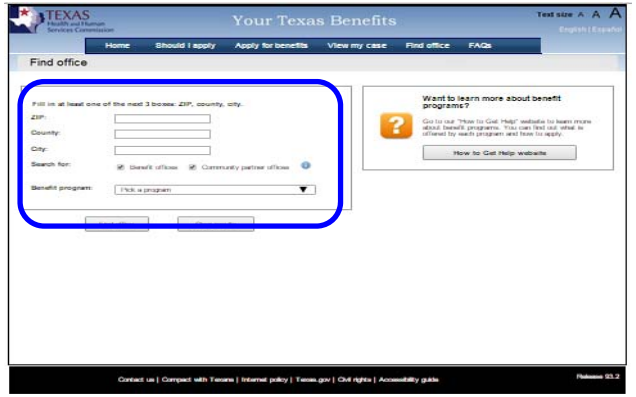
HHSC Regions

- 1 • High Plains
- 2 • Northwest Texas
- 3 • Metroplex
- 4 • Upper East Texas
- 5 • Southeast Texas
- 6 • Gulf Coast
- 7 • Central Texas
- 8 • Upper South Texas
- 9 • West Texas
- 10 • Upper Rio Grande
- 11 • Lower South Texas

Updated June 2015

New Ways to find Community Partners

- As of April 2015, you can now search for Community Partners on YourTexasBenefits.com
- Coming in early July 2015– YourTexasBenefits Mobile App Release 4 will give clients the ability to locate an HHSC benefit office or Community Partner by using their phone location or searching by ZIP code.



Background Checks

In late summer 2015, HHSC will implement new certification requirements for Community Partner Site Managers and Your Texas Benefits Navigators. These new certification requirements include:

- Agreeing to updated standards in the Your Texas Benefits Navigator certification agreement
- Passing a criminal history background check
- Providing self-attestation to documented residency
- Completing enhanced training over ethics and HIPAA standards

HHSC Staff will complete the background checks, at no cost to Partners, using the Texas Department of Public Safety online database

TEXAS
Health and Human
Services System

HHS Office of the Ombudsman Overview

Prepared for
CHIP Coalition
June 2015

TEXAS Health and Human Services System

Background and Mission

- Background
  - Created by the 78th Texas Legislature Regular Session 2003, the Health and Human Services Commission Office of the Ombudsman assists the public when the agency's normal complaint process cannot or does not satisfactorily resolve the issue.
  - The Office of the Ombudsman serves the entire health and human services (HHS) system. We refer and respond to calls and correspondence from the public, working closely with HHS agencies' leadership, management and program staff.

- Mission: To serve the consumers through prompt, professional and courteous service as a neutral resource for resolution of HHS-related inquiries and complaints.

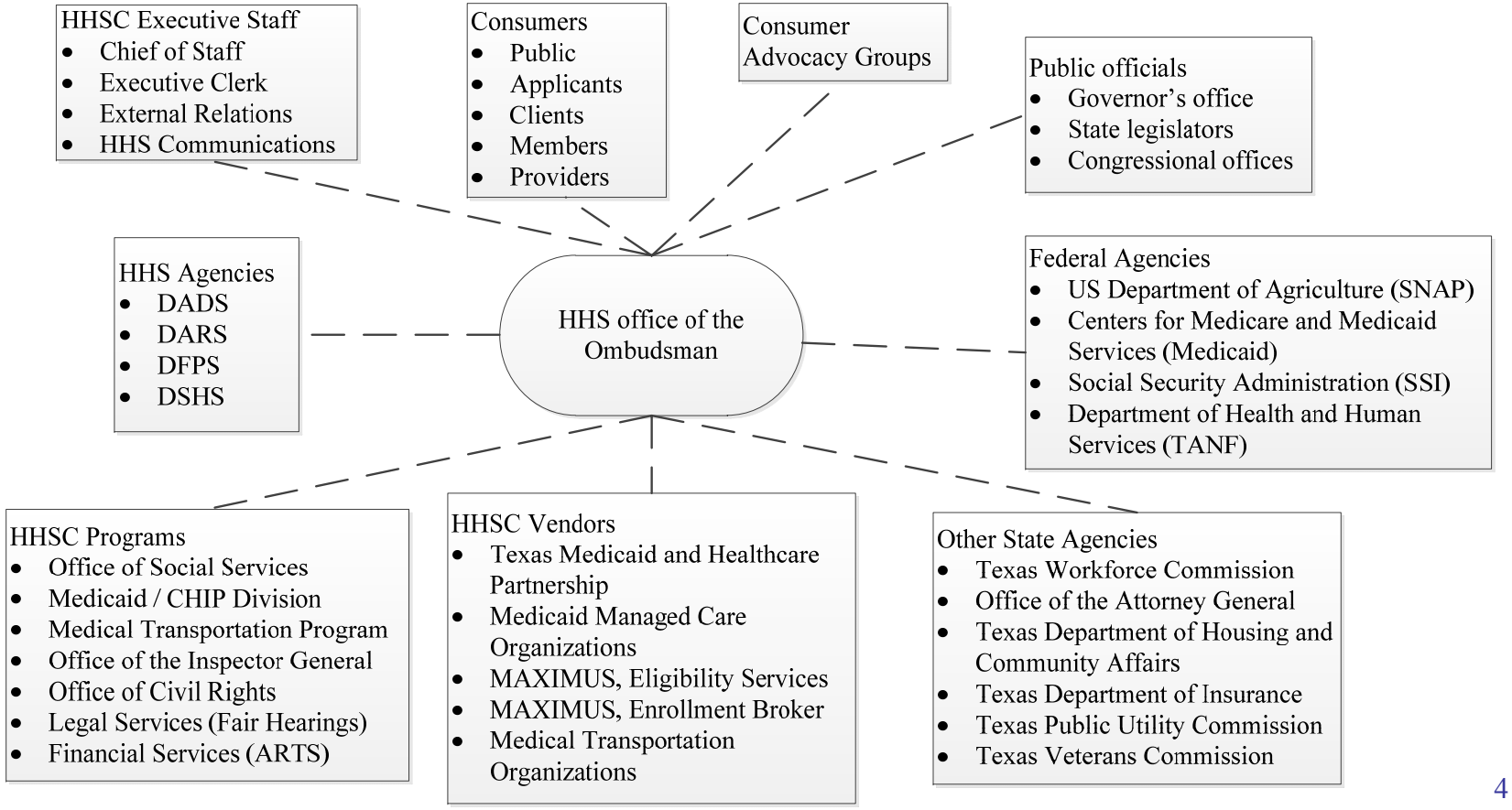
TEXAS Health and Human Services System

Primary Functions

- Coordinate resolution of consumer complaints regarding HHS programs and services
- Conduct independent review of complaints regarding HHS policies or practices
- Ensure policies and procedures are consistent with agency goals
- Make referrals to other agencies as appropriate
- Serve as the central point of contact for consumer affairs office of each HHS agency
- Compile and analyze inquiry and complaint data to reports for internal and external use, and to identify serious, systemic and emerging issues

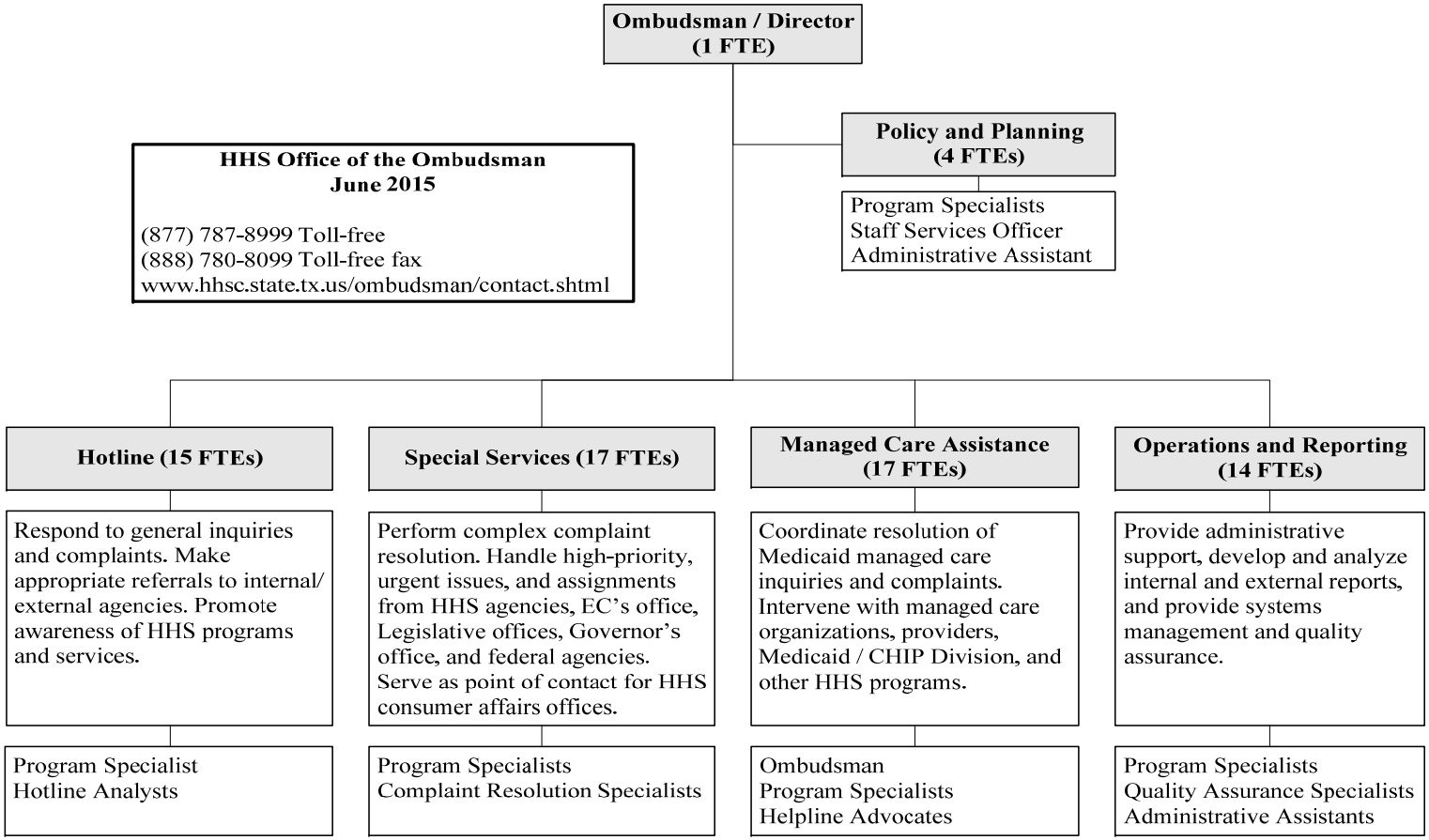
TEXAS Health and Human Services System

Entities We Connect With to Resolve Complaints



TEXAS
Health and Human
Services System

Organization



TEXAS Health and Human Services System

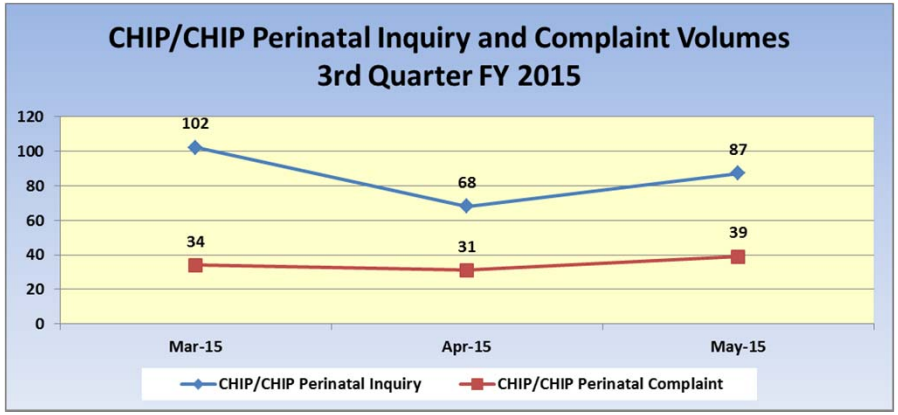
Types of Contacts

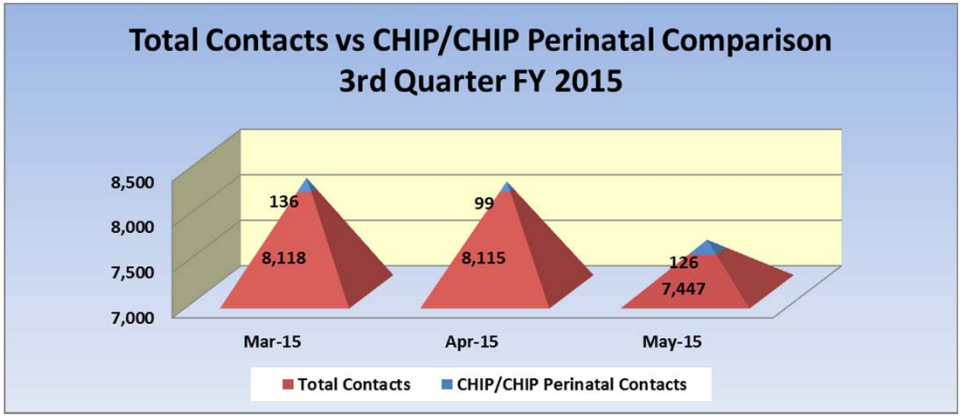
- Benefits and services related to all five HHS agencies
- HHSC Programs and Services
  - Change in Circumstances
    - Change of Address
    - Loss of employment
    - Decline in health
    - Housing Needs
  - Status of benefits
  - Access to care
  - Application denials
  - Benefit verifications
  - Client and provider billing and payments
  - Legislative inquiries

TEXAS Health and Human Services System

CHIP/CHIP Perinatal Contacts Received 3rd Quarter FY 2015

Top CHIP/CHIP Perinatal Contact Reasons 3rd Quarter FY 2015		
	Top 3 Inquiry Reasons	**Top 3 Complaint Reasons**
Mar-15	Check Status (11) Explanation of Benefits/Policy (9) Client Notice (8)	Urgent Access to Care (5) CHIP Sys - not found in EB system (4) Case Information Error (4)
Apr-15	Check Status (12) Application/Case Denied (5) Access to Prescriptions (5)	Benefits Not Issued/Not Received (5) Case Information Error (4) Application/Case Denied (4)
May-15	Check Status (13) Explanation of Benefits/Policy (7) Client Billing (7)	CHIP Sys - not found in EB system (7) Case Information Error (6) Application/Case Denied (6)
Top 3 Contact Reasons	**Check Status (36) Explanation of Benefits/Policy (18) Application/Case Denied (14)**	**CHIP Sys - not found in EB system (14) Case Information Error (14) Application/Case Denied (11)**





TEXAS
Health and Human
Services System

Contact Us

Phone (Toll-free):

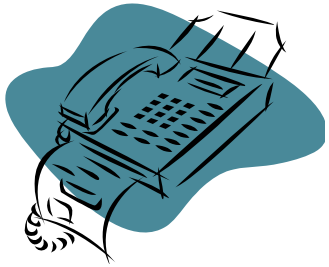
Main Line:1-877-787-8999
MMCH Helpline: 1-866-566-8989
Relay Texas: 7-1-1 or 1-800-735-2989

Online

http://www.hhsc.state.tx.us/ombudsman

Fax (Toll-free):

1-888-780-8099



Mail

Texas Health and Human Services
Office of the Ombudsman, Mail Code H-700
P. O. Box 13247
Austin, Texas 78711-3247

CPPP CENTER for PUBLIC POLICY PRIORITIES
WORKING FOR A BETTER TEXAS™

New Outreach and Enrollment Resources from CPPP

Texas CHIP Coalition • Austin, Texas

Melissa McChesney, Outreach Coordinator, Health and Wellness – mcchesney@cppp.org

Center for Public Policy Priorities

Friday, June 27, 2015

GOALS OF THE PROJECT

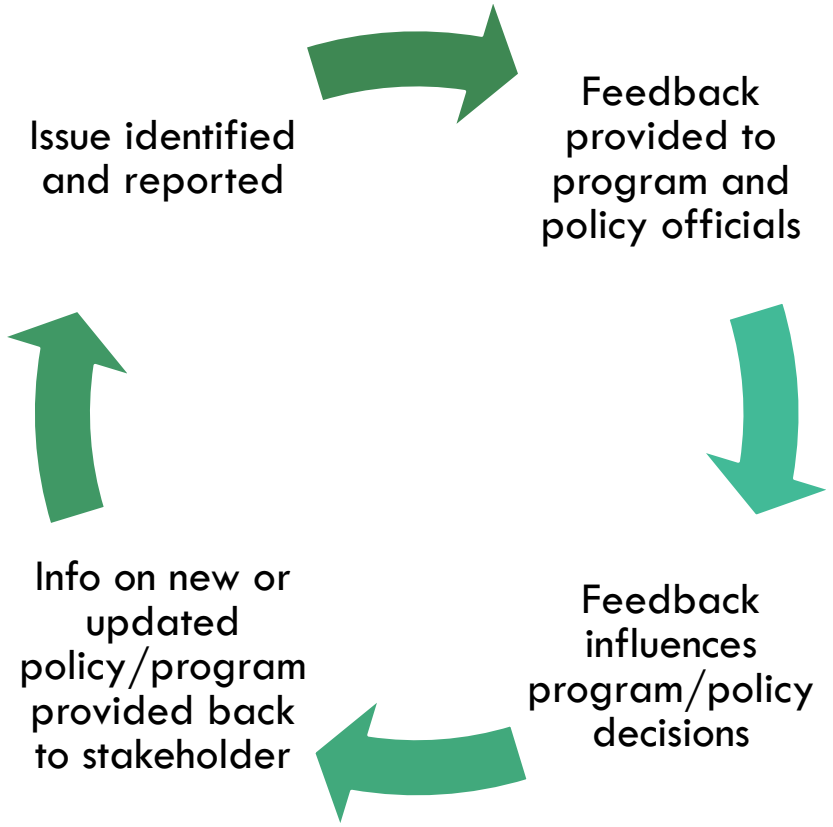
- Providing our coalitions, networks, and partners with policy research, analysis, and feedback loops to state and federal agencies that support enrollment and coverage that is accessible, equitable, and valued by consumer. Barriers to Medicaid, CHIP, and Marketplace enrollment will be reduced and coordination with the federal Marketplace (i.e., movement toward a true No Wrong Door system) will improve.
- Build bridges across Texas outreach, education and enrollment stakeholders and advocates already working in Texas coverage. Create communications links that yield the most help and demand the least possible additional time and resources from stakeholders.

TEXAS OUTREACH AND ENROLLMENT DIGEST (TOED)

- Bi-weekly email digest
- Meant for anyone interested in outreach and enrollment efforts for the Health Insurance Marketplace created by the Affordable Care Act, Medicaid, or the Children's Health Insurance Program (CHIP).
- Each digest will feature updates on the most recent policy guidance, Q&As, outreach tools, recent reports, recent media releases, and other new resources.
- The goal is to use it to fill information gaps, and to learn from you, the Texas experts, what's working and what's missing in our state as we try to get more of our neighbors health coverage.
- Most recent TOED

FEEDBACK LOOPS

- Obtain input on consumer barriers and experiences with enrollment and retention process and systems
- Provide feedback about consumer experiences to program and policy officials
- Provide program and policy information or clarification back to enrollment assistor



Ideal Feedback Loop Process

FEEDBACK LOOP EXAMPLE

1. Medicaid/CHIP enrollment assistor from the RGV identified that clients were being asked to provide a form during renewal that did not appear to be required by policy. This was reported to CPPP through the Feedback Loop.
2. CPPP investigated the policy and provided the report to HHSC.
3. HHSC confirmed that the form was not required for a renewal and has been working to address this issue. Regular updates have been provided to stakeholders during monthly CHIP Coalition meetings.
4. Information about this system error and how to address it was provided to enrollment assistors through the TOED.

FULL SPECTRUM OUTREACH AND ENROLLMENT

- Participation in the Enroll America bi-weekly state leadership calls
- Presentation and participation at Marketplace enrollment coalition meetings
- Relationship building and connection with Texas Navigators and Certified Application Counselors

REVITALIZING THE OTA DISCUSSION

DISCUSSION TOPICS

History of OTA: Current Strengths and New Opportunities

What Do You Get (or Hope to Get) From This Group?

Inclusion of New Stakeholders

CURRENT STRENGTHS & NEW OPPORTUNITIES

Participation from a diverse group of stakeholders

Established relationship with HHSC leadership and eligibility policy staff

- Opportunity for advanced input from stakeholders on policy and program developments
- Information sharing about new policy and programs

Regular participation from HHSC Community Partner Program and HHSC Office of the Ombudsman

- Agency groups that communicate regularly with enrollment assistors from the community

Bridge between Managed Care issues and eligibility systems issues

History of the group

ROUND ROBIN

What do you get from the Outreach and Enrollment Workgroup or at least hope to get from the workgroup?

CHIP COALITION PARTICIPATION

Refer to handout on CHIP Coalition participation from Jan. ‘14 – May ‘15

DISCUSSION

“What people/organizations do you know that are active in this work?”

“Who else would you like to include in the OTA Workgroup?”

“Who might not be able to commit to regular attendance but might still benefit from receiving information?”

CHIP Coalition Participation* Jan 14 – May 15

HHSC	42
TCFC	34
CPPP	31
CDF	27
Parkland Health and Hospital System	17
CHAT	13
TACHC	13
TMA	12
Maximus	11
Insure-a-Kid	10
Methodist Healthcare Ministries	10
THA	9
Daughters of Charity	8
Lone Star Circle of Care	8
March of Dimes	7
Office of Rep. Naishtat	7
Seton	7
Texas Children's Hospital	6
CommUnity Care	5
DSHS	5
NASW Texas Chapter	5
Sendero Health Plan	5
Texas Dental Association	5
Arc of Texas	4
BCBS TX	4
Central Health	4
Disability Rights Texas	4
TX League of Women Voters	4
AACOG	3
Harris Health	3
Molina Healthcare	3
TFBN	3
TXIAF	3
Community Health Choice	2
Houston Children's Health Plans	2
NAMI TX	2
Strategy Resource Group	2
Texas Breastfeeding Coalition	2
Texas Children's Hospital	2
Texas Pediatric Society	2
THOT	2
TLRA	2
Any Baby Can	1

*Participation is based on attendance.

CHIP Coalition Participation* Jan 14 – May 15

CCF	1
Children at Risk	1
Children Medical Center Dallas	1
Children's Hospital of San Antonio	1
Community Dental Care	1
Covenant Children's Hospital Lubbock	1
Driscoll Children's Hospital	1
Enroll America	1
GNHC	1
Legal Aid of NW TX	1
Logisticare	1
Lone Star Legal Aid	1
LSCC	1
Molina Healthcare	1
Superior Health Plan	1
TAHP	1
TCFV	1
Texas Counseling Association	1
Texas Impact	1
Texas Women's Healthcare Coalition	1
TPS	1
United Way	1

*Participation is based on attendance.