



Date: April 20, 2023

To: Community Living Assistance and Support Services (CLASS) Case Management Agencies (CMAs)
CLASS Direct Service Agencies (DSAs)
Deaf Blind with Multiple Disabilities (DBMD) Program Providers
Home and Community-based Services (HCS) Program Providers
Texas Home Living (TxHmL) Program Providers
Local Intellectual and Developmental Disability Authorities (LIDDAs)

Subject: Information Letter No. 2023-16
Termination of Waiver Services Due to Denial of Medicaid Eligibility

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and the United States Congress passed the Families First Coronavirus Response Act in March 2020. This allowed states to receive enhanced federal match provided they maintained continuous Medicaid coverage for most people enrolled in Medicaid as of or after March 18, 2020.

On December 29, 2022, Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous Medicaid coverage requirement from the PHE declaration. The requirement for states to maintain continuous Medicaid coverage ended as of March 31, 2023. States may begin disenrolling members effective April 1, 2023.

HHSC must conduct a full redetermination and allow members 30 days to respond to renewal packets or requests for information.

If an individual enrolled in a waiver program is no longer eligible for Medicaid, the individual's waiver program services will also end.

Help individuals prevent the loss of waiver services by encouraging and assisting them to:

1. **Create a [YourTexasBenefits.com](https://www.yourtexasbenefits.com) online account or download the Your Texas Benefits mobile app.** This allows individuals to view their account information, complete and submit their renewal form, update their contact information, and respond to requests from Health and Human Services Commission (HHSC) through their online account. Individuals can also sign up for electronic notices to stay informed about their case. *Please encourage individuals to sign up to receive electronic notices.* **Report any changes in contact information** to ensure the individual receives important notices when needed. Changes can be reported by going online to [YourTexasBenefits.com](https://www.yourtexasbenefits.com), through the mobile app, or by calling 2-1-1 and selecting option 2 after selecting a language.
2. **Return renewal packets or requests for information as soon as possible.** Renewal notices and requests for information will be mailed in yellow envelopes and will have "Action Required" in red ink. If the individual has already signed up for the electronic notices feature, everything will be available electronically. The best way to complete their renewal is through [YourTexasBenefits.com](https://www.yourtexasbenefits.com), but renewals can also be submitted through mail, fax, by calling 2-1-1 and selecting option 2 after language selection, or in person at a local office or community partner location. To find an HHSC office or a community partner location, visit www.yourtexasbenefits.com/screener/findanoffice, or call 2-1-1 and choose Option 2 after picking a language.

Monitoring Loss of Medicaid Eligibility:

A CLASS CMA, DSA, or DBMD case manager must monitor an individual's Medicaid eligibility status in Medicaid Eligibility Service Authorization Verification (MESAV). An HCS or TxHmL service coordinator and program provider should monitor an individual's Medicaid eligibility status in MESAV or Texas Medicaid Healthcare Partnership Long-Term Care Online Portal (LTCOP). If an individual's Medicaid eligibility has been terminated, a case manager or service coordinator must assist the individual with re-establishing Medicaid eligibility.

Providers are encouraged to review and use material on the [End of Continuous Medicaid Coverage Ambassador Toolkit | Texas Health and Human Services](#). This webpage provides information about the end of continuous Medicaid coverage, frequently asked questions, and samples of notices and envelope.

Questions:

- If you have questions about the termination of **Medicaid eligibility**, please call **2-1-1** or email update@hhs.texas.gov.
- If you have questions about the termination of an individual's CLASS, HCS, or TxHmL services, please call the **IDD Program Eligibility and Support message line at (512) 438-2484**.
- If you have questions about the termination of an individual's DBMD program services, please call the **IDD Utilization Review message line at (512) 438-4896**.

Sincerely,

[Signature on File]

Fabián Aguirre
Director IDD Program Eligibility and Support
Medicaid and CHIP Services