



## **MEPD and Texas Works Bulletin 18-10**

**Date:** December 14, 2018

**To:** Eligibility Services – Regional Directors  
Program Managers  
Eligibility Services Supervisors  
Regional Attorneys  
Hearings Officers

**From:** Gina Carter, Deputy Associate Commissioner  
Access and Eligibility Services Program Policy  
State Office 2115

**Subject:** **1. Removal of Fleeing Felon and Parole/Probation Violator Application Questions**  
**2. Maternal Depression Screening Questions**  
**3. Suspension, Termination and Reinstatement of Health Care Coverage for Persons Confined to a County Jail**

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Bulletins are sent to supervisors and other regional managers. Supervisors must share this information with all eligibility staff. Please ensure that copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures.

Active bulletins are posted on the following websites:

- [Texas Works Handbook \(TWH\)](http://hhs.texas.gov/laws-regulations/handbooks/texas-works-handbook/texas-works-bulletins) at <http://hhs.texas.gov/laws-regulations/handbooks/texas-works-handbook/texas-works-bulletins>;
- [Medicaid for the Elderly and People with Disabilities Handbook \(MEPDH\)](http://hhs.texas.gov/laws-regulations/handbooks/medicaid-elderly-and-people-disabilities-handbook/mepd-policy-bulletins) at <http://hhs.texas.gov/laws-regulations/handbooks/medicaid-elderly-and-people-disabilities-handbook/mepd-policy-bulletins>.

## 1. Removal of Fleeing Felon and Parole/Probation Violator Application Questions

### Background

The Food and Nutrition Service (FNS) released guidance requiring states to obtain specific verification before disqualifying a person from the Supplemental Nutrition Assistance Program (SNAP) who is a fleeing felon or in violation of probation or parole.

### Current Policy

#### SNAP and TANF

Application forms contain questions inquiring if the person is a fleeing felon or in violation of probation or parole. If a household submits an application and responds "Yes" to the question, *"Has anyone: (1) been charged with or convicted of a felony and is fleeing the police, or (2) broken a rule of their probation or parole?"*

indicating that a household member is a fleeing felon or probation parole violator, **do not:**

- Disqualify the person unless all the required verification is provided to HHSC; nor
- Pend for, or attempt to obtain, the verification from the household.

In addition, staff must select "NO" on the **Individual Demographics-Conviction/Rehabilitation** page in TIERS to the question, "Is the individual a parole violator/fleeing felon?" and document the following in Case Comments:

"Following policy released in the Texas Works Bulletin #18-5, Verifying Fleeing Felons and Parole/Probation Violators for SNAP and TANF, released in June 2018."

### New Policy

#### SNAP and TANF

The following question is removed from the:

- Form H1010, Texas Works Application for Assistance,
- Form H1010-R, Texas Works Benefits: Renewal Form,
- Form H1840, SNAP Food Benefits Renewal Form,
- Your Texas Benefits website, and
- Mobile app.

*"Has anyone: (1) been charged with or convicted of a felony and is fleeing the police, or (2) broken a rule of their probation or parole?"*

Staff must continue to follow the policy found under the Current Policy section above if the household submits an application form that still contains responses to the fleeing felon and parole/probation violator questions or self-declares fleeing felon or parole/probation violator status.

**Automation**

Changes to TIERS will be implemented on December 29, 2018, with Release 103.1.

**Forms**

The following forms in TIERS, Your Texas Benefits website, and mobile app have been updated to remove the question inquiring if a household member is a fleeing felon or in violation of probation or parole:

- H1010, Texas Works Application for Assistance - Your Texas Benefits;
- H1010-R, Your Texas Works Benefits: Renewal Form;
- H1840, SNAP Food Benefits Renewal Form;
- H2020-YTB, Your Texas Benefits Renewal Form; and
- H1019-YTB, Report of Changes.

**Effective Date**

The policy is effective with the implementation of TIERS Release 103.1 on December 29, 2018.

**Handbook**

The Texas Works Handbook updates are scheduled for the April 2019 revision.

**Training**

Training is not required.

## 2. Maternal Depression Screening Questions

### Background

The 85th Texas Legislature, Regular Session, 2017, passed House Bill (H.B.) 2466, requiring the Health and Human Services Commission (HHSC) to update the content of medical assistance applications and provide coverage for certain maternal depression services.

H.B. 2466 requires HHSC to update existing medical assistance applications to include questions that identify a woman's first pregnancy, her preferred method of contact by her Managed Care Organization (MCO) or health plan providers, and order of preference.

### Current Policy

#### Texas Works Medical Programs

HHSC does not currently request information about a woman's first pregnancy, her preferred method of contact by MCOs and health plan providers, and order of preference on application forms.

### New Policy

#### Texas Works Medical Programs

Applications, renewal forms, and the Your Texas Benefits website have been updated to capture a woman's first pregnancy, preferred method of contact (i.e., email, phone, or text) by MCOs and health plan providers, order of preference, and preferred language for this contact. MCOs and health plan providers use the contact information to perform outreach for maternal depression screenings and provide information about medical appointments and is shared electronically through the Enrollment Broker interface with the appropriate MCOs and health plan providers at application and renewal.

Staff must:

- Enter the responses in TIERS into the **Contact for Enrollment** field in the **Pregnancy** Logical Unit of Work; and
- **Not** pend for additional information if the person fails to provide responses to these questions.

The information provided:

- May not match what is provided in the demographic section for the contact person/head of household on the Form H1010 or Form H1010-R;
  - Staff **must not** update the person's demographic information based on the information provided for these new questions if it does not match.

- Does not change their YourTexasBenefits.com case account information; and
- Is optional and is not needed nor is it used to determine their eligibility.

**Note:** The household must continue to report eligibility changes to contact information following regular change reporting processes.

In addition, if a household contacts staff to report changes to the new information, inform them to call the number on their health plan ID card to make changes to the information. If the changes are reported via the mobile app, [YourTexasBenefits.com](http://YourTexasBenefits.com), or in written form, no action is needed.

### **Automation**

Changes to TIERS will be implemented on December 29, 2018, with Release 103.1.

### **Forms**

The following application forms have been updated with the first pregnancy, preferred method of contact, and preferred language questions:

- H1010, Texas Works Application for Assistance- Your Texas Benefits;
- H1010-R, Your Texas Works Benefits: Renewal Form;
- H1010-YTB, Your Texas Benefits;
- H1205, Texas Streamlined Application;
- H1206, Health Care Benefits Renewal (Texas Works only); and
- H2020-YTB, Your Texas Benefits Renewal Form.

Form H1010

Section C

**Pregnant Women**

This section is only for people applying for health-care benefits.

  

Is anyone in your home pregnant? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No	
Violet Parr <small>If yes, who?</small>	Number of babies expected <input style="width: 20px; text-align: center;" type="text" value="1"/>
Is this your first pregnancy? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No	Due date <input style="width: 20px; text-align: center;" type="text" value="0"/> <input style="width: 20px; text-align: center;" type="text" value="1"/> / <input style="width: 20px; text-align: center;" type="text" value="0"/> <input style="width: 20px; text-align: center;" type="text" value="8"/> / <input style="width: 20px; text-align: center;" type="text" value="2"/> <input style="width: 20px; text-align: center;" type="text" value="0"/> <input style="width: 20px; text-align: center;" type="text" value="1"/> <input style="width: 20px; text-align: center;" type="text" value="9"/>
What is the first and last name of the unborn child's father? Greg Thompson <small>First name Last name</small>	
Adrienne Parr <small>If yes, who?</small>	
Is this your first pregnancy? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No	
Due date <input style="width: 20px; text-align: center;" type="text" value="0"/> <input style="width: 20px; text-align: center;" type="text" value="2"/> / <input style="width: 20px; text-align: center;" type="text" value="2"/> <input style="width: 20px; text-align: center;" type="text" value="0"/> / <input style="width: 20px; text-align: center;" type="text" value="2"/> <input style="width: 20px; text-align: center;" type="text" value="0"/> <input style="width: 20px; text-align: center;" type="text" value="1"/> <input style="width: 20px; text-align: center;" type="text" value="9"/>	
What is the first and last name of the unborn child's father? Rober Ingram <small>First name Last name</small>	
<b>Preferred Method of Contact by Health Plan Providers or Managed Care Organizations</b>	
<b>For pregnant individuals only</b> If you get health benefits from us, your health plan provider or managed care organization may contact you for things like appointment reminders and information about immunizations or well-check visits. You can choose to have them contact you by telephone, text message, or email. Please rank how you would prefer to be contacted, with 1 being your most preferred.	
Name: Violet Parr Language you prefer to be contacted in: English	
<input type="radio"/> 3 By telephone <input checked="" type="radio"/> 1 By text message <input type="radio"/> 2 By e-mail	Telephone number: (555) 780-9008 <small>(If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)</small> Cellular telephone number: (555) 780-9009 <small>(Carrier message and data rates may apply)</small> E-mail address: v.parr@gmail.com
Name: Adrienne Parr Language you prefer to be contacted in: English	
<input type="radio"/> 2 By telephone <input checked="" type="radio"/> 1 By text message <input type="radio"/> 3 By e-mail	Telephone number: (555) 111-2222 <small>(If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)</small> Cellular telephone number: (555) 612-1223 <small>(Carrier message and data rates may apply)</small> E-mail address: a.parr@gmail.com

Form H1010R

Is anyone in your home pregnant? If yes, who? _____ Is this your first pregnancy? Due date (mm/dd/yyyy) _____ Number of babies expected _____ What is the first and last name of the unborn child's father? First: _____ Last: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone have a disability? If yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Preferred Method of Contact by Health Plan Providers or Managed Care Organizations**



**For pregnant individuals only**  
 If you get health benefits from us, your health plan provider or managed care organization may contact you for things like appointment reminders and information about immunizations or well-check visits.

You can choose to have them contact you by telephone, text message, or email. Please rank how you would prefer to be contacted, with 1 being your most preferred.

Name: \_\_\_\_\_

Language you prefer to be contacted in: \_\_\_\_\_

<input type="checkbox"/> By telephone	Telephone number: _____ (If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)
<input type="checkbox"/> By text message	Cellular telephone number: _____ (Carrier message and data rates may apply)
<input type="checkbox"/> By e-mail	E-mail Address: _____

**Effective Date**

The policy is effective with the implementation of TIERS Release 103.1 on December 29, 2018.

**Handbook**

The Texas Works Handbook updates are scheduled for the April 2019 revision.

**Training**

Training will be provided in a job aid titled R103.1 HB2466 and OAG Release Reference Tool. A training broadcast will be sent with further details.

### **3. Suspension, Termination and Reinstatement of Health Care Coverage for Persons Confined to a County Jail**

#### **Background**

House Bill (H.B.) 337, passed by the 85th Texas Legislature, Regular Session, 2017, requires the Health and Human Services Commission (HHSC), to the extent allowed by federal law, to suspend or terminate health care coverage for a person confined in a Texas county jail for more than 30 days. In addition, HHSC is required to reinstate health care coverage no later than 48 hours after HHSC receives notification from the county jail of the person's release.

H.B. 337 gives county jails the option to report the confinement of a person in a county jail. If the county jails choose to report the confinement of a person to HHSC county jails are required to report the person's release to HHSC.

#### **Current Policy**

##### [Texas Works Medicaid](#)

Currently, HHSC only suspends and reinstates a child's Medicaid upon notification from the Texas Juvenile Justice Department and the Juvenile Probation Departments.

##### [All Programs](#)

Persons confined to a public institution such as, a jail, prison, or other correctional facility, are not eligible for Medicaid (TWH Sections A-241.2, Who is Not Included, A-241.3.1, Children's Living Arrangements, D-310, Certified Group, and MEPDH, D-3800, Inmates in a Public Institution).

#### **New Policy**

As required by state statute and federal regulations, HHSC will, as applicable:

- Suspend or terminate health care coverage upon receiving notification from a county jail that a person is confined in a county jail; and
- Reinstatement health care coverage upon notification of the person's release from a county jail only if there are months remaining on the person's current certification.

Do not take action for persons certified on the following TOA's:

##### [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

- TA 27, ME - Prior Medicaid Institutional Waiver
- TP 11, ME - SSI Prior

## All Programs

### **Suspension/Reinstatement**

Health care coverage is suspended, if reported by a participating county jail, and reinstated, if applicable, for persons certified for one of the following types of assistance (TOAs):

#### Texas Works

- TA 82, MA – Former Foster Care Children
- TP 40, MA – Pregnant Women
- TP 44, MA – Children 6–18
- TP 70 - Medicaid for the Transitioning Foster Care Youth

#### MEPD

##### TA 10, ME – Waivers

- TA 88, ME – Medicaid Buy-In for Children
- TP 03, ME – Pickle
- TP 14, ME – Community Attendant Services
- TP 18, ME – Disabled Adult Child
- TP 21, ME – Disabled Widow(er)
- TP 22, ME – Early Aged Widow(er)
- TP 23, MC – SLMB
- TP 24, MC – QMB
- TP 26, MC – QI-1

### **Note:**

- Current policy and processes for children certified for TP44 that are placed in and released from a juvenile facility is not changing. Staff must continue to follow policy in TWH Section B-474.1.2.1, Child Placed in a Juvenile Facility, and B-474.1.2.2., Child Released from a Juvenile Facility.
- Persons receiving limited time coverage of TA 10, TP 18, TP 21, or TP 22 because of the loss of Supplemental Security Income (SSI) due to excess income will have their limited time coverage terminated if HHSC receives a report of confinement from the county jail.

### **Termination**

Following current policies, staff must terminate health care coverage for persons confined and certified for one of the following TOAs when the county jail reports the confinement to HHSC:

## Texas Works

- TA 84, CI – CHIP
- TA 85, CI – CHIP perinatal
- TP 07, MA – Earnings Transitional
- TP 08, MA – Parents and Caretaker Relatives
- TP 20, MA – Alimony/Spousal Support Transitional
- TA 41, Health Care – Healthy Texas Women
- TA 66, MA – MBCC – Presumptive
- TA 67, MA – MBCC
- TA 76, MA – Children 6–18 Presumptive
- TA 77, Health Care – FFCHE
- TA 83, MA – FFCC Presumptive
- TA 86, MA – Parents and Caretaker Relatives Presumptive
- TP 42, MA – Pregnant Women Presumptive

## MEPD

- TA 12, ME – State Group Home
- TP 10, ME – State Supported Living Center
- TP 15, ME – Non-State Group Home
- TP 16, ME – State Hospital
- TP 17, ME – Nursing Facility
- TP 25, MC – QDWI
- TP 87, ME – Medicaid Buy In

### Notification of Confinement in a County Jail

When HHSC is notified by a participating county jail, by submitting HHSC's *Notification of County Jail Confinement and Release* Form, that a person has been confined for more than 30 days, the Centralized Benefit Services (CBS) staff must review the report of confinement to determine the appropriate action needed. The CBS staff must enter the confinement information into TIERS on the **County Jail Confinement-Details** page.

When the EDG is disposed, if applicable:

- The person's health care coverage is suspended effective the day after HHSC receives the notification;
  - ▶ The **Individual – Medicaid History** page is updated to indicate the person's eligibility is suspended.
- The person's health care coverage is terminated effective the day after HHSC receives the notification;

- The person is removed from other EDGs in which the person is included and benefits are adjusted accordingly for the remaining household members following current policies and procedures; and
- A TF0001, Notice of Case Action, is generated at suspension/termination and reinstatement (TWH Section A-2310, Notice to Applicants, and MEPDH Section R-1300, Notices).

If a report of confinement in a county jail is received from a source other than a participating county jail, staff must terminate the person's eligibility following existing change policy (TWH Section B-631, Actions on Changes; TWH Section D-1433.2, Child Leaves the Home; and MEPDH Section D-3800, Inmates in a Public Institution).

**Note:** For MEPD couple cases, health care coverage is suspended only for the incarcerated person. The remaining spouse continues to receive benefits if eligible.

### **Notification of Release**

When HHSC is notified by any source (e.g., household member, the person who was confined, county jail, etc.) that a person has been released from a county jail, staff (both CBS and field staff) must perform individual inquiry to determine if the person:

- Has suspended or terminated health care coverage due to county jail confinement, and
- Was included in the budget or certified group of any other EDGs at the time their health care coverage was suspended or terminated.

### **Health Care Coverage Suspended**

If inquiry shows that the person has suspended health care coverage, staff must perform a **County Jail Release - Search** to determine if the person has an active suspension (months remaining on their original certification).

If so, staff creates a *Process a County Jail Confinement/Release* task for all active cases on which the person was included prior to their suspension and enters the release information into TIERS on the **County Jail Release - Details** page.

When the health care coverage EDG is disposed:

- The person's health care coverage is reinstated effective the date the person is released from the county jail.
  - ▶ The **Individual - Medicaid History** page is updated to indicate the person's eligibility has been reinstated.
- A TF0001 is generated notifying the person of their reinstatement.

## Health Care Coverage Terminated

### *All Programs*

If inquiry shows that the person's health care coverage was terminated at confinement or is not eligible for reinstatement because their original certification has ended, staff must send an application to the person's last known address using current policies and procedures.

### *Action on Other Programs - Health Care Coverage Suspended*

The report of release is considered a change report for any other types of assistance. Staff must follow current policy in TWH B-641, Additions to the Household, and MEPD Handbook, C-8000, Responsibility to Provide Information and Report Changes, and send a Form H1020, Request for Information or Action, to determine if the person needs to be added back to the other types of assistance.

## Renewals

### *All Programs*

Renewals for reinstated EDGs follow current policies and procedures unless the person's health care coverage is reinstated after the Administrative Renewal process is run (B-122.4.1 Automated Renewal Process). When this occurs, TIERS automatically sends the person an application.

**Note:** For MEPD couple cases, when a spouse has already renewed their health care benefits prior to notification of their spouse's release, once released their certification periods will be different until the released spouse renews their benefits.

### *Reasonable Opportunity*

If a person's reasonable opportunity (RO) period expires while the EDG is suspended, a new RO period is provided at reinstatement. The new RO period is the earlier of the following:

- 95 days from the date the reinstatement is disposed; or
- The last day of their current certification period.

If the person's health care coverage is reinstated before the original RO period end date, the person's original RO due date is retained.

A TF0001, Notice of Case Action, is generated at reinstatement and will include the RO information to remind the person to submit documentation of citizenship or alien status (TWH Section A-351.1, Reasonable Opportunity and MEPDH Section D-5510, Initial Request at Time of Application).

## Automation

Changes to TIERS will be implemented on December 29, 2018, with Release 103.1.

**Reports**

A new DataMart report, DM-012, H.B. 337 *County Jail Reporting*, identifies persons suspended, terminated, or reinstated due to county jail confinement or release.

**Effective Date**

The policy is effective with the implementation of TIERS Release 103.1 on December 29, 2018.

**Handbook**

The Texas Works Handbook updates are scheduled for the July 2019 revision.

The MEPDH updates are scheduled for the June 2019 revision.

**Training**

Web-based training on suspension, termination, and reinstatement of health care coverage due to county jail confinement or release is titled: Release 103.1 - Suspension, Termination, and Reinstatement of Healthcare Coverage for Persons Confined to a County Jail. A training broadcast will be sent with further details.