TEXAS
Health and Human Services

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Executive Commissioner

MEPD and TW Bulletin 22-02

Date: February 01, 2022

To: Eligibility Services Supervisors and Staff
Program Managers
Regional Directors
Regional Attorneys
Hearings Officers

From: Access and Eligibility Services Program Policy
State Office 2115

Subject:

1. **COVID 19 Update: Additional Emergency Allotment Supplement**
2. **COVID-19 Update: Processing Denial Actions for Medicaid Programs**
3. **Medicaid for Inmates of Juvenile Institutions**
4. **Mileage Rate Increase**

The information in this bulletin will be included in a future handbook revision. Until the handbook is updated, staff must use the information in this bulletin. If you have any questions regarding the policy information in this bulletin, follow regional procedures.

Active bulletins are posted on the following websites:

- Medicaid for the Elderly and People with Disabilities Handbook (MEPDH) at https://hhs.texas.gov/laws-regulations/handbooks/mepd/policy-bulletins;
- Texas Works Handbook (TWH) at http://hhs.texas.gov/laws-regulations/handbooks/texas-works-handbook/texas-works-bulletins.

1. COVID-19 Update: Additional Emergency Allotment Supplement

Background

On Jan. 27, 2020, the Secretary of the U.S. Department of Health and Human Services declared that a public health emergency exists nationwide due to the novel coronavirus (COVID-19) outbreak. Additionally, on March 13, 2020, Governor Greg Abbott also declared a state of disaster for all counties in Texas due to the COVID-19 outbreak. HHSC is providing the following temporary guidance regarding policies and procedures for processing case actions during the COVID-19 public health emergency.

COVID-19 Policy

Supplemental Nutrition Assistance Program (SNAP)

HHSC has been granted approval from the Food and Nutrition Service (FNS) to issue February 2022 Emergency Allotment (EA) supplements to participating SNAP households. Households who are approved for SNAP in February 2022 will automatically be issued supplements that will bring the household up to the maximum monthly allotment for the household's size. All SNAP households will receive a minimum of $95 in EA supplements.

All EA supplements will be automatically issued on the SNAP household's existing EBT card. SNAP households do not need to take any action to receive EA supplements.

HHSC will issue EA supplements for February, on a randomized staggered schedule starting Feb. 2, 2022. The expected completion of February EA supplement issuance for active SNAP households is Feb. 8, 2022. Households who are determined eligible for SNAP after Feb. 8, 2022 will be issued their supplement within approximately 60 days from disposition. Staff should call in a ticket when the SNAP household reports not receiving the supplement by that timeframe.

TIERS will add the following case comment "COVID-19 SNAP supplements issued" for a case where the EA supplement was issued. HHSC will not be sending a notice to households regarding the EA supplement.

Additionally, during the pandemic, Quality Control and other case reading reviews will continue to ensure accuracy. Although SNAP households will receive a minimum of $95 in EA supplements, staff must still ensure regular monthly benefits are calculated correctly when processing any case actions.

Automation
February EA supplements for active SNAP households are expected to be issued between Feb. 2, 2022, and Feb. 8, 2022. Households who are determined eligible for SNAP after Feb. 8, 2022 will be issued their February EA supplement within approximately 60 days from disposition.

Correspondence
Correspondence changes are not required.

Handbook
Handbook updates are not required.

Training
Training is not required.

Effective Date
This policy is effective with the release of this bulletin. Staff will be notified when the COVID-19 policy and clarifications no longer apply.

2. COVID-19 Update: Processing Denial Actions for Medicaid Programs

Background

On January 27, 2020, the Secretary of the U.S. Department of Health and Human Services declared that a public health emergency exists nationwide due to the novel coronavirus (COVID-19) outbreak. Additionally, on March 13, 2020, Governor Greg Abbott also declared a state of disaster for all counties in Texas due to the COVID-19 outbreak. HHSC is providing the following temporary guidance regarding policies and procedures for processing case actions during the COVID-19 public health emergency.

COVID-19 Policy

Medical Programs

Guidance previously issued in the following MEPD and Texas Works Bulletins provided staff with policy and processes for case actions that would result in a denial of active Medicaid EDGs.

- MEPD and Texas Works Bulletin 20-4, Item #6 Processing Case Actions for Medical Programs, released on March 23, 2020;
- MEPD and Texas Works Bulletin 20-06, Item #3 Maintaining Medicaid Coverage, released on April 7, 2020;
- MEPD and Texas Works Bulletin 20-10, Item #4 Update: Processing Case Actions for Medicaid Programs, released on April 28, 2020;
- MEPD and Texas Works Bulletin 20-13, Item #1 Update: Processing Case Actions for Medicaid Programs, released on May 12, 2020; and
- MEPD and Texas Works Bulletin 21-07, Item #1 COVID-19 Update: Processing Denial Actions for Medicaid Programs, released on April 8, 2021.

This update replaces the previous guidance for allowable Medicaid denials during the COVID-19 public health emergency. Revisions have been made to the override instructions.

H.R. 6201 (Families First Coronavirus Response Act), requires states to maintain Medicaid coverage until the end of the month in which the COVID-19 public health emergency ends for certain recipients who were active or certified for Medicaid as of or after March 18, 2020, unless the person:

- voluntarily withdraws;
- dies; or
- moves out of state.

Based on guidance provided by the Centers for Medicare and Medicaid Services (CMS), states are not required to maintain Medicaid for persons who are not validly enrolled.

The following Medicaid recipients are not considered validly enrolled:

- a person certified in error; or
- a person who the Office of Inspector General (OIG) has determined fraudulently received Medicaid and coverage should be denied.

Staff must deny Medicaid during the COVID-19 public health emergency when it is discovered an initial determination of eligibility was incorrect at the time it was made due to agency error or when notified by OIG that a Medicaid recipient was convicted of fraud.

This policy does not apply to redeterminations processed on or after March 18, 2020.

Staff must follow advance notice of adverse action procedures prior to terminating benefits for persons not considered validly enrolled (TWH A-2343.1, How to Take Adverse Action if Advance Notice is Required, and MEPDH B-8420, Notification of Changes as a Result of Redetermination). To ensure appropriate termination of Medicaid benefits, staff must follow the override instructions listed in the **"Staff Procedures for Denying Medicaid"** section below.

Staff Procedures for Denying Medicaid
Follow the instructions below to override a Medicaid EDG to process a denial because the recipient was certified in error or a fraud determination was received:

- Click on the EDG Override Summary tab;
- Click for the correct Medicaid EDG month (for multiple Medicaid months, start with the earliest month and work forward);
- The EDG Override Details page is displayed. From the EDG Status drop-down menu, select Deny;
    - ◊ Enter "CMS-OIG Fraud Determination" in the Override Reason box if the case is being denied because OIG determined the person fraudulently received Medicaid.
    - ◊ Enter "CMS-Certified in Error" in the Override Reason box if the case is being denied because the person was certified in error.
- Select the appropriate reason "No eligible members" from the Disposition Reason drop-down menu;

- Click  and then click  . Follow current Second Level Review (SLR) processes; and
- Document in Case Comments "Using instructions provided in MEPD and Texas Works Bulletin 22-02 to deny Medicaid for <enter actual denial reason here, "Certified in Error" or "Fraud Determination">. Ensure each subsequent disposition maintains the use of these instructions".

Automation
Automation changes are not required.

Correspondence
Correspondence changes are not required.

Handbook
Handbook updates are not required.

Training
Training is not required.

Effective Date
This policy is effective with the release of this bulletin. Staff will be notified when the COVID-19 policy and clarifications no longer apply.

3. Medicaid for Inmates of Juvenile Institutions

Background

The Texas Juvenile Justice Department (TJJD) and county-level Juvenile Probation Departments (JPDs) pay for inpatient medical services provided to inmates in a hospital or medical care facility using state or county-level funds. Federal law prohibits Medicaid federal funding for services provided to an inmate of a public institution, except when an inmate receives inpatient services in a medical institution for at least 24 hours.

House Bill (H.B.) 1664, passed by the 87th Texas Legislature, Regular Session, 2021, requires the Texas Health and Human Services Commission (HHSC) to provide Medicaid coverage to inmates of juvenile facilities who receive inpatient medical services for at least 24 hours in a hospital or other non-penal medical facility.

Current Policy

TW Medicaid

An inmate of a public institution operated by the Texas Department of Criminal Justice (TDCJ) who receives inpatient medical services for at least 24 hours may receive prior Medicaid coverage for the dates of service if all other eligibility criteria are met. (TWH B-541, Inpatient Services Provided to Inmates of the Texas Department of Criminal Justice (TDCJ))

Medicaid may be suspended and reinstated for a child between the ages of 6 to 18 who is placed in a juvenile public institution upon notification by TJJD or a JPD. (TWH B-543 Child Placed in a Juvenile Facility) A child who is placed in a juvenile public institution (TJJD or JPD) cannot receive Medicaid coverage for inpatient medical services.

New Policy

TW Medicaid

In addition to inmates residing in TDCJ facilities, children placed in a public institution operated by TJJD or a JPD who receive inpatient medical services for at least 24 hours may receive prior Medicaid coverage for the dates of service. The child must be otherwise eligible for Medicaid.

New Process

TJJD submits applications on behalf of children placed in a juvenile public institution who receive inpatient medical services for at least 24 hours via YourTexasBenefits.com using designated Community Partner Identification

numbers. Inpatient services must be provided by a hospital that is not on the premises of a prison, jail, detention center or other penal setting, including a facility run by a private health care entity. These applications are routed to and processed only by HHSC Centralized Benefit Services (CBS) staff and only as prior Medicaid for the dates of service.

If an application from TJJD is inadvertently assigned to a location other than CBS, do not perform Application Registration. Follow current instructions found in the Eligibility Operations Procedures Manual (EOPM) for reassignment.

In addition to completing the YourTexasBenefits.com online application, TJJD provides:

- Form H1046, Inpatient Medical Services Certification, signed by the medical provider, for all applications. The child's attending practitioner completes Form H1046 to document the dates of the TDCJ, TJJD, or JPD inmate's inpatient care;
- Form H3038, Emergency Medical Services Certification, signed by the medical provider, if the child is ineligible for regular Medicaid due to citizenship or immigration status and requires treatment for an emergency condition;
- documentation that TJJD has the authority to act as the child's authorized representative following policy in TWH A-170, Authorized Representatives; and
- all required verification.

If eligible, the child is certified for prior Medicaid coverage for the dates of service provided on the Form H1046. If the child is eligible for Emergency Medicaid, they are certified for the dates indicated on the Form H3038. If the child has an existing case in TIERS, perform Application Registration to ensure the prior Medicaid coverage is certified on a separate EDG from the household's case with a designated TJJD staff person listed as the authorized representative.

Do not:

- associate Medicaid cases for a TJJD/JPD inmate with any other case in TIERS; or
- assign a new client number.

Note: The TJJD or JPD inmate is the only person in the budget and certified group.

Automation
Changes to the DG-017, OES CBO Data Report, located in DataMart to capture data on this population are currently scheduled to be implemented with TIERS Release R111.2 on February 26, 2022. The report will be updated to include dates of service, which is not currently captured for community partners.

Correspondence
Changes to Form H1046, Inpatient Medical Services Certification, were implemented on January 4, 2022.

Handbook
Updates to the MEPDH are not required.

The TWH is currently scheduled to be updated in the July 2022 revision.

Training
Training is not required.

Effective Date
This policy is effective March 1, 2022. Medicaid coverage for this population can be requested for dates of service on or after December 1, 2021.

4. Mileage Rate Increase

Background

On December 17, 2021, the Internal Revenue Service (IRS) issued the standard mileage reimbursement rate for 2022. The mileage rate is revised for state travel based on the current IRS rate.

Households may claim deductions for transportation expenses related to self-employment for all programs and medical costs for SNAP. (MEPDH E-6210, Self-Employment Expenses, TWH A-1323.4.5, Allowable Costs of Producing Income, and TWH A-1428.1, Allowable Medical Expenses)

Current Policy

All Programs

The mileage rate for 2021 is 56 cents per mile.

New Policy

All Programs

The mileage rate for 2022 is 58.5 cents per mile.

Automation

Automation changes are not required

Correspondence

Correspondence changes are not required.

Handbook

The MEPDH is currently scheduled to be updated in the June revision.

The TWH is currently scheduled to be updated in the April revision.

Training

Training is not required.

Effective Date

This policy is effective for all case actions disposed on or after March 1, 2022.