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Medicaid Loss and Reapplication

Information Letter 2021-47

Introduction

- Individuals who receive (SSI) benefits are automatically eligible for Medicaid.
- During the public health emergency (PHE), the Social Security Administration has terminated SSI benefits for individuals who do not meet eligibility criteria.
- Information Letter 2021-47:
 - Medicaid allowance during the public health emergency
 - Notifications to individuals of eligibility status
 - Process to apply or reinstate benefits



Medicaid Allowance

- For individuals who have lost their SSI benefits during the PHE, federal guidance has allowed HHSC to maintain Medicaid coverage.
- When this continuous Medicaid coverage period ends, these individuals will lose their Medicaid coverage unless their SSI benefits are reinstated, or they are found eligible for Medicaid under other criteria.
- If Medicaid coverage ends for an individual enrolled in a waiver program, their waiver program services will also end.



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HHSC Notification

HHSC sent letters to individuals enrolled in a Medicaid waiver who have lost SSI benefits notifying them:

- They are no longer eligible for Medicaid because they have lost their SSI;
- They have kept their Medicaid because of the PHE;
- They may be able to keep their Medicaid coverage by:
 - Getting their SSI benefits reinstated, or
 - By qualifying for Medicaid under other criteria.



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How to Assist Individuals

- Encourage individuals and their representative payees to apply for SSI or Medicaid coverage.
- If requested, assist them and their representative payees with:
 - Applying to have SSI reinstated by the SSA.
 - Applying for Medicaid for the Elderly and People with Disabilities using Form H1200 and Form 1746-A.
- Encourage them to report changes in their circumstances to HHSC benefits office, even during the PHE.



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How to Apply for Medicaid

- Apply online at yourtexasbenefits.com.
- Submit a paper application by mail to:
Texas Health and Human Services Commission
P.O. Box 149024
Austin, Texas, 78714-9024
or fax (877-447-2839).
- Apply by phone by calling 2-1-1, select your language and Option 2 to apply.



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Resource

Resource: [Information Letter No. 2021-47](#)
Assisting Individuals Whose Supplemental Security
Income is Terminated



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Questions

- **Medicaid:**
 - Call 2-1-1.
 - If you can't call 2-1-1 on your phone, call 877-541-7905.
 - Both numbers are free to call.
- **Social Security:**
 - Call 800-772-1213.
 - If you are deaf or hard of hearing, call 800-325-0778 (TTY).



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IDD Operations Portal Update

November 2021

IDD Operations Portal

- Purpose
- Portal Access Link
<http://txhhs.force.com/>
- Username: Email with ."txhhs" suffix
- Training available upon request



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Password Reset Tips

- ONLY utilize Chrome Browser
- Username: Email with ."txhhs" suffix
- Copy and paste link into Chrome
- Change password, log out and log back in
- Clear your cache and cookies
- After 1 attempt, wait 30 minutes to try again
- Still need help? Send email:
idd_ops_portal@hhs.texas.gov



Access Roles

Security Authority and Owner Roles:

- Create and modify access roles for staff
- Create new individual contacts
- Create, view, and send packets to HHS

Staff Role:

- Create packets and submit for review
- View all packets created and edit packets in draft or pending action only.
 - Changes cannot be made to packets once submitted or completed



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CLASS/DBMD

Interest List Inquiry

- May 2021 launched new referral process
- Interest List Management (ILM) will notify providers via the portal after receiving a completed:
 - Applicant Acknowledgement
 - Provider Choice List
- Provider Agency Contacts
- Email notification
 - Copy and paste in Chrome
- Receipt confirmation in portal



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Questions?

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Exceptional Circumstances Provision

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Medicaid Medical Benefits

Introduction

Texas Medicaid has an obligation to consider coverage of medically necessary DME and supplies not covered as a benefit for members 21 years of age and older:

**Title XIX Home Health DME and Supplies
Exceptional Circumstances (EC)** provision.

Note: For clients 20 years of age and younger, the Texas Health Steps Comprehensive Care Program (THSteps –CCP) would apply.



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Federal and State Requirements

The EC provision is compliant with federal and state requirements:

- Under [42 CFR §440.70\(b\)\(3\)\(v\)](#) states must have processes and criteria for requesting items not listed under the state plan and for which federal financial participation is available. Applies for items listed as non-covered services in the Texas Medicaid Provider Procedures Manual.
- In accordance with [1 TAC §354.1039\(a\)\(4\)\(D\)](#), items not listed as covered medical appliances and equipment may, in exceptional circumstances, be considered for payment on an individual case basis when it can be medically substantiated that such service would serve a specific medical purpose.



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EC – When?

- Items not listed in policy
- Items exceeding amount or duration limits in Medicaid policy

2.2.15.9 Incontinence Procedure Codes with Limitations

Any service or combination of services, except diaper wipes, requires prior authorization if the maximum limitation is exceeded. Requests for prior authorization of diaper wipes that exceed more than two boxes per month will not be considered through Home Health Services.

Procedure Code	Maximum Limitation
A4310	2 per month
A4311	2 per month
A4312	2 per month
A4313	2 per month
A4314	2 per month
A4315	2 per month
A4316	2 per month
A4320	15 per month
A4322	4 per month
A4326	31 per month
A4327	4 per month
A4328	4 per month

TMPPM, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook;
Section 2.2.15 <https://www.tmhp.com/>



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EC – When?

- Items not meeting policy criteria

Procedure Codes						
B4149	B4153	B4154	B4155	B4157	B4161	B4162

Pediatric nutritional products (procedure codes B4103, B4158, B4159, B4160, B4161, and B4162) are restricted to clients who are 20 years of age and younger.



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TMPPM, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook;
Section 2.2.18 <https://www.tmhp.com/>

Authorization Requirements

(Slide 1 of 3)

- All Exceptional Circumstances DME and supplies require PA.
- MCOs may follow PA guidelines for EC in the TMPPM or use their own guidelines as long they do not limit the benefit.
- EC is not available for PAs that have been denied due to lack of medical necessity or for technical reasons.



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Authorization Requirements

(Slide 2 of 3)

Providers must submit:

- A completed PA request form with a cover letter indicating use of the EC provision.
- The member's diagnosis & specific medical needs that can only be met by the requested equipment.
- A clear, concise description of the DME requested; MSRP.
- Letter of Medical Necessity documenting alternative measures and DME that have been tried and have failed to meet the member's medical need(s), or have been ruled out



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Authorization Requirements

(Slide 3 of 3)

- MCOs can use another form in place of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form provided their form has all the required information.
- Providers are responsible for indicating that a PA request is being submitted through the EC process.
 - MCOs must give the provider an opportunity to re-submit documentation under the EC process.
- A requirement for MCOs to deliver Home Health Services in accordance with 42 CFR §440.70 was added to managed care contracts and the [UMCC](#) in September 2018.



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Federal Financial Participation

- Federal Financial Participation (FFP) must be available for these items.
 - THSteps-CCP – members 20 years old and younger
 - EC provision – members 21 years old and older
- FFP is generally available for items of DME and supplies that are not experimental and meet all other requirements for Home Health Services under [42 CFR §440.70](#).



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[Children's Services Handbook, Section 2](#)
[Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Section 2.2.3](#)
<https://www.tmhp.com/resources/provider-manuals/tmpm>

Submission Timeframes During the Holidays

- Please remember to adhere to submission timeframes when going into the holiday season.
- Program provider offices may close for additional days but the definition of “Business Day” still applies.
- Business Day is defined as any day except a Saturday, a Sunday, or a national or state holiday listed in Texas Government Code §662.003(a) or (b).



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Thank You

Contact your program policy mailbox if you have any questions or concerns:

CLASSPolicy@hhs.texas.gov

DBMDPolicy@hhs.texas.gov

HCSPolicy@hhs.texas.gov

TxHmLPolicy@hhs.texas.gov