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HB 337 – Suspension and Reinstatement of Medicaid Benefits for Individuals Confined in County Jail

County Jail Reporting

Webinar Overview



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- Purpose of HB 337
- Background on bill requirements
- Texas Medicaid population
- Implementation steps
- HHSC support

Purpose of HB 337



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Create a process that
restores an individual's
health care coverage
upon release from
county jail



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H.B. 337, 85th Legislature, Regular Session, 2017

County Sheriff

May notify the Texas Health and Human Services Commission (HHSC) if an individual receiving medical assistance is confined to county jail for more than 30 days.

HHSC

- Establish a method that allows a county sheriff to determine whether an individual confined in the county jail is receiving medical assistance benefits.
- Suspend or terminate the individual's eligibility for medical assistance while the individual is confined in county jail.



H.B. 337, 85th Legislature, Regular Session, 2017

County Sheriff

Required to notify HHSC within 48 hours of an individual's release or discharge from county jail if:

- the individual was receiving medical assistance, and
- the sheriff reported the individual's confinement to HHSC.

HHSC

For benefits that can be suspended, reinstate the individual's eligibility, no later than 48 hours after HHSC receives notification of the individual's release from county jail, if the eligibility certification period has not lapsed.



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Health Care Coverage Provided by HHSC

- Eligibility determined by the Health and Human Services Commission (HHSC)
- Must meet “category” and income eligibility
 - Pregnant women
 - Children under age 19
 - Former foster care individuals
 - Low income parents and caretakers
 - Certain populations of individuals who are age 65 and older or who have a disability



Other Types of Health Care Coverage

SSI

- Tied to receiving Supplemental Security Income (SSI)
- SSI eligibility determined by Social Security Administration (SSA)

DFPS

Individual's health care coverage eligibility is determined by the Department of Family and Protective Services (DFPS) which includes foster care and adoption assistance

HB 337

Steps to Participate

1. Interest Survey
2. Notice of Intent (NOI)
3. Memorandum of Understanding (MOU)
4. GlobalScape Provisioning
5. County Jail Staff Training
6. Texas Integrated Eligibility Redesign System (TIERS) Access
7. Notification of County Jail Confinement and Release



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Step 1

Interest Survey

Request counties to complete the Interest Survey

- Plan to participate
- Do not plan to participate



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Step 2

Notice of Intent (NOI)

Formal documentation to indicate interest in partnering with HHSC to implement HB 337.

Allows HHSC to begin provisioning process.

Identifies point of contact and who will sign the MOU for the county jail.



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Notice of Intent



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Notice of Intent County Jail Reporting

Please provide the following information to inform HHSC of your election to participate as a Texas county jail who will be reporting the confinement and release of individuals receiving Medicaid at the time of confinement.

County Jail Information

Main Facility Name: [Click here to enter Facility Name.](#)

Mailing Address (no P.O. boxes): [Click here to enter address.](#)

City: [Click here to enter city.](#)

Zip Code: [Click here to enter zip code.](#)

County: [Choose an item.](#)

Phone Number: [Click here to enter phone number.](#)

Please complete the information below if there are multiple jail facilities that will be reporting confinement and release information for your county.

Other Facility Name: [Click here to enter Facility Name.](#)

Mailing Address (no P.O. boxes): [Click here to enter address.](#)

City: [Click here to enter city.](#)

Zip Code: [Click here to enter zip code.](#)

County: [Choose an item.](#)

Phone Number: [Click here to enter phone number.](#)

Other Facility Name: [Click here to enter Facility Name.](#)

Mailing Address (no P.O. boxes): [Click here to enter address.](#)

City: [Click here to enter city.](#)

Zip Code: [Click here to enter zip code.](#)

County: [Choose an item.](#)

Phone Number: [Click here to enter phone number.](#)

Step 3

Memorandum of Understanding (MOU)

MOU outlines:

- Data being shared
- Purpose of sharing data
- Confidentiality requirements
- Each agency's roles and responsibilities

Primary Contact submits the names of staff who need access to the eligibility system (TIERS) with the signed MOU.



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MOU Template

HHSC Contract No. _____

**MEMORANDUM OF UNDERSTANDING
AND
AGREEMENT BETWEEN THE
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
AND
____ COUNTY JAIL
FOR
MEDICAID ELIGIBILITY OF INDIVIDUALS
CONFINED IN COUNTY JAILS**

This Memorandum of Understanding and Agreement ("MOU"), effective upon the signature date of the latter of the Parties to sign this agreement, is made and entered into by and between the Texas Health and Human Services Commission ("HHSC") and _____ County Jail (the "County Jail"), also herein after referred to collectively as the "Parties". The MOU may also be referred to as the "Agreement".

I. Introduction and Purpose

Section 351.046 of the Local Government Code, gives a county jail the option to notify HHSC if a Medicaid recipient is confined to a county jail. Upon notification of an individual's confinement, pursuant to Section 531.002 of the Government Code, and to the extent allowed by federal law, HHSC will suspend or terminate, as appropriate, the individual's eligibility for Medicaid. Within two business days of HHSC's receipt of notification of release of the individual from confinement, HHSC will reinstate the individual's benefits, provided the individual's eligibility certification period has not elapsed.

Reinstatement of benefits will allow HHSC to provide continuity of care for individuals who are released from a county jail.

II. HHSC agrees to:

A. Provide the County Jail with:

- 1) Training and protocol documentation for verification of health care coverage status for confined individuals, as well as for notification to HHSC of confinement and release;
- 2) Access to an electronic portal for verification of health care coverage status of confined individuals;
- 3) Access to a means of notification to HHSC of the confinement and release of individuals verified by the County Jail as Medicaid recipients;
- 4) Technical assistance in the access and use of the aforementioned means for health care coverage status verification and confinement status notifications.
- 5) A flyer that provides information about various channels an individual can use to confirm, or receive assistance with reinstatement of - or reapplication for - health care coverage, to be provided by the County Jail to individuals about whom the County Jail provided notification of confinement to HHSC, upon release or discharge.

B. When notified by the County Jail of the confinement of an individual receiving HHSC health care coverage:

Step 4

GlobalScape Provisioning

- Used to upload the Notification of County Jail Confinement and Release forms
- County jail contact person completes HHS Acceptable Use Agreement and Electronic File Transfer documents
- Obtain county login credentials



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A screenshot of the GlobalScape login interface. The header displays the 'globalscape' logo with the tagline 'securely connected'. Below this, a 'Log in' section contains two input fields: 'Username:' and 'Password:'. Each field has a corresponding 'Forgot' link ('Forgot Username' and 'Forgot Password'). A 'Log in' button is positioned below the password field. The browser window's address bar and a 100% zoom level are visible at the bottom.

Step 5

County Staff Training

- Training provided by HHSC
- Must be completed before gaining access to TIERS



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Training

Convert Select

SoftChalk CLOUD Web Slice Gallery

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Purpose and Background

The purpose of House Bill (HB) 337 is to improve continuity of care for individuals who receive their health care coverage from HHSC and are confined to and released from a county jail. County jail staff are critical to the success of this initiative.

When county jail staff report an individual's confinement and release, HHSC can suspend benefits while the individual is confined and quickly restore benefits for the released individual if their original certification period has not ended. If policy does not allow the individual's health care coverage type to be suspended and reinstated, HHSC terminates their benefits.

Previous

Next

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print all

Step 6

TIERS Inquiry

- Once approved, county staff receive log-in credentials
- Access available January 2, 2019
- “Read only” access to perform inquiry about individuals

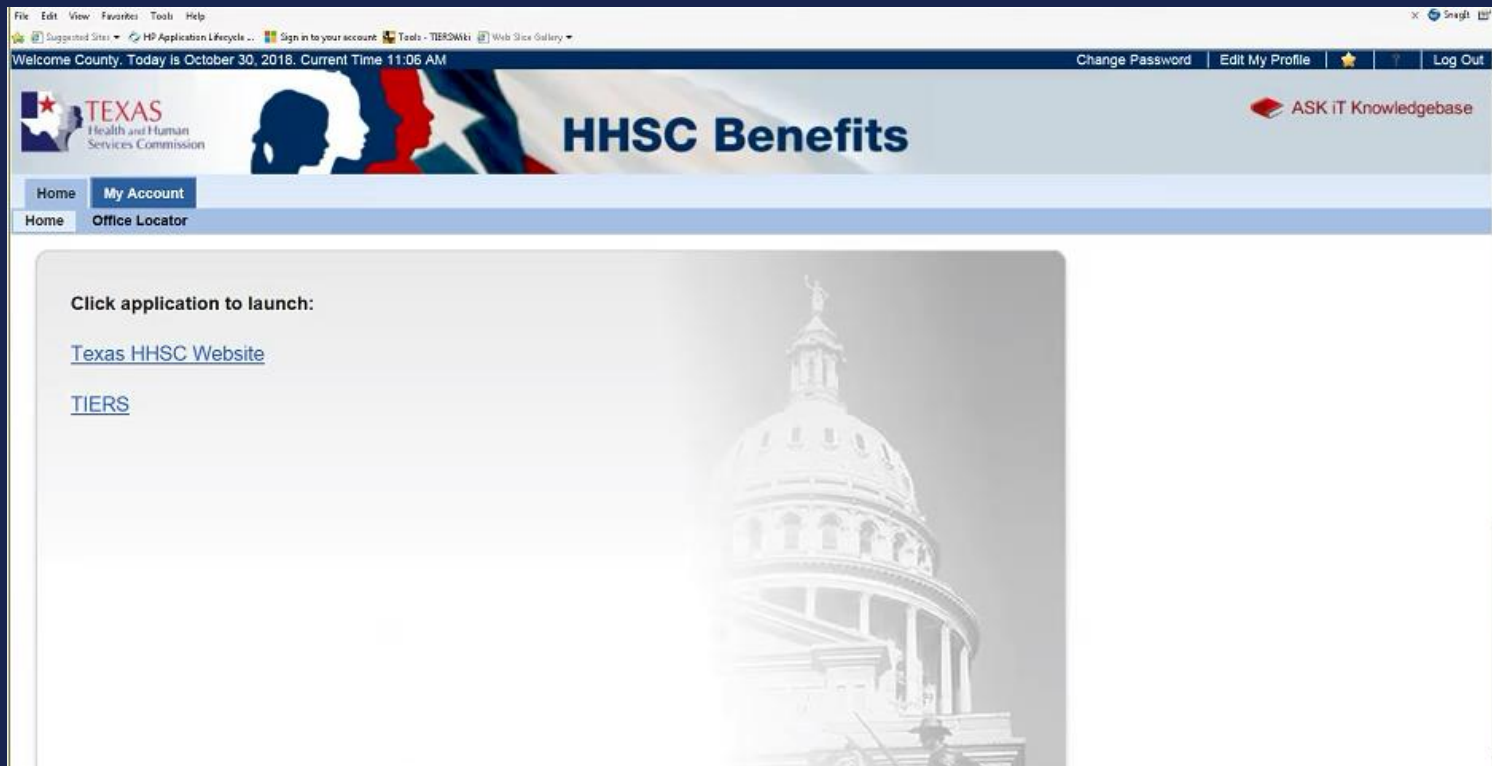


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TIERS Inquiry Process





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TIERS Inquiry Process

TIERS Home Inquiry Individual

Individual Search Results

Name	DOB	SSN	Case #	Individual #	County	Create System	TW Conversion Status	LTC Conversion Status
------	-----	-----	--------	--------------	--------	---------------	----------------------	-----------------------



No Records Found

Search Summary

Change Password Logout Help

Individual - Search ?

14000: No records found for this search criteria. Please change the search criteria and try again.

Search Results

Reset Search

Individual Search Criteria

Prefix: First: Middle: Last: Suffix:

SSN: - - Individual #: SSCN: - - -

DOB: / / County: Gender:

Case #: Create System: DFPS Person Id#:

Search Results

Reset Search

Name	DOB	SSN	Case #	Individual #	County	Create System	TW Conversion Status	LTC Conversion Status
------	-----	-----	--------	--------------	--------	---------------	----------------------	-----------------------



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TIERS Search Result

Individual - Search

Search Results

Individual Search Criteria

Prefix: First: Middle: Last: Suffix:

SSN: Individual #: SSCN:

DOB: County: Gender:

Case #:

Search Results

Name	DOB	SSN	County	Individual #	Create System	TW Conversion Status	LTC Conversion Status
Last First			Upshur	1000000000	TIERS	Conversion Complete	Conversion Complete

Clicking the Case # results in a Security Error Page due to county staff's limited TIERS access.

Click on the name hyperlink to access the Individual - Summary page.

Medicaid/CHIP/CHIP P History



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TIRS

Current User
County Sheriff
(E) County Jail
0

My Schedule My Alerts

My TIRS Functions
Navigation History
TIRS Home
Inquiry
Individual

Search Summary

Change Password Logout Help

Individual - Summary ?

Individual Information

Individual: [REDACTED] Name: DOB: 02/18/2000

Individual Summary
Medicaid/CHIP/CHIP perinatal History

Gender: Female	Race: White	Ethnicity: Hispanic	TW Convert Date:	LTC Convert Date:
SSN:	Verified: SSA (SOLO, WPTY, HUB)	SSCN:	Medicare Beneficiary Identifier:	Alias:
Alien Entry Date:	Refugee:	Individual Conversion Date:	Legacy SAS Indicator:	
ID Type:	ID #:	ID State:	FS-SNAP Counter:	
Merged From:	Merged To:			
Separated From:	Separated To:			
Current Health Ins: No	Health Ins Company:	Managed Care: YES	Lock-In: No	SMIB: No
Medicaid Benefit Suspended: Yes	Medicaid Benefit Reinstated:			



Job Aids

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County Jail Reporting Job Aid Types of HHSC Health Care Coverage

Use the following information to determine if an individual is receiving Medicaid benefits upon confinement.

In TIERS, health care benefits are grouped using the following two letter codes:

- MA - Medical Assistance;
- ME - Medicaid for the Elderly and People with Disabilities
- MC - Medicare Cost Saving Program
- CI - Children's Health Insurance Plan

Report individuals receiving one of the programs listed below to HHSC as soon as possible after 30-days of confinement:

HHSC Suspends Health Care Coverage	
MA - Former Foster Care Children	ME - Community Attendant
MA - Pregnant Women	ME - Disabled Adult Child
MA - Children 6-18	ME - Disabled Widow(er)
MA - Medicaid for the Transitioning Foster Care Youth	ME - Early Aged Widow(er)
ME - Waivers	MC - SLMB
ME - Medicaid Buy-In for Children	MC - QMB
ME - Pickle	MC - QI 1



Do Not Report

HHSC will not take action to terminate or suspend these types of health care coverage.

DFPS health care coverage	TP 52	MA - State Foster Care - A
	TP 53	MA - State Foster Care - B
	TP 54	MA - State Foster Care - 32
	TP 57	MA - State Foster Care - D
	TP 58	MA - State Foster Care - JPC
	TA 78	PCA Medicaid - Federal Match - No Cash
	TA 79	PCA Medicaid - No Federal Match - No Cash
	TA 80	PCA Medicaid - Federal Match - With Cash
	TA 81	PCA Medicaid - No Federal Match - With Cash
	TP 88	MA - Non-AFDC Foster Care - JPC
	TP 90	MA - State Foster Care
	TP 91	Adoption Assistance - Federal Match - No Cash
	TP 92	Adoption Assistance - Federal Match - With Cash
	TP 93	Foster Care - Federal Match - No Cash
	TP 94	Foster Care - Federal Match - With Cash
	TP 95	Adoption Assistance - No Federal Match - No Cash
	TP 96	Adoption Assistance - No Federal Match - With Cash
	TP 97	Foster Care - No Federal Match - No Cash
	TP 98	Foster Care - No Federal Match - With Cash
	TP 99	MA - Non-AFDC Foster Care
	TPAS	MA - Historical Adoption Study
SSI health care coverage	TA 01	ME - Interim SSI Denied Child
	TA 02	ME - SSI Waivers
	TA 03	ME - Manual SSI waivers
	TA 04	ME - Manual SSI State Group Home
	TA 05	ME - Manual SSI Non-State Group Home
	TA 06	ME - Manual SSI Nursing Facility
	TA 07	ME - Manual SSI State Hospital
	TA 08	ME - SSI State Group Home
	TA 09	ME - Manual SSI State Supported Living Center
	TA 21	ME - SSI Chest Hospital
	TA 22	ME - Manual SSI
	TA 26	ME - SSI Non-State Group Home
	TP 12	ME - Temp Manual SSI
	TP 13	ME - SSI
	TP 38	ME - SSI Nursing Facility
	TP 39	ME - SSI State Hospital
	TP 46	ME - SSI State Supported Living Center
Other - Do Not Report	TA 27	ME - Prior Medicaid Institutional Waiver
	TP 11	ME - SSI Prior



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Medicaid History

Medicaid HistoryChange Password Logout

Individual - Medicaid History ?

Individual Information

Individual #	<input type="text"/>	Case #:	Name:	Haleigh	DOB:
Gender:	Female	Race:	Ethnicity:		Juvenile Placement History: No

Medicaid/CHIP/CHIP perinatal History

Type Of Assistance	EDG Number	Elig Begin Date	Elig End Date
MA - Pregnant Women		09/01/2018	



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Medicaid History

Medicaid History [Change Password](#) [Logout](#)

Individual - Medicaid History ?

Individual Information

Individual # **Case #:** **Name:** ,Samantha **DOB:**

Gender: Female **Race:** Unable to Determine the Race **Ethnicity:** **Juvenile Placement History:** No

County Jail Confinement History: No

Medicaid/CHIP/CHIP perinatal History

Type Of Assistance	EDG Number	Elig Begin Date	Elig End Date
MA - Women's Health Program		08/01/2016	07/31/2017
MA - Pregnant Women		12/01/2015	07/31/2016
MA - Children 6-18		08/01/2014	11/30/2015

Step 7

Notification of County Jail Confinement and Release Form

- Only submit the form to notify confinement if the individual:
 - Is confined for over 30 days, and
 - Has health care coverage from HHSC.
 - Not SSI Medicaid
 - Not DFPS Medicaid
- If confinement is reported, HB 337 requires the county jail to notify HHSC within 48 hours of the individual's release.
- HHSC is required to reinstate, if applicable, an individual's Medicaid benefits within 48 hours of the notification.



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Notification of County Jail Confinement and Release



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Form 0007
November 2018-E

Notification of County Jail Confinement and Release

Submit this form to report to HHSC when:

- an individual who is receiving health care coverage from HHSC is confined (as soon as possible after 30 days of confinement).
- an individual who was reported confined to HHSC is released (within 48 hours of their release).

Use your county's assigned credentials to log in to GlobalScape at <https://sftp.hhs.texas.gov/> to upload this form.

Facility Information

Facility Name:	HHSC Jail Identifier No.:	Area Code and Telephone No.	
Address:		City:	ZIP Code:
			County:

Individual Completing Form

Full Name:	Title:	Organization:
Area Code and Telephone No.	Area Code and Fax No.	Email Address:

Individual

Last Name:	First Name:	Date of Birth:
Social Security No. or Individual No. (TIERS):	Race/Ethnicity:	Gender:
Report Type:	Report Date:	Confinement Date:
		Release Date:

Add Individual

Remove Individual



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GlobalScape

globalscape™
securely connected

Log in

Username:

[Forgot Username](#)

Password:

[Forgot Password](#)

Log in

<https://sftp-edts.hhs.texas.gov>



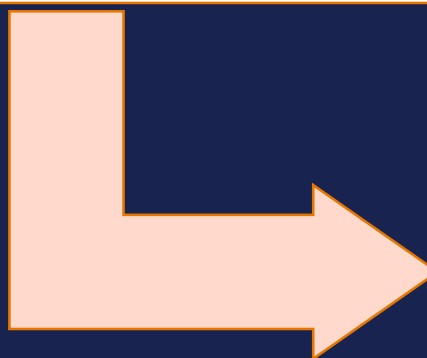
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County Jail Confinement

County jail completes
TIERS inquiry.
Individual has health
care coverage from
HHSC.



County jail completes Notification
of County Jail Confinement and
Release Form and uploads it to:
<https://sftp-edts.hhs.texas.gov>



HHSC staff terminates or
suspends the individual's
health care coverage
within 48 hours of
receiving the form.



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County jail gives the **Information about Medicaid** document to the individual at their release.



Within 48 hours of release, county jail staff completes the Notification of County Jail Confinement and Release Form and submits it to

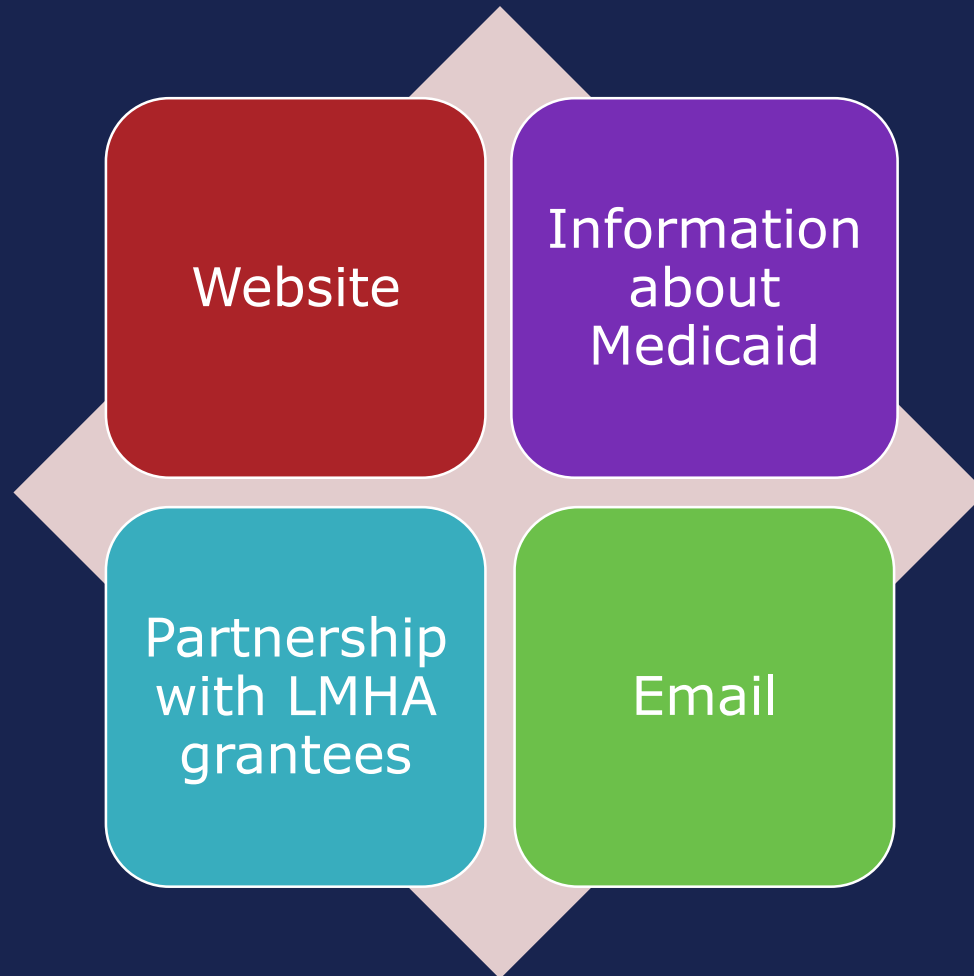
[https://sftp-
edts.hhs.texas.gov](https://sftp-edts.hhs.texas.gov)



HHSC staff reinstates the individual's health care coverage within 48 hours of receiving the form.

County Jail Release

Support



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County Jail Reporting webpage



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[Home](#) > [Doing Business with HHS](#) > [Provider Portals](#) > [County Jails](#) > [County Jail Reporting](#)

Doing Business with HHS

- ▶ [Business and Contracting Opportunities](#)
- [Contracts of \\$100,000 and More](#)
- ▶ [Grants](#)
- ▶ [Historically Underutilized Business Opportunities Program](#)
- ▶ [Licensing, Credentialing and Regulation](#)
- [Medicaid Provider Enrollment](#)
- [Open Enrollment Opportunities](#)
- ▼ [Provider Portals](#)
 - ▶ [Assistive Services Providers](#)
 - ▶ [Behavioral Health Services Providers](#)
- ▼ [County Jails](#)
 - ▼ [County Jail Reporting](#)
 - [FAQs](#)
 - [Forms and Training](#)
 - [How to Participate in County Jail Reporting](#)
 - [How to Report Confinement and Release](#)

When a person who receives health care benefits is booked into a Texas county jail for more than 30 days, the jail staff can report the confined person's name to Texas Health and Human Services. Once the confinement is reported to HHS, that person's benefits are suspended or terminated until they are released.

Jails that report health care recipients when they are confined also must report that person's release within 48 hours. This allows HHS to reinstate their health care benefits.

This reporting helps to ensure that people who are released from confinement are able to resume their health care benefits and receive the health care coverage they need. If eligible upon release, HHS reinstates the health care coverage within two business days.

HHS provides access to a system that allows participating county sheriffs to identify if confined people are receiving health care benefits. County sheriffs can then electronically report their confinement and release.

People receiving Supplemental Security Income from the Social Security Administration automatically receive health care benefits without having to apply separately through the Texas Health and Human Services Commission. HHSC doesn't determine health care eligibility for children under the conservatorship of the Department of Family and Protective Services. HHSC cannot suspend or reinstate health care benefits for these people.

Upon the person's release, county jail staff must give them the [Medicaid Information flyer \(PDF\)](#) that provides information about re-establishing benefits after being released from jail.

Learn More

To learn more about participation in County Jail Reporting, visit the [How to Participate in County Jail Reporting](#) page.

If you have questions, email AES_CountyJailReporting_HB3337@hhsc.state.tx.us.

Information about Medicaid



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MEDICAID INFORMATION

HOW DO I FIND OUT IF I STILL HAVE MEDICAID? HOW DO I APPLY FOR MEDICAID?

Contact the Health and Human Services Commission to apply for Medicaid or check the status of your Medicaid benefits. Here's how:

Go to www.YourTexasBenefits.com

If you're applying for the first time, click *Apply*.

If you've applied for benefits before, click *Log In* to access your account.

If you don't have an online account, click *Log In* and then *create a new account*.

Dial 2-1-1 or 1-877-541-7905

Select your language and choose option 2.

Visit a local benefits office

To find an office, go to www.YourTexasBenefits.com and click *Find an Office* at the bottom of the page, or call 2-1-1 or 1-877-541-7905. Select your language and then choose option 1.

If you had Medicaid but it is no longer active, you will need to reapply.

WHO DO I CALL IF I HAVE QUESTIONS ABOUT MY SUPPLEMENTAL SECURITY INCOME (SSI)?

Contact the Social Security Administration for help with getting your Supplemental Security Income (SSI) benefits started back up. Here's how:

Go to www.ssa.gov/reentry/benefits.htm

Call Social Security at 1-800-772-1213

If you are deaf or hard of hearing, call the toll-free TTY number at 1-800-325-0778.

Go to a Social Security office

Partnership with LMHA Grantees



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Coordinate with Local Mental Health Authorities (LMHAs) who were awarded grants to support individuals involved in the criminal justice system with behavior health needs.

LMHAs can assist individuals to reinstate benefits



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Email

AES_CountyJailReporting_HB337@hhsc.state.tx.us

Questions



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Thank you

Rachel Moyer-Trimyer
Policy Analyst, Medicaid and CHIP
[AES CountyJailReporting HB337](#)
[@hhsc.state.tx.us](#)