Texas CHIP Coalition
Meeting Minutes

April 25, 2014

Present:	Amy Felker, DSHS Beth Rider, HHSC Kathy Cordova, HHSC Kit Abney Spelce, insure-a-kid Josh Houston, Texas Impact Jan Scott, Texas Children's Hospital John Berta, Texas Hospital Association Kathy Eckstein, Children's Hospital Association of Texas Alice Bufkin, Texans Care for Children Lauren Dimitry, Texans Care for Children Megan Randall, Center for Public Policy Priorities Diane Rhodes, Texas Dental Association Kathleen Davis, Texas Industrial Areas Foundation Sr. JT Dwyer, Seton Gwendolyn Cubit, Office of Rep. Naishtat Sonia Boyd, Blue Cross Blue Shield Texas Shelby Massey, Texas Association of Community Health Centers
Conference Line:	Rose Marie, HHSC Carrie, Arc of Texas Betsy Coats, Maximus Beth Keating, Parkland Hospital Anthony Navarro, Texas Children's Health Plan Molina Health Care Annette Frantz, Texas Breastfeeding Coalition
Chair:	Diane Rhodes, Policy Manager, Texas Dental Association
Minutes Scribe:	Megan Randall, Center for Public Policy Priorities
Next meeting:	May 16, 2014

I. YES Waiver Update: Amy Felker (DSHS), Beth Rider (HHSC), Kathy Cordova (HHSC)

See the attached presentation slides and handout for more information.

AFelker

- Background: YES Waiver implemented in TX as a pilot in 2010.
- Intention was to address the issue of parents having to relinquish custody of their children to DFPS because they had no resources to continue to care for the mental health needs of their child. There was no abuse or neglect occurring, and parents were feeling like the only option to get care for their child was to relinquish custody.
- It is a 1915(c) waiver – providing community-based services to keep populations out of an institutional setting. The YES Waiver is preventing the relinquishment of custody and acute psychiatric hospitalizations, or other out-of-home placement.

- Can include children who don't qualify for Medicaid because their parents' income is too high. As long as the child is clinically eligible for YES, Texas would only look at the child's income. They receive a special kind of Medicaid for children on waivers

BRider

- They receive Title XVI SSI, and if they are on SSI, then they are automatically eligible for Medicaid.

SrJTDwyer

- So, most kids will qualify, because they only look at the kids' income?

AFelker

- As long as the child clinically qualifies, then s/he will be eligible because most children don't have income. It doesn't matter what the parents' income is. Any child, by way of being clinically eligible for the waiver, almost always ends up meeting disability determination requirements.

CoalitionMember

- How many kids are on the interest list?

AFelker

- None right now. We are approved for 400 slots, and we currently have 250 kids involved.
- We are just now expanding into a few more counties. The program is not statewide.
- Eligibility for the waiver goes through the month before the child's 19th birthday. The child must reside in an approved waiver county and live with their legally authorized representative.
- Another component is that they have to be at risk of meeting Medicaid acute inpatient psychiatric criteria. This doesn't necessarily mean that they could be admitted today, but that their behavior is escalating and that they are at risk of meeting this criteria in the absence of intervention.
- Once they are clinically approved for the waiver, they are eligible for a year, even if they improve before that, and then they are renewed annually. They do have to be clinically assessed each year.
- When on the waiver rolls, they are Medicaid-eligible. If they are discharged from the waiver for any reasons, they would lose the Medicaid that they have.

KEckstein

- There are kids already on Medicaid through income criteria, and they churn off the rolls, and I understand that there is a way to move them from income eligibility to YES waiver eligibility.

AFelker

- Yes. If the kid already has Medicaid, they would keep their same type of Medicaid and stay on the waiver. The only type of Medicaid that would exclude them is if they have STAR Health because children in foster care aren't eligible for the waiver.
- Especially for kids whose parents' incomes may fluctuate, we have gone ahead and enrolled the child in the waiver so that they are not at risk of services being lost.
- The program provides intensive services which are intended to teach the child and family to be able to carry forward without the service providers. As long as they have a need, they can remain on the waiver, but it is meant to help families and children become independent.
- We use the wraparound model for care coordination. In two counties, the LMHA is the service provider because no other agency applied to be the provider. But in Houston and DFW there is an independent agency that serves as the provider.

- We are moving to make payment go through TMHP so there is a specific YES Waiver category, provider type, etc. So now providers will have to enroll through the TMHP portal.

SrJTDwyer

- Noticed that you will be expanding to the valley in June. How are you getting the word out?

AFelker

- In the valley, we are in the beginning stages. We have primarily worked with the LMHA, and have hosted two forums, but most of the turnout was from within the LMHA.

KCordova

- The YES Waiver program also just got staffed up. For the longest time there were only two staff members.
- We are aware of the outreach issues, and we trying to put it into brochures for managed care, etc.

AFelker

- We have the info on the website and a brochure that could be printed. We can make sure that anyone who wants those brochures has them.

JHouston

- When someone signs up through YTB, is this program a part of that?

CoalitionMember

- I don't think any of the waiver programs are through YTB. Because most have interest lists.

KAbneySpelce

- So if you are enrolled in Medicaid, and are a child, you go to the Local Mental Health Authority to get enrolled in the YES waiver program?

AFelker

- Yes.

KAbneySpelce

- So we need to educate entities by saying, "If you see a child that may be eligible, they need to be referred to the Local Mental Health Authority."

AFelker

- There is an inquiry list phone number for every county. Provide the family with that phone number, and that starts the process. The person who answers the line knows how to walk families through the process. The family/legal guardian has to be the one to call.
- We train care coordinators at LMHAs on the wrap-around model.
- Respite is available – in-home, out of home, and respite camps.
- Community living supports (CLS) is a service that almost every client uses – there is a clinician that provides skills training to the child or parent or to both. And it is in the community, so it is sort of a therapeutic type of skills training. It is used in a lot of different ways depending on specific needs. For example, if there is something related to social skills, the CLS provider may go into settings where they are triggered and would work with them.
- Family supports is a like a parent partner. It is a parent who has a lived experience or child with lived experience, and the person is there to help the parent be an advocate.
- Transition services is a one-time fee they can use to transition out of an institution into the community. Down payment on services, an apartment, or anything else along those lines. For example, if a family was in a shelter because of something the child had done, or the child was hospitalized, they could use that funding to move back into community.

- Adaptive aids and supports – educational materials to help meet any goals that child and family have related to the diagnosis. Very flexible. Examples include supplies for art therapy, music therapy, recreational, or animal-assisted therapy. Nontraditional therapies.
- Minor home modifications are used as modifications to the home, locks on doors, chimes, security systems, etc.
- Paraprofessional services – an aid to the community living supports person.
- For kids who have Medicaid through the waiver, I believe it is fee-for-service.

BRider

- Beginning on September 1, there will be some individuals on (c) waivers who will get acute managed care.

KEckstein

- Apparently, the legislature appropriated enough money for the YES Waiver that would fund, statewide, 3,500 slots. It is important to get the slots filled because the legislature typically will look at slots filled in August before the biennium, and that is what they fund. And then you have to fight for expansion.

SrJTDwyer

- Was it anticipated by the legislature that the program would be statewide? Rather than on a pilot county basis?

BRider

- I think that was the understanding, but in reality we work for the Center for Medicare and Medicaid, and we have to expand incrementally across the state because have to make sure that a full service array can be provided in all areas of state. You might be able to help us there. In the valley and some rural areas, it is difficult to find providers who are certified in those specialist areas.

SrJTDwyer

- It is imperative that the lawmakers who carried this bill be educated on why there are only "x" slots filled now when "y" slots are available before they go into session.

BRider

- I know that mental health was a real high priority in this last session and they recognized that this is a good program, and now we are addressing the reality of trying to make everything happen. We want to be sure to do it correctly and CMS will not allow us to expand statewide suddenly. We have to show we can provide all services, before they will allow us to add more slots.

KAbneySpelce

- Are there requirements saying that, if a family member contacts the line, there will be additional outreach to the family? I am concerned if all the initiative is left up to the family member.

AFelker

- There are requirements around how to engage with the family – calling back a certain number of times before we can assume they are not interested. We provide training and consultation to case managers at LMHAs on how to work with families.

KAbneySpelce

- Do you have any metrics you can share?

AFelker

- Not with me right now, but we track the period of time between when they are registered to when they are enrolled. It varies quite a bit ranging from Medicaid enrollment to engaging families. We track the amount of time in case we notice a trend and need to do technical assistance. Also to a certain extent track outcomes.

II. HHSC ACA Implementation Update: Valerie Eubert (HHSC)

See the attached presentation slides for more information.

VEubert

- Account transfers we have received to date. We will continue to get data cleaned up.
- We haven't gotten any updates from CMS about applications coming in after the end of open enrollment. Our assumption is that we will continue to receive them. They should still be sending them to us for formal determination. They haven't said that the numbers have slowed down. We haven't been getting enough transfers to know what the average trend will be for an open enrollment vs. non-open enrollment period. But we have requested a lot more information about the process that clients will interact with, now that we are outside of open enrollment.
- Outbound account transfers. No issues with outbound transfers. As soon as someone is determined ineligible, that process is occurring daily.

KEckstein

- There is no time limit for the Marketplace to look at those applications?

VEubert

- For anyone who applied before the end of open enrollment or who was pending, the Marketplace is supposed to consider that an exception to open enrollment. For anyone who has newly applied since open enrollment has closed, the Marketplace is supposed to look at whether they may be eligible for special enrollment.

KAbneySpelce

- But you are transmitting the file date. So, if someone submitted on March 30th, that should be honored, and if then determined ineligible for CHIP/Medicaid that will be honored.

VEubert

- Outcomes: out of over 100,000 applications, 79% were denied, and 17% were approved.
- Why were so many denied? 45% of the 79% were folks who were determined ineligible by the Marketplace, but the person indicated that they wanted a full eligibility determination directly from the agency, or wanted to be screened for long-term services eligibility.
- Other issues include federal system issues where CMS was erroneously applying some rules in the system. Also differences in federal vs. state data services. When go back to apply rules, looking at monthly income, etc. there might be issues.
- We provide a document, updated quarterly, that gives our criteria. The Marketplace has those criteria in a spreadsheet. We have formally communicated that we don't believe they are using that adequately to assess clients. We have not received a response about how this will be addressed going forward.

SrJTDwyer

- Is the specialized unit still the one that is working on the applications, or are you sending them out to the field?

VEubert

- We went statewide March 7th, and are distributing statewide through the regular work distribution.

KEckstein

- Any indication on number of new enrollees in Medicaid vs. CHIP?

VEubert

- We can get that info for you.

CoalitionMember

- We have had meetings with the Commissioner recently. We understand that there was a glitch wherein kids were being held in fee-for-service before being moved into managed care. Has that been corrected?

VEubert

- We can take it back and take a look at this.
- State Plan Amendments. As of March 31st of last month we had submitted 29 SPAs retroactive to Jan 1st. We have gotten some formal and some informal questions for most of them, but CMS has a 90-day window to get back to us.
- One is the children who are ineligible in Medicaid due to the end of income disregards who will end up in CHIP. There is a specific federal requirement that we look at these kids. SPA on this topic is that they will virtually all be enrolled in CHIP. At re-determination we will run new MAGI financial rules.
- For the application SPAs, all have been denied. HHSC has 60 days to file an appeal.

SrJTDwyer

- Currently, the YTB app still has the asset questions. You don't have any intention to modify that application until you appeal and get a result from CMS?

VEubert

- There is currently no plan to change the questions as they stand until we come to a resolution with CMS about the applications. For the online application, we have to be able to do systems changes to make those changes. We have been looking at some states, that have been given different windows for compliance with these types of changes.

SrJTDwyer

- Does the electronic application allow you to not answer those questions?

VEubert

- Yes. You can fill out the online application and not answer those questions.

KAbneySpelce

- Stephanie Muth said that applications would not be pended if they didn't answer asset questions. We are not answering, and we have not seen a family being pended on that. Is that also true about the absent parent information?

VEubert

- Our policy is that it is not required for most eligibility groups (pregnant women and children). If you are an adult, TANF level, then it is a requirement of eligibility. Based on the current process, they will be pending for adults' eligibility, but for a child or pregnant women, there will be no pending. It is voluntary participation only. That information is provided to OAG for purposes of complying with medical support orders.
- Administrative Rules: Proposed rule about former Foster Care Youth programs was an emergency rule issued by the agency. The proposal is to make it a permanent rule. Currently in the comment period through May 24 and public hearing on May 14. It will align eligibility requirements for Medicaid for Texas foster care youth with new requirements for the former foster care program.
- What it would do is permanently grandfather in kids in the program today whether or not they aged out in Texas or another state, but would only allow new individuals to enter into the program if they aged out of foster care in Texas. The exception is the Interstate Compact Placement of Children (ICPC). ICPC children will be included in the program regardless of the state they aged out of.
- Verification of Income Using Electronic Data. We are phasing in different elements of ACA implementation. One of the things we are doing is changing is verification of electronic data. We have access to the same sources of data as before, and the thing we

are changing is that we will automatically pull the information into the system as our staff is working a case, so they don't they have to go look for it. We are streamlining the case work process, and creating more efficiency.

KAbneySpelce

- And if both self-report and electronic data meet eligibility guidelines, then you will not pend?

VEubert

- Correct.

HHSCRepresentative

- TALX data is as new as 10 days old, but because it is geared toward corporate entities, we see a lot of individuals for whom data is not available.
- Quarterly wage data is a larger subset of people. The data takes a little while longer before we get it. At the end of a quarter, there is a process that the Texas Workforce Commission goes through to get that data entered into their system. That data we are using is from the quarter before.
- If the electronic data indicates that you are potentially ineligible, we will provide the client with the opportunity to provide verification. We cannot deny based solely on electronic data. We must reach out to the client.

KAbneySpelce

- We had some issues in the past where someone is no longer employed by the company that shows up in the electronic data sources, and they are asked to go back and get a letter from the former employer. Can we do self-declaration for this? Can we get some clarity on what will be accepted for verification that a person no longer works there?

HHSCRepresentative

- Generally we do have a process, if there is a discrepancy, and a letter from one's employer is one way to resolve this. We can get some more clarification on that. It is my understanding that a letter is not the only way. We can get more specifics.
- Also, we never have electronic data on self-employment, which can be a large percentage of parent caretakers, etc. That info is something we will probably continue to ask for verification of.

CoalitionMember

- If you have someone who got certified in March of last year based on their prior year income tax return and now they are due for recertification, and they still haven't filed this year's income tax return, are they allowed to use the prior year income tax return?

HHSCRepresentative

- For self-employment cases? We can take that back and get an answer.
- CHIP Waiting Period Exemptions. There were a number of federal changes here and we couldn't phase them all in right on Jan 1st. These will go into effect June 1st. They are changes to the already existing exemptions.

KEckstein

- How many kids are subject to the waiting period?

VEubert

- We can get you that number. Don't have it in front of me.

CoalitionMember

- What about the HIP Payment program? We had been reassured several times that it wouldn't go away.

VEubert

- We don't have that info right now. We can take that question back.

KEckstein

- Have you received any CMS comments on presumptive eligibility?

VEubert

- In the slide where we talked about the SPA, the presumptive eligibility SPA was included and we haven't received formal comments or questions yet.

SrJTDwyer

- Just want to acknowledge that you and your team are doing a really good job, under a lot of pressure and demands.

KAbneySpelce

- Is HHSC looking at whether we can include CHIP enrollment in TMHP?

SrJTDwyer

- You are saving your state workers a lot of time with providing electronic data. On our end, we now have four plans we have to check, and that is a lot of time in eligibility, looking for someone whose name is Mary Smith or Jesus Martinez.
- Also, the new 1205 form is somewhat complex. What plans does the state have for educating people who assist in application assistance throughout state? A statewide webinar-based training with audio and PPT slides might be helpful for this.

ParklandHospitalRepresentative

- Do you require hospitals to use the 1205 form?

KAbneySpelce

- If the client does not want anything but healthcare coverage, use the 1205 form. It is only if they want to apply for SNAP or TANF that, in a hospital setting, you would use the new 1010.

VEubert

- Also, if they submit only the 1014, they will be pended for additional information.

III. STAR Kids One-Page Handout: Kathy Eckstein (CHAT)

See the attached handout for more information.

KEckstein

- This is a one-pager describing the recently-released RFP. The RFP was released March 19th and comments were due last week.
- It is for kids on SSI and/or community-based waiver services. HHSC thinks there will be 200,000 kids in the program. Contracts are through August 2019. The emphasis is on providing consistent integrated sources of health care. Timely access to behavioral health, and a provider network that is experienced in working with children with intellectual development disabilities.

JScott

- One of our overarching concerns about the way the RFP is written right now is it looks like they took the STAR Plus RFP and modified it slightly so that the criterion for evaluation is focused on coordinating care between long term waiver services and acute care. It matches what STAR Plus does. The number one criteria for evaluation should be very special needs children. We asked them to relook at their criterion because the coordination aspect is a very small number of kids, but all kids are special needs kids. We are writing a letter to the STAR kids committee on that topic, and we are a little handicapped because they don't want us talking about the RFP.

IV. Discussion: 2015 CHIP Coalition Legislative Agenda

KAbneySpelce

- Before we go into discussing the agenda, is Texans Care planning to comment on the foster care rules?

LDimitry

- We will have to ask Clayton. We can check in with him.

JBerta

- No comments on Principle 1.

ABufkin

- Principle 1 has a different structure from the other sections. Also, language leading up to the bullets makes one think that we will hear a list of "state and federal" proposal that could re-structure Medicaid and CHIP (i.e. negative), but instead there is of positive reforms that we support.

MRandall Note: Maybe add some additional transitional introductory language, helping to contextualize and lead into the reforms we support.

JBerta

- What is the timeline for this document?

SrJTDwyer

- In the past, we have had all the major stuff in place by September or October. But tends to continue to evolve up until start of session.

JBerta

- We suggest rewriting two of the Principle 4 bullets. I will give you the language that we suggest.

MRandall Note: Received suggested edits on Principle 4 in writing from John. Will work with ABufkin and LDimitry to incorporate.

KEckstein

- For Principle 4, the "ongoing efforts to support breastfeeding" bullet is a little broad and vague.

ABufkin

- It is tough figuring out how specific to get with that, but that is a good point.
- Also, we have a bullet about presumptive eligibility for pregnant women, and we understand that there was a recent meeting about presumptive eligibility and that there might be some developments around that issue.

KAbneySpelce

- The meeting was on clinics in Houston doing presumptive eligibility for Medicaid. Rolling everything into a new plan for an electronic system.

ABufkin

- This bullet might be better moved into another category if presumptive eligibility for pregnant women will be rolled into the same timeline as other presumptive eligibility groups.

MRandall Note: Received edits in writing from John Berta on presumptive eligibility for Principle 5. Will work with LGuerra-Cardus to incorporate.

KAbneySpelce

- We might also want to know what the current standards are regarding presumptive eligibility.

JBerta

- I don't think there are any current standards, does anyone know?
- We can express concern to CMS saying that the standards effectively eliminate the ability have a presumptive program and go from there.

KAbneySpelce

- That is where our legislative agenda will get modified, because it depends on what CMS comes back with.

CoalitionMember

- For the "background document," and legislative agenda, we may need to rethink how short or how long we want these different documents. Principle 3 is pretty lengthy. Need to revisit what is short/long

KEckstein:

- For Principle 5, there is nothing in there about consumer assistance. Would like to see something recommending more staff be available for ombudsman activities.

CoalitionMember

- What is our audience? How laymen friendly do we want this to be?

CoalitionMember

- In past always for legislative staff.

MRandall

- Any more feedback or thoughts on this new approach of having the two documents: a shorter more concise agenda, and a longer supporting document?

CoalitionMember(s)

- Currently *both* documents are about the same length.
- The "short" document is still too long.
- Need to have maybe one introductory sentence, and then go into the bullets, for the actual agenda.
- Right now have two very similar documents, with slight differences, and it could be confusing.
- It just needs to be really short/simple.
- Could reference the available supporting document on the agenda itself so that it is clear that there is background information available.
- Maybe just have bullet points in the shorter document, and all explanatory verbage in the longer document (cut bullets from the longer document). Right now the longer document has redundant content.
- Might also be good to include the bullets in the longer document, just in case someone *only* receives the background doc, they won't miss out on the recommendations.
- Documents can maybe contain electronic links or reference to one another (hosted on website, etc.)

MRandall Note: Will offer to revamp and reformat to make sections more uniform, and to transfer lengthier explanatory language to background document. Will coordinate with section authors to make substantive updates suggested by the coalition.













YES Waiver

Youth Empowerment Services

A Medicaid Waiver Program for Children with Severe Emotional Disturbance

Texas Department of State Health Services
Mental Health and Substance Abuse Services

YES Waiver Background & Basics

- Legislative direction to HHSC – prevent custody relinquishment of children with Severe Emotional Disturbance (SED)
- HHSC / DSHS received CMS approval to implement a 1915(c) Medicaid Home and Community-Based Services (HCBS) Waiver, called Youth Empowerment Services (YES) in February, 2009.

YES Waiver Background & Basics

- Provides home and community-based services to youth who otherwise need institutional care (e.g., psychiatric inpatient care) or whose parents would turn to state custody for care
- **Must** be **cost neutral** to Medicaid (average Medicaid cost of Waiver services less than or equal to average. Medicaid cost w/o waiver / inpatient stays)
- Allows Texas to include youth who **are not otherwise Medicaid-eligible** when living in the community (parental income is not included in financial eligibility calculation).

YES Waiver Eligibility

To participate in the YES Waiver, the child or adolescent must meet the following eligibility criteria:

- Age 3-18;
- Reside in an approved waiver county, and in a non-institutional setting with the individual's legally authorized representative (LAR); or in the individual's own home or apartment, if legally emancipated.
- Be eligible for Medicaid, under a Medicaid Eligibility Group included in the approved waiver. Parental income is not included in financial eligibility determination.
- Meet DSHS clinical guidelines and be reasonably expected to qualify for inpatient care under the Texas Medicaid inpatient psychiatric admission guidelines, as defined in the waiver, in the absence of waiver services
- Choose, or have the LAR choose, the waiver program services as an alternative to care in an inpatient psychiatric facility, in accordance with the provisions of the waiver

Current Status

- Current Counties Served:
  - Bexar, Brazoria, Ft. Bend, Galveston, Harris, Tarrant and Travis Counties
- Beginning June 1, 2014
  - Cameron, Hidalgo, Willacy

YES Waiver Services

- Respite
- Community Living Supports
- Family Supports
- Transitional Services
- Adaptive Aids & Supports
- Minor Home Modifications
- Non-Medical Transportation
- Paraprofessional Services
- Professional services
- Supportive Family -Based Alternatives




Referrals

- Individuals requesting services under the YES Waiver may or may not be current clients of the LMHA.
- Individuals may make a self referral or be referred to the YES Waiver by outside agencies, organizations or providers (individuals/LAR *must* make the initial contact);
- Youth and Family Brochure / Directory (YES Website)
- Optional Screening Tool (YES Website)

Inquiry List

- The LMHA registers each individual whose parent or Legally Authorized Representative requests the YES Waiver on the Inquiry List phone line.
- LMHA will assess next individual on Inquiry List when vacancy is available.
- Vacancies are offered to eligible individuals on a first come, first served basis according to individuals' registration date on the Inquiry List.

Inquiry List Phone Numbers

- Bexar County: (210) 261-1135
- Travis County: (512) 804-3191
- Tarrant County: (817) 569-5600
- Harris County: (713) 970-7212
- Brazoria & Galveston Counties: (409) 944-4555
- Ft. Bend County: (281) 239-1485

YES Waiver Website and Resources

- http://www.dshs.state.tx.us/mhsa/yes
- Program News & Information
  - Inquiry List Information
  - Information Forum Announcements
  - Brochures for Youth and Families
  - Waiver Application
- Policies and Procedures Manual
- Rates http://www.hhsc.state.tx.us/rad/long-term-svcs/yes/index.shtml
- Provider Enrollment http://esbd.cpa.state.tx.us/bid_show.cfm?bidid=82557

Contact Information

YES Waiver Program Email

YESWaiver@dshs.state.tx.us

YES Waiver Website

www.dshs.state.tx.us/mhsa/yes

Youth Empowerment Services (YES)
Waiver Inquiry Line Information

COUNTY	LMHA	CONTACT
Bexar	Center for Health Care Services	(210) 261-1135
Brazoria & Galveston	Gulf Coast Center	(409) 944-4555
Ft. Bend	Texana Center	(281) 239-1485
Harris	MHMRA of Harris County	(713) 970-7212
Tarrant	MHMR Tarrant County	(817) 569-5600
Travis	Austin Travis County Integral Care	(512) 804-3191

YES Website: http://www.dshs.state.tx.us/mhsa/yes/

TEXAS
Health and Human
Services Commission

Status of Federally-Required Medicaid and CHIP Eligibility Changes

April 25, 2014

Status of Account Transfers

Account Transfers from the Marketplace to HHSC (Inbound)

The federal Marketplace began sending applications to HHSC on January 17, 2014. HHSC currently receives applications weekly from the Marketplace and processes them as they are received. As of April 22, 2014:

- HHSC has received 189,460 applications from the Marketplace.
- HHSC has processed approximately 182,000 applications, of which, approximately 165,000 were completed and approximately 17,000 were in progress.

Account Transfers from HHSC to the Marketplace (Outbound)

- Between January 5, 2014 and April 22, 2014, HHSC transferred 325,328 cases to the Marketplace. Transfers occur daily.

Account Transfer Outcomes

Of the applicants received by HHSC via an account transfer, the majority have been found ineligible for Medicaid or CHIP based on Texas eligibility rules.

- 79 percent were denied.
- 17 percent were approved.
- 4 percent withdrew their application.

Denials may be due to:

- The reason the application was sent to HHSC. For example, the individual was denied by the Marketplace and requested a full determination from the state, or the individual may apply for long-term services and supports.
- Federal systems issues.
- Differences in federal and state data sources.

State Plan Amendments

March 31 Submissions

- On March 31, 2014, HHSC submitted 29 state plan amendments (SPAs) to CMS. The SPAs are effective January 1, 2014.

Children Ineligible for Medicaid Due to Ending Income Disregards

- On March 31, 2014, HHSC submitted to CMS a SPA related to children ineligible for Medicaid as a result of the elimination of income disregards.
- For individuals who are enrolled in Medicaid prior to January 1, 2014, MAGI rules will be applied at redetermination.
- At redetermination, children who no longer qualify for Medicaid because their household income exceeds the income limits will receive coverage under CHIP.

Application SPAs

- On December 31, 2013, HHSC submitted to CMS SPAs for the streamlined application for health care.
- On March 31, 2014, CMS disapproved the SPAs due to the assets and absent parent questions on the application.
- HHSC has 60 days to request reconsideration.

TEXAS Health and Human Services Commission

Texas Administrative Code Rules

- Proposed rules relating to Medicaid eligibility for Former Foster Care Youth were published in the April 25, 2014 issue of the *Texas Register*.

- The proposed rules:
  - Align the eligibility requirements of Medicaid for Transitioning Foster Care Youth (MTFCY) with the eligibility requirements of the new Former Foster Care Children's (FFCC) program by providing coverage to former foster care youth who had been in Texas conservatorship.
  - Provide coverage to former foster care youth who were approved by this State for placement inside or outside Texas in accordance with the Interstate Compact on the Placement of Children (ICPC) and to former foster youth from any state who were receiving Medicaid services in Texas on or before December 31, 2013.

- Written comments on the proposed rules may be submitted to Amanda Austin at Amanda.Austin@hhsc.state.tx.us by May 24, 2014. A public hearing is scheduled for May 14, 2014.

Verification of Income Using Electronic Data

- Under the ACA, states are required to verify income using electronic data sources prior to contacting clients to the extent possible.

- Systems changes are planned for May 2014 to automatically check an applicant's statement of income against electronic data sources, such as:

  - Nationwide Income and Employment Verification System (TALX)

  - Quarterly wage data from Texas Workforce Commission

  - Unearned income data from Social Security Administration

- The Texas Integrated Eligibility Redesign System (TIERS) will compare income reported on the application with income data provided by electronic sources. If both client statement and electronic data indicate that the family meets the Medicaid or CHIP income limit, the state does not need additional proof, such as pay check stubs.

CHIP Waiting Period Exemptions

The following CHIP waiting period exemptions will be added in the May 2014 systems update to comply with federal rules:

- The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.
- The loss of health insurance coverage as a result of the death of a parent.
- The cost of family coverage that includes the child exceeded 9.5 percent, instead of the current 10 percent, of household income.
- The premium paid by the family for coverage of the child under the group health plan exceeds 5 percent of household income.
- The child has special health care needs.

Children's Hospital Association of Texas

An Association for the Advancement of Children's Healthcare in Texas

STAR KIDS: REQUEST FOR PROPOSALS (RFP)

The Health and Human Services Commission (HHSC) is developing a mandatory, capitated STAR Kids managed care program tailored to provide Medicaid benefits to recipients under the age of 21 who receive Supplemental Security Income (SSI) or receive services through Home and Community-based Services waiver programs. HHSC anticipates serving almost 200,000 children per year through the STAR Kids program.

- HHSC released the Draft RFP on March 19, 2014, with comments due April 18, 2014.
- Proposals will be due in late October 2014 and the operational start date is September 1, 2016.
- Contracts will be effective through August 31, 2019, with an option to extend the contract for up to eight years.
- The RFP stresses the commitment to providing a consistent and integrated source of healthcare for this population through health homes, service coordination, timely access to behavioral health services and a provider network experienced in working with children with Intellectual and Developmental Disabilities.
- The benefit package for STAR Kids includes all medically necessary services covered under the traditional, fee-for-service Medicaid program, except for non-capitated services (e.g., nursing facility services, Health Steps dental, and medical transportation).
- Children who qualify for the Medically Dependent Children Program (MDCP) are also eligible for services such as respite, adaptive aids, and minor home modifications.
- Children with SSI in foster care will continue to receive services through STAR Health.
- Managed Care Organizations (MCOs) must provide a comprehensive disease management program for asthma, diabetes and other chronic diseases.
- HHSC plans to contract with at least two MCOs in each service area.

The STAR Kids program will deliver care through the following service areas:

Bexar	Jefferson
Dallas	Lubbock
El Paso	Nueces
Harris	Travis
Hidalgo	3 Medicaid Rural Service Areas