

Report on Continuity of Care for Women Aging Out of Medicaid and CHIP

As Required by

**Senate Bill 1, 87th Legislature,
Regular Session, 2021 (Article II,
HHSC, Rider 69)**

Texas Health and Human Services

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Executive Summary

The 2021–22 General Appropriations Act, [Senate Bill 1](#), 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services Commission, Rider 69), requires the Texas Health and Human Services Commission (HHSC) to report on the number of individuals aging out of Medicaid and the Children’s Health Insurance Program (CHIP) who are able to maintain coverage under another Medicaid program, including Healthy Texas Women (HTW), through the agency’s administrative renewal process. This report must include the number of individuals determined ineligible through the administrative renewal process because documentation was not received and evaluate the feasibility of implementing an auto-enrollment process for individuals aging out of Medicaid and CHIP into HTW. Additionally, the report must include recommendations to improve connecting individuals aging out of Medicaid or CHIP to enrollment in HTW. The report must be submitted by August 1, 2022 to the Governor, Legislative Budget Board, Lieutenant Governor, and Speaker of the House.

On January 22, 2020, the Centers for Medicare and Medicaid Services (CMS) approved HHSC’s Healthy Texas Women Section 1115(a) Medicaid Demonstration Waiver. As required by the demonstration’s Special Terms and Conditions (STCs), HHSC aligned the eligibility requirements for the HTW program with the requirements of Modified Adjusted Gross Income (MAGI) Medicaid programs. MAGI eligibility methodologies were implemented in the HTW program on March 20, 2021.

Prior to implementing MAGI eligibility methodologies in HTW, a woman aging out of Children’s Medicaid or CHIP needed to submit a separate HTW application to be determined eligible for the program. HTW is now included in the MAGI cascade. This means that HHSC automatically evaluates women for HTW eligibility before they age out of Children’s Medicaid and CHIP without requiring them to submit a new application.

After implementing MAGI eligibility methodologies in HTW, the average number of individuals who transitioned to another Medicaid program, including HTW, when they aged out of CHIP increased by more than five percent. The average number of female CHIP recipients who transitioned to another Medicaid program, including HTW, when they aged out increased by over 12 percent.

Note: Current data about the number of individuals aging out of Children’s Medicaid is not available because of the federal requirement to maintain continuous Medicaid coverage during the COVID-19 public health emergency (PHE) in order for the state to qualify for enhanced federal funding.¹ Pre-PHE data for individuals who aged out of Children’s Medicaid is included in this report.

This report:

- Provides an overview of HTW eligibility criteria;
- Discusses the changes made to the HTW eligibility rules to comply with the requirements of the HTW Section 1115(a) Medicaid Demonstration Waiver;
- Explores the impacts of the COVID-19 continuous Medicaid coverage requirement on enrollment in Children’s Medicaid and HTW;
- Documents the number of women who aged out of Children’s Medicaid² and CHIP who enrolled in HTW, other Medicaid programs, or CHIP-Perinatal without a gap in coverage; and
- Discusses recommendations for increasing the number of individuals who enroll in another Medicaid program, including HTW, when they age out of CHIP or Children’s Medicaid.

¹ Public Law 116-127, [Families First Coronavirus Response Act](#)

² Only pre-PHE data is available for Children’s Medicaid.

1. Introduction

On January 22, 2020, CMS approved the HTW Section 1115(a) Medicaid Demonstration Waiver, which allows HHSC to utilize federal funding for HTW recipients age 18-44. As required by the STCs of the demonstration, HHSC aligned HTW eligibility policy³ with the requirements of MAGI Medicaid programs. MAGI Medicaid programs include Medicaid for Pregnant Women, Medicaid for Parents and Caretaker Relatives, and Children's Medicaid. MAGI methodologies are also used when determining eligibility for CHIP.

The following program changes were implemented in HTW on March 20, 2021.

- Women who meet all eligibility criteria for HTW and attest to being a U.S. citizen or having a qualifying immigration status, but who do not have verification of their status, will be certified for HTW and provided a period of Reasonable Opportunity to provide the verification to HHSC. (This change was implemented on February 18, 2020.)
- HTW uses MAGI methodologies to determine household composition and financial eligibility. This means that the women's household size and whose income to include is based on her tax filing status and her tax relationships when determining eligibility.
- Adjunctive eligibility⁴ is no longer used as a method for determining financial eligibility for HTW.
- When determining eligibility for HTW, HHSC only considers income that must be reported when filing a federal income tax return (taxable income). The only deductions that individuals can claim to reduce their income are the ones allowed when filing a federal income tax return. These include, but are not limited to:
 - ▶ alimony paid if the divorce or separation occurred on or before 12/31/2018,
 - ▶ educator expenses,
 - ▶ contributions for health savings accounts, and
 - ▶ moving expenses for active duty members of the military.

³ Although the demonstration only provides federal Medicaid funding for adult recipients, the eligibility changes apply to all HTW applicants and recipients, ages 15 – 44.

⁴ Adjunctive eligibility automatically determined women income eligible for HTW if they received Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), or if they were included in a Children's Medicaid or Temporary Assistance for Needy Families (TANF) case.

- The HTW income threshold increased from 200 percent of the Federal Poverty Level (FPL) to 204.2 percent FPL. The FPL increased to account for the changes made to allowable deductions and countable income.
- Pretax contributions are excluded from the household's income when determining financial eligibility.
- The previous HTW application (Form H1867) was retired. Women now apply for HTW using YourTexasBenefits.com, the Form H1010, Texas Works Application for Assistance, or the Form H1205, Texas Streamlined Application. Updating Form H1867 to collect the information needed to determine HTW eligibility using MAGI methodologies would have made it very similar to the existing Form H1205, Texas Streamlined Application. HHSC determined it was not cost effective to maintain two separate applications that collected the same information.
- Women are first determined ineligible for full-coverage Medicaid and CHIP before being determined eligible for HTW.
- Women who no longer qualify for the following programs are automatically evaluated for HTW eligibility. A separate application is not required.
 - ▶ Medicaid for Pregnant Women
 - ▶ Medicaid for Parents and Caretaker Relatives
 - ▶ Children's Medicaid
 - ▶ CHIP
 - ▶ Medicaid for Former Foster Care Children
 - ▶ Medicaid for Transitioning Foster Care Youth; and
 - ▶ Transitional Medicaid
- As required by Medicaid regulations, individuals must meet both financial and non-financial criteria before they are determined eligible. This requirement was not waived in the demonstration STCs. Therefore, HHSC no longer auto-enrolls women from Medicaid for Pregnant Women to HTW.
- HHSC uses an administrative renewal process for HTW. If all eligibility criteria can be verified through electronic data sources, the woman does not need to submit an application or verification documentation for her annual redetermination of eligibility.
- Women can access their HTW notices through their online YourTexasBenefits.com account.

2. Background

The United States Secretary of Health and Human Services declared on January 31, 2020, that due to confirmed cases of the 2019 novel coronavirus (COVID-19) a public health emergency had existed since January 27, 2020. As COVID-19 cases continued to increase, Congress passed Public Law 116-127, the Families First Coronavirus Response Act (FFCRA). The FFCRA provides states a 6.2 percent increase to the Federal Medical Assistance Percentage (FMAP) rate for each calendar quarter that the state maintains Medicaid coverage during the COVID-19 public health emergency (PHE) for most recipients who were determined eligible as of March 18, 2020 or later. Exceptions to the continuous Medicaid coverage requirement include individuals who:

- move out of the state;
- voluntarily withdraw from the Medicaid program;
- die; or
- were found to be not validly enrolled at their initial application.

During the COVID-19 PHE, individuals who turn 19 remain in Children's Medicaid unless they meet the eligibility criteria for another full-coverage Medicaid program. In addition, women enrolled in a full-coverage Medicaid program will not transition to HTW until the continuous Medicaid coverage requirement ends and their eligibility is redetermined.

Although the FFCRA did not include a requirement to maintain CHIP coverage, HHSC extended CHIP renewals scheduled to end in April 2020, May 2020 and July 2021. The certification periods for these children were extended six months to October 2021, November 2021, or December 2021, respectively.

CHIP enrollment has decreased during the PHE due to the FFCRA's requirement to maintain Medicaid coverage. Under pre-PHE eligibility rules, children who are no longer eligible for Medicaid are automatically tested for CHIP eligibility and enrolled if eligible. During the PHE, these children remain enrolled in Medicaid.

The requirement to maintain continuous Medicaid coverage has dramatically impacted the caseload size for Children's Medicaid, HTW and CHIP.

Table 1. Caseload Changes During the COVID-19 PHE

Program	January 2020 Caseload	January 2022 Caseload
Children's Medicaid	2,823,779	3,824,488
Healthy Texas Women	295,941	410,796
CHIP	352,725	89,469

3. Healthy Texas Women

The HTW program provides family planning services and other women's health services that contribute to preconception care and better birth outcomes. The program is dedicated to:

- Increasing access to women's health and family planning services to avert unintended pregnancies;
- Increasing access to preventive health care to positively impact maternal health and reduce maternal mortality;
- Increasing access to breast and cervical cancer services to promote early cancer detection; and
- Implementing the state policy to favor childbirth and family planning services that do not include elective abortions or the promotion of elective abortions within the continuum of care or services.

Eligibility Criteria

To be eligible for HTW, a female must:

- Be between ages 15 through 44⁵ (a parent or legal guardian must apply on behalf of women age 15 through 17);
- Be a U.S. citizen or a qualifying immigrant;
- Have household income at or below 204.2 percent FPL;
- Reside in Texas;
- Not have full coverage Medicaid, Medicare, or other health insurance that covers family planning services, unless filing a claim would cause physical, emotional, or other harm from a spouse, parent or another person; and
- Not be pregnant.

Individuals determined eligible for HTW receive a 12-month certification period that provides continuous eligibility. Eligibility cannot be denied unless it is determined that the woman was not validly enrolled, or if the woman:

- Turns 45;
- Is determined eligible for a full coverage Medicaid program, CHIP or Medicare;
- Reports that she is pregnant⁶;

⁵ HTW recipients age 15-17 are not included in the demonstration.

⁶ Women who report a pregnancy while enrolled in HTW will be automatically evaluated for eligibility for Medicaid for Pregnant Women. If they are not eligible for Medicaid for Pregnant Women, they will be evaluated for eligibility for CHIP Perinatal.

- Moves out of state;
- Voluntarily withdraws from the program; or
- Dies.

Renewal Process for HTW

Once certified, HTW eligibility must be renewed every 12 months.⁷ HHSC redetermines eligibility without requiring additional information if verification is available through electronic data sources.⁸

During the ninth month of the 12-month HTW certification period, the HHSC eligibility system automatically attempts to use electronic data from the following sources to verify eligibility:

Income

- Texas Workforce Commission - The Texas Workforce Commission provides information on earned income and unemployment benefits.
 - If earned income is not available through the Texas Workforce Commission, the eligibility system checks whether anyone included in the household composition is reported in the Employer New Hire Report or the National Directory of New Hires.
- Social Security Administration – The eligibility system checks the State Online Query (SOLQ) to determine whether anyone included in the household composition receives Retirement, Survivors, and Disability Insurance (RSDI) benefits.
- Verified income in the HHSC eligibility system – If the woman or anyone included in the household composition receives other benefits from HHSC, the eligibility system checks whether there is verified income for the household's Supplemental Nutritional Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) case.

Immigration Status

- Department of Homeland Security Systematic Alien Verification for Entitlements – This program verifies the immigration status of noncitizen women whose immigration documents expire during the current certification period.

⁷ 42 CFR §435.916 Periodic renewal of Medicaid eligibility.

⁸ 42 CFR §435.916 (a)(2) Periodic renewal of Medicaid eligibility.

HTW recipients are required to verify household income and immigration status if HHSC is unable to verify this information using electronic data sources. If eligibility cannot be verified electronically, the recipient must complete a renewal form and provide the requested verification. Form H1020, Request for Information or Action, indicates which eligibility criteria must be verified and provides several options of verification sources.

Texas residence, age, and enrollment in private insurance that provides family planning services are self-declared and do not require verification from electronic data sources. The eligibility system also checks if the recipient is eligible for a full-coverage Medicaid program or CHIP or is receiving Medicare before completing the HTW renewal.

HTW renewals are being completed during the COVID-19 PHE. However, because of the requirement to maintain Medicaid coverage, recipients will remain enrolled in HTW even if their renewal indicates they are ineligible or if they do not return their renewal application or requested verification.

Eligibility Verified Electronically	Eligibility Not Verified Electronically
<p>HHSC sends:</p> <ul style="list-style-type: none"> ● Form H1211, It's Time to Renew Your Health-Care Benefits Cover Letter,⁹ which: <ul style="list-style-type: none"> ▸ Notifies the recipient they must review the information on their pre-populated renewal Form H1206-HTW, Health-Care Benefits Renewal,¹⁰ for accuracy; ▸ Indicates the recipient is only required to sign and return Form H1206-HTW if the information on the form is incorrect or if there are changes to her case; ▸ Instructs the recipient on how to review or complete information on the renewal form online through their YourTexasBenefits.com account; and ▸ Instructs the recipient on how to request a paper form if they are unable to go online. 	<p>HHSC sends:</p> <ul style="list-style-type: none"> ● Form H1211, It's Time to Renew Your Health-Care Benefits Cover Letter, which: <ul style="list-style-type: none"> ▸ Notifies the recipient they must complete and return a signed pre-populated renewal Form H1206-HTW, Health-Care Benefits Renewal, and send the required verification to redetermine eligibility; ▸ Provides instructions for how to complete the renewal form online through her YourTexasBenefits.com account; and ▸ Instructs the recipient on how to request a paper form if they are unable to go online. ● Form H1020, Request for Information or Action, which: <ul style="list-style-type: none"> ▸ informs the recipient of the required verification(s) needed to complete the renewal, ▸ a statement that the signed renewal form (Form H1206) is required, and ▸ the due date to provide the requested information.

When a final eligibility determination has been made, HHSC mails Form TF0001, Notice of Case Action, to notify an applicant or recipient:

- When coverage starts;
- When coverage ends;
- How to report changes; and
- The right to appeal.

⁹ Appendix B provides a sample of Form H1211, *It's Time to Renew Your Health-Care Benefits Cover Letter*.

¹⁰ Appendix B provides a sample of Form H1206-HTW, *Health-Care Benefits Renewal*.

To protect applicants' and recipients' confidentiality, the Form TF0001 for HTW is sent separately from the Form TF0001 for other benefits. The HTW TF0001 only includes information about HTW. For example, if the woman applies for or renews SNAP and HTW, she will receive two Form TF0001s: one for SNAP and one for HTW.

MAGI Cascade

The HTW program was included in the MAGI cascade when HHSC aligned HTW eligibility requirements with the requirements of MAGI Medicaid programs, as required by the demonstration STCs. The cascade ensures that a person is evaluated for all applicable programs before their eligibility is denied or terminated.¹¹ Unless they opt out, all women between the ages of 15-44 are automatically evaluated for HTW eligibility, without requiring an additional application, if they are not eligible for another full-coverage Medicaid program or CHIP.

MAGI Alerts

Eligibility staff evaluate Children's Medicaid and CHIP recipient's eligibility for other MAGI¹² programs at the beginning of the month before the month the recipient turns 19. Prior to March 20, 2021, the only MAGI programs the recipient could have been eligible for are listed in Table 3.

¹¹ 42 CFR 435.916 (f)(1) Periodic Renewal of Medicaid Eligibility

¹² Individuals could be determined eligible for a Medicaid for the Elderly or People with Disabilities program if they submit an application (Form H1200, Application for Assistance) or if they are determined eligible for Supplemental Security Income (SSI) by the Social Security Administration.

Table 3. MAGI Medical Programs Available to Adults Under Age 65 Without Disabilities (prior to March 20, 2021).

	Medicaid for Pregnant Women	CHIP-Perinatal	Medicaid for Parents and Caretaker Relatives
Females	Only eligible if the recipient reported that she is pregnant.	Only eligible if the recipient reported that she is pregnant.	Only eligible if the recipient is living with and caring for a relative dependent child who is eligible for Medicaid.
Males	N/A	N/A	Only eligible if the recipient is living with and caring for a relative dependent child who is eligible for Medicaid.

Because HTW was not included in the MAGI cascade before March 20, 2021, women needed to submit a new application to be determined eligible. From March 2019 through February 2020, an average of 5.9 percent of Children’s Medicaid recipients and 2.3 percent of CHIP recipients continued to receive medical benefits after they aged out of their program.¹³ For female recipients, an average of 12.6 percent of Children’s Medicaid recipients and 4.4 percent of CHIP recipients continued to receive medical benefits after they aged out of their program.

As of March 20, 2021, HHSC implemented changes to automatically test women for HTW when they age out of Children’s Medicaid and CHIP. Due to the continuous Medicaid coverage requirement (explained [below](#)), women are not transitioning from Children’s Medicaid to HTW. This process will begin once the continuous Medicaid coverage requirement ends; however, women are allowed to transition between CHIP and HTW.

Including HTW in the MAGI cascade has increased the percentage of CHIP recipients who continued to receive medical benefits after they aged out. From February 2021 through January 2022, an average of 7.7 percent of all CHIP recipients continued to receive medical benefits. An average of 16.5 percent of female CHIP recipients continued to receive medical benefits after they aged out. These recipients

¹³ March 2019 – February 2020 is the 12-month period before the continuous Medicaid requirements were effective.

transitioned to Medicaid for Pregnant Women, Medicaid for Parents and Caretaker Relatives, SSI Medicaid, CHIP-Perinatal, and HTW.

As with renewals, when a Children's Medicaid or CHIP recipient is evaluated for eligibility for another program before they age out, HHSC will attempt to verify their eligibility using electronic data sources before asking the recipient to submit additional information. HHSC sends a Form H1020, Request for Information or Action, if additional verification is needed. The Form H1020 explains what verification is needed and when the information must be submitted. If the recipient does not return the requested verification, their eligibility is denied.

If the Children's Medicaid or CHIP recipient is eligible for a new program, they are enrolled without a gap in coverage, starting on the first day of the month following the month when their Children's Medicaid or CHIP certification ended. As with renewals, when an individual is evaluated for a new program through a MAGI Alert, HHSC mails a Form TF0001, Notice of Case Action, when a final eligibility determination has been made. Form TF0001, Notice of Case Action, notifies the recipient:

- When coverage starts;
- When coverage ends;
- How to report changes; and
- The right to appeal.

Impact of the FFCRA Continuous Medicaid Coverage Requirement on the MAGI Cascade

The FFCRA provides states a 6.2 percent increase to the FMAP rate for each calendar quarter the state maintains Medicaid during the COVID-19 PHE for most recipients who were determined eligible as of March 18, 2020 or later. The exceptions to the continuous Medicaid coverage requirement include individuals who:

- Move out of the state;
- Voluntarily withdraw from the Medicaid program;
- Die; or
- Were found to not be validly enrolled at their initial application.

On November 6, 2020, CMS published an Interim Final Rule (IFR) that clarified the continuous Medicaid coverage requirement of the FFCRA. The IFR established three tiers of coverage related to the continuous Medicaid coverage requirement.¹⁴ States

¹⁴ HHSC only has Tier 1 and Tier 3 programs.

may transfer an eligible individual to a new Medicaid eligibility category as long as the new category provides the same or higher tier of coverage. Most of HHSC's Medicaid programs provide Tier 1 coverage which provides [minimum essential coverage](#) (MEC). Tier 2 programs do not provide MEC but cover testing and treatment for COVID-19. HTW is considered Tier 3 coverage since it does not provide MEC and does not cover COVID-19 treatment.

Because of the continuous Medicaid coverage requirement, individuals remain in their current Medicaid eligibility category until the end of the COVID-19 PHE if they do not qualify for another Tier 1 program. This means HHSC is not transitioning women who are enrolled in full-coverage Medicaid to HTW during the COVID-19 PHE. This includes women enrolled in Children's Medicaid who have turned 19 and women enrolled in Medicaid for Pregnant Women whose postpartum eligibility period has ended.

MAGI Methodologies and Auto Enrollment

MAGI methodologies do not allow a true auto enrollment process. Both financial and non-financial eligibility criteria must be applied before a person is determined eligible for any MAGI Medicaid program, including HTW. If the woman is not eligible for full-coverage Medicaid or CHIP, HHSC will automatically evaluate her for HTW eligibility without requiring a new application. Additionally, HHSC attempts to verify eligibility criteria using electronic data sources before contacting the individual for additional information.

Challenges to Maintaining Medical Coverage

Stakeholders have reported that young adults may experience challenges that make it difficult for them to provide the verification HHSC needs to determine their eligibility for a new program after they age out of Children's Medicaid and CHIP or to renew their coverage. These challenges include, but are not limited to:

- The young adults' concern that their parent or legal guardian will find out they are enrolled in HTW;
- Transient living arrangements that either cause the recipient to not receive HHSC correspondence, such as the request for information or their annual renewal documents, or that cause the correspondence to be undeliverable and returned to HHSC; and
- Lack of knowledge about:
 - The importance of submitting requested information to maintain medical coverage;
 - The importance of reporting address changes;

- ▶ The HTW program;
- ▶ How to reapply for or renew their medical benefits and report address changes; and
- ▶ How to obtain information about their case.

Denials for Failure to Provide

Although HHSC attempts to verify eligibility through electronic data sources, sometimes HHSC must reach out to the recipient to provide verification because electronic data is not available. If the recipient does not return the requested verification, their eligibility is denied. From February 2021 through January 2022, 354 individuals who were evaluated for a new program when aging out of CHIP were denied because they did not submit their requested verification to be determined eligible for the new program.

Table 4. Denials for Failure to Provide Verification When Evaluated for a New Program. CHIP “Age Outs” from February 2021 - January 2022

Total Denials	Number of Denials for Failure to Provide Requested Information	Percentage of Total Denials
1,725	354	20.5

Strategies for Increasing the Number of Women Who Enroll in HTW After They Age Out of Medicaid and CHIP

HHSC is implementing several strategies to increase awareness of the HTW program. Individuals may be more likely to provide the requested information to verify their eligibility for HTW if they know what benefits are included in the program.

- The Uniform Managed Care Contract and other managed care contracts for Medicaid and CHIP require managed care organizations (MCOs) to have procedures in place to educate certain members about family planning programs, including HTW. This education targets pregnant members who will lose eligibility after delivery, young pregnant members who will have aged

out of the STAR program by the time of delivery, and any other STAR¹⁵ members ages 15-45. Members in CHIP who are aging out of the program will also receive education about HTW program services.

- HHSC is in the process of adding an HTW provider indicator to the file sent to MCOs with the list of Medicaid-enrolled providers. MCOs will be required to identify HTW providers within their online provider directories. This will better allow Medicaid and CHIP members to choose healthcare providers who participate in their current program as well as HTW, allowing them to stay with the same provider as they transition among programs.
- Due to the PHE, in-person HTW client outreach has been limited. However, HHSC regularly updates its client-facing site on HealthyTexasWomen.org for program changes and updates client fact sheet materials for the program. HHSC also regularly posts HTW information to its social media pages.

HHSC will also consider implementing the following additional strategies in the future.

- Update the TF0001, Notice of Case Action, provided to Children's Medicaid and CHIP recipients age 16 years and older to include a message about the benefits of creating an online YourTexasBenefits.com account and a link or QR code to the directions on how to create an online account. Young adults may be more likely to respond to online notices and requests for verification, rather than ones that are mailed.
- Create a social media campaign targeted to young adults aging out of Children's Medicaid and CHIP about the importance of returning requested information so they can maintain medical benefits. The campaign should be planned after the PHE continuous Medicaid coverage unwinding period ends so these messages don't compete with the messages targeted to individuals who need to renew coverage when continuous Medicaid coverage ends.
- Allow Children's Medicaid and CHIP recipients 30 days to provide requested verification when staff test them for eligibility for other MAGI programs before they age out. Currently, individuals are provided 10 days to submit requested verification. Allowing additional time for young adults to provide their verification could decrease the number of denials for failure to provide information.
- Automate the processing of the MAGI alerts that evaluate recipients' eligibility for other healthcare programs when they age out of Children's Medicaid and CHIP. If staff do not process the MAGI alert before the

¹⁵ Children's Medicaid and Medicaid for Pregnant Women recipients are included in the STAR managed care program.

recipient's certification period ends, the recipient's eligibility for a new program is not evaluated. Automating MAGI alerts will streamline this process. If electronic data is available to verify eligibility, a recipient can be determined eligible for a new program without staff intervention.

4. Conclusion

Including HTW in the MAGI cascade allows women to be automatically evaluated for HTW eligibility before they age out of Children's Medicaid and CHIP. Because of the FFCRA's continuous Medicaid coverage requirement, women are not transitioning from Children's Medicaid to HTW during the COVID-19 PHE. However, after including HTW in the MAGI cascade, the number of women who transitioned from CHIP to another Medicaid program, including HTW, increased by more than 12 percent in less than a year.

However, based on the CHIP data, even with including HTW in the MAGI cascade, many potentially eligible individuals do not enroll in HTW after they age out. Some are denied because they fail to provide the verification HHSC needs to determine their eligibility. The following strategies will help ensure eligible individuals maintain healthcare coverage after they age out of Children's Medicaid and CHIP:

- Have MCOs educate young women about the HTW program;
- Inform Children's Medicaid and CHIP recipients age 16 and older that they can create their own online [YourTexasBenefits.com](https://www.yourtexasbenefits.com) accounts;
- Increase awareness about the importance of submitting requested information through a social media campaign;
- Allow Children's Medicaid and CHIP recipients 30 days to provide requested verification when staff evaluate them for eligibility for other MAGI programs before they age out; and
- Automate the evaluation of recipients' eligibility for other healthcare programs when they age out of Children's Medicaid and CHIP.

List of Acronyms

Acronym	Full Name
CHIP	Children's Health Insurance Program
CMA	Children's Medicaid
CMS	Centers for Medicare and Medicaid Services
FFCRA	Families First Coronavirus Response Act
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
HHSC	Texas Health and Human Services Commission
HTW	Healthy Texas Women
IFR	Interim Final Rule
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MEC	Minimum Essential Coverage
PHE	Public Health Emergency
RSDI	Retirement, Survivors, and Disability Insurance
SNAP	Supplemental Nutrition Assistance Program
SOLQ	State Online Query
SSI	Supplemental Security Income
STC	Special Terms and Conditions

Acronym	Full Name
TANF	Temporary Assistance for Needy Families
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

Appendix A. Data

Table A-1. "Age Outs" from Children's Medicaid (CMA) and CHIP for March 2019 – February 2020¹⁶

Month	Number of Individuals Who Aged Out	Number of CMA Recipients who Enrolled in Another program			Number of CHIP Recipients who Enrolled in Another Program		
		HTW	Other Medicaid	CHIP-P	HTW	Other Medicaid	CHIP-P
March 2019	CMA – 4,292	90	167	1	14	9	0
	CHIP – 1,154						
April 2019	CMA - 4,473	87	182	1	11	9	1
	CHIP – 1,033						
May 2019	CMA – 4,136	79	177	2	17	9	1
	CHIP - 1,070						
June 2019	CMA – 4,242	87	182	0	14	7	0
	CHIP - 1,034						
July 2019	CMA - 4,424	105	189	1	19	7	1
	CHIP - 1,148						
August 2019	CMA - 4,673	119	186	0	20	9	0
	CHIP - 1,207						
September 2019	CMA - 4,974	125	200	1	10	10	0
	CHIP - 1,192						
October 2019	CMA - 5,360	132	170	1	12	9	1
	CHIP - 1,176						

¹⁶ This is before MAGI methodologies were implemented in the HTW program.

Month	Number of Individuals Who Aged Out	Number of CMA Recipients who Enrolled in Another program			Number of CHIP Recipients who Enrolled in Another Program		
		HTW	Other Medicaid	CHIP-P	HTW	Other Medicaid	CHIP-P
November 2019	CMA - 5,457	100	185	0	14	16	0
	CHIP - 1,182						
December 2019	CMA – 5,158	98	158	0	10	14	1
	CHIP - 1,103						
January 2020	CMA – 5,220	122	196	0	22	13	0
	CHIP - 1,115						
February 2020	CMA- 5,183	90	181	0	16	12	0
	CHIP - 910						
Total	CMA – 57,592	1,234	2,173	7	179	124	5
	CHIP – 13,324						

Table A-2. Children's Medicaid "Age Outs" By Gender

Month	Number of Individuals Who Aged Out	Male	Female	Unknown	Number of Individuals Enrolled in New Program	Male	Female
March 2019	4,292	2,525	1,767		258	17	241
April 2019	4,473	2,582	1,891		270	19	251
May 2019	4,136	2,387	1,748	1	258	19	239
June 2019	4,242	2,417	1,825		269	26	243
July 2019	4,424	2,536	1,888		295	19	276
August 2019	4,673	2,589	2,084		305	21	284
September 2019	4,974	2,757	2,217		326	24	302
October 2019	5,360	3,064	2,296		303	23	280
November 2019	5,457	3,086	2,370	1	285	28	257
December 2019	5,158	2,888	2,278	2	256	24	232
January 2020	5,220	2,936	2,284		318	35	283
February 2020	5,183	2,832	2,350	1	271	19	252
Total	57,592	32,599	24,988	5	3,414	274	3,140

Table A-3. CHIP “Age Outs” By Gender

Month	Number of Individuals Who Aged Out	Male	Female	Number of Individuals Enrolled in New Program	Male	Female
March 2019	1,154	581	573	23	0	23
April 2019	1,033	515	518	21	0	21
May 2019	1,070	525	545	27	2	25
June 2019	1,034	530	504	21	0	21
July 2019	1,148	541	607	27	0	27
August 2019	1,207	589	618	29	0	29
September 2019	1,192	613	579	20	1	19
October 2019	1,176	599	577	22	3	19
November 2019	1,182	589	593	30	3	27
December 2019	1,103	570	533	25	1	24
January 2020	1,115	530	585	35	1	34
February 2020	910	438	472	28	1	27
Total	13,324	6,620	6,704	308	12	296

Table A-4. "Age Outs" from CHIP for February 2021 – January 2022

Month	Number of Individuals Who Aged Out of CHIP	Number of CHIP Recipients who Enrolled in Another Program		
		HTW	Other Medicaid	CHIP-P
February 2021	752	7	4	0
March 2021¹⁷	737	9	16	0
April 2021	680	64	8	0
May 2021	741	82	11	1
June 2021	739	83	10	0
July 2021	757	34	6	0
August 2021	723	31	5	0
September 2021	793	40	5	0
October 2021	681	54	5	0
November 2021	473	45	2	0

¹⁷ HTW was included in the MAGI cascade on March 20, 2021.

Month	Number of Individuals Who Aged Out of CHIP	Number of CHIP Recipients who Enrolled in Another Program		
		HTW	Other Medicaid	CHIP-P
December 2021	346	35	5	0
January 2022	243	25	1	0
Total	7,665	509	78	1

Table A-5. CHIP “Age Outs” By Gender

Month	Number of Individuals Who Aged Out	Male	Female	Unknown	Number of Individuals Who Enrolled in a New Program	Male	Female
February 2021	752	408	344		11	0	11
March 2021¹⁸	737	386	351		25	2	23
April 2021	680	364	315	1	72	1	71
May 2021	741	390	351		94	2	92
June 2021	739	358	381		93	1	92
July 2021	757	425	332		40	1	39
August 2021	723	380	343		36	0	36
September 2021	793	431	362		45	0	45
October 2021	681	397	284		59	1	58
November 2021	473	267	206		47	0	47
December 2021	346	188	158		40	0	40
January 2022	243	146	97		26	0	26
Total	7,665	4,140	3,524	1	588	8	580

¹⁸ HTW was included in the MAGI cascade on March 20, 2021.

Table A-6. Number of Denials When Evaluating Individuals Aging Out of CHIP for a New Program in February 2021 – January 2022

Month	Number of Individuals Who Aged Out	Males	Females	Unknown	Number of Individuals Evaluated for a New Program¹⁹	Total Number of Individuals Denied	Number of Individuals Denied for Failure to Provide
Feb 2021	752	408	344		81	70	4
Mar 2021²⁰	737	386	351		82	57	7
Apr 2021	680	364	315	1	175	103	52
May 2021	741	390	351		222	128	70
Jun 2021	739	358	381		292	199	84
Jul 2021	757	425	332		231	191	13
Aug 2021	723	380	343		201	165	11
Sep 2021	793	431	362		277	232	28
Oct 2021	681	397	284		310	251	25
Nov 2021	473	267	206		216	169	30
Dec 2021	346	188	158		130	90	21


¹⁹ Only males and females who had dependent children were evaluated for a new program at the beginning of the month in February 2021 and March 2021. Only males who had dependent children and females were evaluated for a new program beginning in April 2021. Women who opt out are not evaluated for HTW. Staff must process the MAGI alert for the individual to be evaluated for a new program.

²⁰ HTW was included in the MAGI cascade on March 20, 2021.

Month	Number of Individuals Who Aged Out	Males	Females	Unknown	Number of Individuals Evaluated for a New Program¹⁹	Total Number of Individuals Denied	Number of Individuals Denied for Failure to Provide
Jan 2022	243	146	97		96	70	9
Total	7,665	4,140	3,524	1	2,313	1,725	354

Appendix B. Renewal Notices and Forms

Figure B-1: Form H1211, It's Time to Renew Your Health-Care Benefits Cover Letter

 TEXAS Health and Human Services	TEXAS HEALTH AND HUMAN SERVICES COMMISSION P O BOX 149027 AUSTIN, TEXAS 78714-9027	03/12/2022 Phone: 2-1-1 or for out of state callers, call 1-877-541-7905 Case Number: _____
--	--	---

It is time to renew your Health Care Benefits
You now have 10 days to renew your health-care benefits.


ACTION REQUIRED: Send items back to us.		
Program	Name	EDG Number
MA - Healthy Texas Women		

We need more facts from you before we can renew your health-care benefits.

1. Fill out a renewal form. To find out how, see below – "How to fill out or check your renewal form".
2. Send the items listed on the attached Form H1020. That form will tell you how to send them to us.

If you don't respond by 4/11/2022 these benefits might end.

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Figure B-2. Form H1211

How to fill out or check your renewal form

To fill out or check your renewal form online:

1. Go to www.YourTexasBenefits.com and log in. (If you don't have an account click 'Log In' and then 'Create a new account'.)
2. Click 'Manage'. Find the case that says 'Ready for renewal' and click 'Details'.
3. Click 'Renew Benefits' to begin.
4. You can add, update, or remove information about your case. If you don't have any changes, click the "No Changes" button.

To renew with a paper form do one of the following:

- **Call us:** Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
- **Go to a benefits office:** To find an office near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1).
- **Print a form from the website:** Go to YourTexasBenefits.com and log in. Click 'Message Center', then 'My Letters and Forms'.

You must report changes within 10 days of knowing about the change.

☐ **The following is needed only if you get FFCC.**

You must tell us about changes to your case. Listed here are the changes we need to know about.

Tell us about changes to:

- **Where you live.**
 - If there is an address change.
 - If you no longer live in Texas or are planning to leave Texas.
- **Immigration status.**
 - If there is a change immigration status.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

☐ **The following is needed only if you get Medicaid and: (1) are 65 or older or (2) have a disability.**

You must tell us about changes to your case. Listed here are some of the changes we need to know about.

Tell us about changes to:

- **Where you live and who lives with you.**
 - If there is an address change.
 - If someone in the household (or the entire household) no longer lives in Texas or is planning to leave Texas.
 - If someone moved in or out of the household.
- **Money you get.**
 - If someone in the household gets more money.
 - If someone gets money from a different person or job.
 - If the amount of hours a household member works changes.
- **Health insurance.**
 - If there is a change in getting health insurance for a household member.

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Figure B-3. Form H1211

• **Other changes that should be reported.**

- If someone in the household buys, gets as a gift, or sells things such as: car, truck, boat, motorcycle, home, property, insurance policy, stocks, or bank accounts.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

☒ **The following is needed only if you get Medicaid, CHIP, or Healthy Texas Women (HTW) and: (1) are age 64 or younger, or (2) do not have a disability**

You must tell us about changes to your case. Listed here are some of the changes we need to know about.

Tell us about changes to:

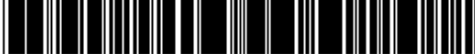
- **Where you live and who lives with you.**
 - If there is an address change.
 - If someone in the household (or the entire household) no longer lives in Texas or is planning to leave Texas.
 - If someone moved in or out of the household.
- **Money you get.**
 - If someone in the household gets more money.
 - If someone gets money from a different person or job.
 - If the amount of hours a household member works changes.
- **Health insurance.**
 - If there is a change in getting health insurance for a household member.
- **A household member's pregnancy.**
 - If a household members becomes pregnant.
 - If a pregnancy ends by birth or miscarriage.
- **Other changes that should be reported.**
 - If the job or address changes for a parent not living in the home of a child who gets benefits.
 - If there is a change in tax payers or dependents on your next tax return.
 - If there is a change on the expenses you have claimed on your tax return.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

Your Rights

- We will let you know if you can get benefits within 30 days or by the agency review date.
See below for the program's agency review date.
 - **Medicaid and Healthy Texas Women (HTW)** - Middle of the last month of your benefit period

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Figure B-4. Form H1211


- CHIP - Middle of the 11th month of the child's 12-month benefit period
- You can ask to talk with a supervisor about your case.
- If you don't agree with an action HHSC took or didn't take, you can ask for a fair hearing for Medicaid or Healthy Texas Women (HTW) or a case review for CHIP.


If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 388-6332.

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Figure B-5: Form H1206-HTW, Health-Care Benefits Renewal





TEXAS
Health and Human
Services

Case Number: 1911111111


Health-Care Benefits Renewal

Name
999 CENTER CREEK DR
AUSTIN TX 78754

How to Renew	
1. Review and Update the Form	<ul style="list-style-type: none"> If any of the facts printed on this form are not correct, you must cross out the information and write in the correct information. If you have any new facts you must write them in. This includes but is not limited to: income, health insurance, individuals living in your home and expenses. If you update any information you must sign and return the renewal form to HHSC.
2. Submit Form	<p>There are five ways to renew your benefits. Pick only one:</p> <ul style="list-style-type: none"> YourTexasBenefits.com: You can update the facts we have about you and upload your items online. Mail: Mail the renewal form with all the correct facts about you and the items we need from you to: <div style="text-align: center; margin-left: 40px;"> TEXAS HEALTH AND HUMAN SERVICES COMMISSION P O BOX 149024 AUSTIN, TEXAS 78714-9024 </div> Fax: Fax the renewal form with all the correct facts about you and the items we need from you packet to 1-877-447-2839, If your form is 2-sided, fax both sides. Phone: Call 2-1-1 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service. In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).
Items you may need to renew	<ul style="list-style-type: none"> Employer and income information for everyone in your family (for example, from pay stubs, W-2, or wage and tax statements). Policy numbers for any current health insurance. Information about any job-related health insurance.
Questions about this form	<ul style="list-style-type: none"> Online: YourTexasBenefits.com Phone: Call us at 2-1-1. After you pick a language, press 2. In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).


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Figure B-6. Form H1206-HTW





TEXAS
Health and Human
Services

Case Name: _____

Case Number: 1911111111

Contact Information

Phone	Home		Office		Other	
-------	------	--	--------	--	-------	--

E-mail Address: _____

Head of Household

Name				
Home Address	Apt #	City	State	County
999 Center Creek Dr Austin TX 78754		Austin	Texas	Travis

Individuals Ready For Renewal

Name	Gender	Date of Birth	Relationship to Head of Household	This Person Lives	U.S. Citizen	Lives in Texas	Plans to Stay in Texas
	Female	05/01/1985	Self	At home	Yes	Yes	Yes

People in your household or on your Tax Return who DO NOT need to renew now


Name	Gender	Date of Birth	Relationship to Head of Household	Receiving Health Care Benefits	Lives in Texas	This person lives	Plans to Stay in Texas
	Male	10/10/2010	Son	Yes	Yes	At home	Yes

Immigration Status

Has immigration status changed?..... ☐ Yes ☐ No


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Figure B-7. Form H1206-HTW



If yes, complete the following:			
Name	Immigration Registration Number	Document Type	


Facts about NEXT YEAR'S Federal Income Tax Return						
Name	Tax Dependent	Filing Separately	Filing Jointly	Filing Separately and as a Tax Dependent	Filing Jointly and as a Tax Dependent	Doesn't file taxes and isn't a Tax Dependent
Has tax status for any individual changed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Your Family's Health Coverage		
Policy Holder's Name	Insurance Company	Effective Date
Does the health insurance cover family planning services? If yes, if we file a claim on your health insurance, will it cause you physical, emotional, or other harm from your spouse, parents or other persons? If yes, tell us why filing a claim with your health insurance company would cause you harm. <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Income				
Update Income (If the facts about your income have changed you must correct any wrong information).....				
Name	Name of Employer	Income Type	Amount	Total Pretax Contributions Per Pay Period
		Award	500.00	
	HEB	Wages	567.89	345.67
		Award	20.00	


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Figure B-8. Form H1206-HTW



Add New Income

You must report all types of income including:
 -Income from a job -Unemployment, Pensions -Social Security -Retirement accounts -Net Alimony received if your divorce decree or separation agreement was executed or last modified on or before 12/31/2018.
 -Farming / fishing -Net rental / royalty -Other income

Name	Person, company, or agency paying the money. If you were working for yourself, write "self."	Employer Address	Employer Phone Number	Hours worked per week	Amount	Total Pretax Contributions Per Pay Period	How often is it contributed?	Date Contributed

If you need to list more income, add more pages with the same facts.

Expenses

Update Expenses (If the facts about your expenses have changed you must correct any wrong information).....

Name	Expenses Type	Amount / Value	How Often Paid

Add New Expense

Name	Expenses Type	Amount / Value	How Often Paid

More Facts about the People included on this Form

Are you pregnant?..... ☐ Yes ☐ No

a.) How many babies are expected during this pregnancy?

b.) Due date (mm/dd/yyyy):

c.) Were you pregnant during the last 12 months? ☐ Yes ☐ No


When did the pregnancy end? (mm/dd/yyyy):

Does a child applying for health care travel with a family member who is a migrant farm worker? ☐ Yes ☐ No

If yes, who?


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Figure B-9. Form H1206-HTW



Does anyone have unpaid medical bills from the last 3 months?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?		
In the last 12 months, did you transfer, deed, sell or give away any houses, lots, land or money, or did you waive your right to any income?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone who is applying for health coverage in jail (incarcerated)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?		
Do you want to give someone the right to act for you - to be your authorized representative?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you want, you can give someone the right to act for you (an authorized representative). That person can: <ul style="list-style-type: none"> give and get facts for this application. take any action needed for the application process. This includes appealing an HHSC decision. take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan. take any action needed to get benefits. This includes reporting changes and renewing benefits. 		
By agreeing to act as your authorized representative, I agree to: <ul style="list-style-type: none"> fulfill all your responsibilities related to Medicaid; keep information about you private; obey state and federal laws about conflict of interest and keeping information private, including: <ul style="list-style-type: none"> laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F); laws about the privacy and safety of personally identifiable information (45 CFR §155.260(f)); and laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10). 		
You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with the application.		
Authorized Representative's Name:		
Organization		
Address		
Phone Number		
Family violence exemption <ul style="list-style-type: none"> If you're afraid that giving us facts about someone could cause harm (physical or emotional) to you or your child, you might be able to get the "Family Violence Exemption." This means you might not have to give us facts about that person. 		


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Figure B-10. Form H1206-HTW



Healthy Texas Women provides free women's health and family planning services for women ages 15-44. To keep your participation in Healthy Texas Women private, you can get letters about the program at a different address than what is on your application. Fill out the section below to use a confidential address and phone number.

Mailing Address - Street:	
City:	
State:	
Zip:	
Phone number:	

Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the

Elections Division,
Secretary of State,
PO Box 12060,
Austin, TX 78711.
Phone: 1-800-252-8683

Agency Use Only: Voter Registration Status

Agency Use Only: Voter Registration Status

☐ Agency registered ☐ Client declined ☐ Agency transmitted ☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature _____

Important Information for Former Military Service Members


Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>.

Read & sign this application

I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information.


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Figure B-11. Form H1206-HTW



• I know that I must tell the Texas Health and Human Services Commission (HHSC) if anything changes (and is different than) what I wrote on this application. To report changes, I can go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905. I understand that a change in my information could affect the eligibility for member(s) of my household.

• I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file

I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed).
If not, _____ is incarcerated.
(name of person)

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

Renewal of coverage in future years

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the agency to use income data, including information from tax returns. The agency will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:
☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don't use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid

I am giving to HHSC the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to HHSC rights to pursue and get medical support.

Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No

If yes, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell HHSC and I may not have to cooperate.

My right to appeal

If I think HHSC has made a mistake, I can appeal its decision. To appeal means to tell someone at HHSC that I think the action is wrong and ask for a fair review of the action. I know that I can find out how to appeal by contacting HHSC at 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 388-6332.


Sign this application

Signature	Date (mm/dd/yyyy)
-----------	-------------------

The person who filled out the form or their authorized representative should sign.

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