



Ambassador Program Check-In

September 16, 2024

Best Practices for Renewal & Application Completion



Guiding principles for Ambassadors to Share With Clients During Application and Renewal Process:

- **Create YourTexasBenefits Account:** Sign up for case alerts through the website or mobile app, and carefully review and accurately complete all application or renewal forms.
- **Contact 2-1-1, Option 2:** Update your mailing address, phone number; report any issues obtaining required information; seek assistance with accessing YourTexasBenefits.com account; or uploading documents.
- **Answer Calls:** Be sure to answer your phone as a caseworker may contact you regarding your application. Expect calls from 737-867-7700, displayed as 'State of Texas' on your caller ID.
- **Check Your Mail:** Look out for important letters from HHSC in yellow envelopes, such as requests for additional information or notifications about your Medicaid status.

90-Day Reconsideration Period



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If a client misses their submission deadline, they have up to 90 days to submit their renewal. HHSC can reopen the case the first of the month they turn it in.

- For example, if the deadline was Nov. 8 and the client sent their renewal to HHSC by the middle of January, their coverage can be retroactive to Jan. 1.

To reopen, HHSC must receive their renewal packet during the 90 days.

- Clients can submit what was mailed to them by fax, mail or visiting a local office.
- Clients can also call 2-1-1, Option 2, for help.

If a client submits their renewal but fails to submit additional requested information, they can submit that information during the 90 days.

Appealing a Case Decision



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Medicaid recipients can object to any determination of coverage by filing an appeal by mail, calling 2-1-1 and selecting Option 2, or visiting a [local office](#).

Medicaid recipients can also file a complaint with the HHS Office of the Ombudsman if they disagree with the action taken on their case by calling 877-787-8999 from 8 AM to 5 PM Central time, Monday through Friday, or visiting hhs.texas.gov/ombudsman for more information.

SNAP/TANF Interview Flyers



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Interviews for SNAP and TANF Benefits Resume June 1



In January 2020, the U.S. Department of Health and Human Services declared a public health emergency in response to the COVID-19 pandemic. Federal legislation allowed states to temporarily stop required interviews for anyone renewing or applying for SNAP or TANF benefits.

Effective June 1, 2024, the Texas Health and Human Services Commission (HHSC) will start required interviews again for people renewing or applying for SNAP or TANF benefits.

All applications and renewals processed on or after June 1, 2024, will require a client interview.

If you need to be interviewed:

- HHSC staff will call the phone number they have on file for you.
- The caller ID will be from 737-867-7700 and read "State of Texas." Please add the number to your contacts so you can easily recognize the call.
- If no one answers the second time, HHSC will leave a voicemail and mail you notice H1830-FA with next steps.
- The voicemail and notice include information about how to call and be interviewed.

You must be interviewed within seven days of receiving a call from HHSC to continue receiving SNAP or TANF benefits.



Resuming SNAP and TANF Interviews FAQ



In January 2020, the U.S. Department of Health and Human Services declared a public health emergency in response to the COVID-19 pandemic. Federal legislation allowed states to temporarily stop required interviews for anyone renewing or applying for SNAP or TANF benefits.

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Read through a list of frequently asked questions to learn more about required interviews.



Q: When will interviews resume?

A: Interviews start again on June 1, 2024. All renewals and applications processed on or after June 1 will require a client interview.

Q: Who are interviews resuming for?

A: Interviews will start again for people renewing or applying for SNAP or TANF benefits. Interviews are not required to renew or apply for Medicaid programs.

Q: Do current SNAP and TANF recipients need to have an interview done right away?

A: No. Interviews only happen when it's time to renew. HHSC will reach out to you.

Q: How often do SNAP and TANF applicants and recipients need to be interviewed?

A: SNAP recipients will usually need to be interviewed once a year. TANF recipients will usually need to be interviewed every six months.

Q: What should I expect to be asked about in an interview?

A: We'll ask you follow-up questions about the things you included in your application or renewal, in addition to asking you for information about household members, income and expenses.

The flyers can be found on the HHSC website here: (<https://www.hhs.texas.gov/services/questions-about-your-benefits>)

Application Timeliness



Medicaid

59% Of applications are processed within federal standard processing time

83 Median number of days to process

220,644 Uninitiated applications in queue



SNAP

49% Of applications are processed within federal standard processing time

42 Median number of days to process

97,648 Uninitiated applications in queue



Timeliness Goals by March 2025

- ❑ Clear our backlog of SNAP work that is more than 30 days old.
- ❑ Consistently process SNAP applications within 7 days of receipt.
- ❑ Complete most SNAP renewals before the end of the client's certification period.



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Short Term Timeliness Strategies (October 2024)



Initiative	Description
Daily Work Assignments	Implement changes on how work is assigned to provide more flexibility to regions.
Workload Targets Pilot	Pilot workload targets for workers to have set production goals for daily completion.
Dedicated Backlog Team	Designate 500 eligibility staff to work oldest received application tasks.
Productivity Performance Incentive Target Pilot	Explore/implement incentives for achieving or exceeding target goals.
Case Processes	Implement ways to increase processing efficiency and decrease processing time for applications requesting multiple programs.

2-1-1 Eligibility Support (Option 2)



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August Monthly Average*

1.17%

Call Abandonment
Rate

21 Seconds

Average Speed to
Answer

If you're hearing of wait times above an hour, please let us know. HHSC will need the following information to investigate:

- Phone number used to place the call
- Time(s) the call was placed
- Date(s) the call was placed

*Data based on approximately 901,739 calls requesting transfer to agent between 08/01/24-08/31/24

*2-1-1 Option 8 was deactivated on 08/08/2024.

1902(e)(14) Waivers Extension



CMS indicated that they are giving states blanket extensions on the 1902 waivers as part of one of their strategies to ensure all eligible Medicaid recipients receive benefits.

Texas has four 1902(e)(14) waivers that will be extended through **June 30, 2025**:



Allow HHSC to use address changes from the NCOA and USPS databases without contacting the client.



Allow MCOs to help with application assistance.



Allow HHSC to use address changes from MCOs without contacting the client.



Allow the use of SNAP income data during Medicaid renewals.

Visit <https://www.medicaid.gov/federal-policy-guidance/downloads/cib050924-e14.pdf> for more information.

House Bill (H.B.) 12 Extended Postpartum Coverage Resources



Some providers asked for more information about H.B. 12, its effects and coverage.

H.B. 12 Extended Postpartum Coverage Toolkit

HHSC has created a toolkit with downloadable materials regarding extended postpartum coverage including: a General Information Flyer, FAQs, a Social Media Toolkit, and webinar registration. For more information please visit: [Women and Children | Texas Health and Human Services](#)

Webinar

Click [here](#) to view the webinar and learn about:

- House Bill 12 Background
- Eligibility and Exceptions
- Coverage Transitions
- Covered Services
- Additional Resources

For any questions, please reach out to managed_care_initiatives@hhs.texas.gov

Postpartum Medicaid and CHIP Coverage Extension

The Texas Health and Human Services Commission (HHSC) announces a postpartum Medicaid and Children's Health Insurance Program (CHIP) coverage to 12 months for eligible women, effective March 1, 2024. The 12 months of postpartum coverage begins the month after a pregnancy has ended.

Am I eligible?

Effective March 1, 2024, eligible recipients include:

- Medicaid or CHIP recipients who were enrolled while pregnant or are no longer pregnant but are still within their 12-month postpartum period.
- Women who transitioned from Medicaid or CHIP to Healthy Texas Women (HTW) after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage Medicaid or CHIP.
- Women who received services while pregnant in Texas that would have been covered by Medicaid but who apply for Medicaid after their pregnancy ends.
- Medicaid or CHIP recipients who are pregnant or become pregnant and women who enroll because they become pregnant.

Are there any exceptions to eligibility?

Eligible Medicaid and CHIP recipients will receive the extended coverage through their postpartum period unless they:

- Voluntarily withdrew.
- Move out of Texas.
- Are determined ineligible because of fraud, abuse or perjury.
- Die.

Want to learn more?

Scan the QR code, visit <https://www.hhs.texas.gov/postpartum> or call 2-1-1 and choose Option 2.

Do I need to apply to have my coverage extended?

Medicaid and CHIP recipients don't need to apply to have their coverage extended. Coverage will be reinstated for the remainder of the 12-month postpartum period for women who are not current Medicaid or CHIP recipients but who were enrolled in Medicaid or CHIP in Texas while pregnant and are still within their 12-month postpartum period if they are still residents of Texas. They'll get a notice by mail or through their Your Texas Benefits account.

What services are available?

Medicaid or CHIP covered services remain available in the 12-month postpartum period. This includes but is not limited to:

- Regular medical checkups.
- Prescription drugs and vaccines.
- Hospital care and services.
- X-ray and lab tests.
- Vision and hearing care.
- Access to medical specialists and mental health care.
- Treatment of special health needs and preexisting conditions.

CHIP-Perinatal (CHIP-P) Newborn Medicaid Application Process



1. Eligibility:

- CHIP Perinatal (CHIP-P): Covers labor and delivery for households exceeding Medicaid income limits.
- CHIP-P households below the Medicaid income limits (women who do not meet citizenship requirements) must apply for Emergency Medicaid using Form H3038-P to cover labor and delivery.

2. Process Before and After Birth:

- **30 days before due date:** Form H3038-P and Form H1061 (Birth Outcome Letter) is mailed to the household.
- Upon processing Form H3038-P, the woman gets Emergency Medicaid from the date of labor/delivery to 12 months postpartum; the child gets Medicaid from birth date until the end of the month after their first birthday.

3. Follow-up and Deadlines:

- If Form H3038-P is not returned within 30 days post-due date, Form H1062 (Reminder Letter) and a second Form H3038-P with a pre-paid return envelope is mailed to the household and provided an additional 30 days to return the requested information.
- It is essential to return the form within 60 days of the due date to establish Medicaid coverage for both mother and newborn. Without return, coverage is not granted.
 - If Form H1062 is not provided within 60 days, the household will be required to go through the regular Medicaid application process to request coverage for the newborn. If determined eligible, coverage will begin the first of the month the Medicaid application was submitted. Additionally, coverage for up to 3 months prior to the application month may be established if there are unpaid medical bills.

HHSC's LAR Submission



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Information on HHSC's LAR submission can be found on the [HHS Financial Information Page](#)

- HHSC's Legislative Appropriations Request (LAR) for 2026-2027 has been submitted to the Legislative Budget Board.
- The LAR itemizes the agency's budget requests for consideration during the upcoming legislative session.

Extension of MEPD Review Dates



Effective July 13, 2024, AES has extended the review due dates for one year for individuals receiving long-term care Medicaid, including those who are over 65 years of age, have a disability, or are receiving a Medicare Savings Program **and** are due in the months of October, November and December 2024.

Form H1809, Coverage Extension notices, has been sent to affected individuals which detail the extension of their specified Medicaid program and their new certification periods.

TA 10 - ME - Waivers	TP 17 - ME - Nursing Facility
TA 12 - ME - State Group Home	TP 18 - ME - Disabled Adult Child
TA 24 - ME - Prior Medicaid Institutional/Waiver	TP 21 - ME - Disabled Widow(er)
TA 88 - ME - Medicaid Buy-in for Children	TP 22 - ME - Early Aged Widow(er)
TP 03 - ME - Pickle	TP 87 - ME - Medicaid Buy-in
TP 10 - ME - State Supported Living Center	TP 24 - MC - QMB
TP 14 - ME - Community Attendant	TP 23 - MC - SLMB
TP 15 - ME - Non-State Group Home	TP26 - MC - QI 1
TP 16 - ME - State Hospital	TP 25 - MC - QDWI

Note 1: Affected households should still respond to any separate notices received from HHSC.

Note 2: SSI related Medicaid will continue to follow the normal renewal process.



Resources

Actions You Can Take Now

- Download [Ambassador Toolkit](#)
- Visit [End of Continuous Medicaid Coverage](#)
- Email Stakeholder Engagement with questions at: update@hhs.texas.gov
- Join the Ambassador Program – [Ambassador Program Contact List](#)
- Explore the Interview Toolkit: [Questions About Your Benefits | Texas Health and Human Services](#)
- Explore the Extended Postpartum Coverage Toolkit <https://www.hhs.texas.gov/services/health/women-children>



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Thank you
