



## **MEPD and Texas Works Bulletin 20-06**

**Date:** April 7, 2020

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

**From:** Access and Eligibility Services Program Policy  
State Office 2115

**Subject: COVID-19 Policy Updates #3**

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The information in this bulletin provides temporary guidance regarding policies and procedures for processing applications and redeterminations during the novel coronavirus (COVID-19) outbreak. 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 \(MEPDH\)](https://hhs.texas.gov/laws-regulations/handbooks/mepd/policy-bulletins) at <https://hhs.texas.gov/laws-regulations/handbooks/mepd/policy-bulletins>.

## COVID-19 Policy Updates #3

### Background

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the novel coronavirus (COVID-19) outbreak. On the same date, President Donald J. Trump declared a national emergency. Guidance from state and federal leaders emphasize the need for social distancing and limiting contact with others during this time. In light of this guidance, HHSC is temporarily modifying its current eligibility policies to accommodate processing of applications and renewals.

#### 1. Maintaining Medicaid Coverage

Texas Works Medicaid, MEPD, and HTW

### COVID-19 Policy

HR 6201 (Families First Coronavirus Response Act), requires states to maintain Medicaid coverage for most people active or certified for Medicaid as of or after March 18, 2020 until the end of the public health emergency period.

Do not deny a person receiving Medicaid as of March 18, 2020 unless the person:

- Voluntarily withdraws;
- Dies; or
- Moves out of state.

A person who is determined eligible for Medicaid as of or after March 18, 2020, must not be denied Medicaid coverage before the end of the public health emergency except for one of the reasons listed above.

**Note:** The requirement to maintain Medicaid coverage does not apply to CHIP, Medically Needy with Spenddown or Emergency Medicaid types of assistance.

A person is not required to take any action to maintain Medicaid coverage during the public health emergency.

To assist with complying with this new federal law, Medicaid certification periods due for renewal beginning in March 2020 are automatically extended until further notice. The household will not be required to complete a renewal packet and the system (TIERS, State Portal, and YourTexasBenefits.com) will reflect the new certification due date.

### Staff Procedures

State Office is working with IT to close out TLM tasks for Medical Programs that have been extended. If staff receive a renewal task for a program that has already been extended, follow the process below:

Staff must process renewal tasks as 'filed in error' when benefits have been extended due to COVID-19 and a household:

- Submits/Submitted a renewal form before their new renewal due date and the task is waiting to be processed; or
- Submitted a renewal form that is currently pending for missing information.

For renewal tasks that meet the 'filed in error' criteria as stated above, staff must mark the task in EWMS as No action taken - 'Certification Extension' and update the TLM task accordingly.

If staff are processing an application, renewal or change for another program with an associated case that includes a Medicaid EDG(s) that has been extended, staff cannot deny the extended Medicaid EDG(s). Staff should take appropriate action on all other associated programs and continue to use Suspend – Other in EWMS until further guidance is provided.

Medicaid recipients will remain on their existing Medicaid type of assistance regardless of any changes, such as aging out of a type of assistance, loss of SSI cash payments or the end of their pregnancy.

Recipients will be transferred to an appropriate type of assistance when a change occurs if the new type of assistance has the same or better coverage as the original Medicaid type of assistance. Otherwise, the recipient must stay on the existing Medicaid type of assistance until the end of the public health emergency period.

**Examples:**

- A woman on MA – Pregnant Women (TP 40) whose pregnancy has ended but does not qualify for MA – Parents and Caretaker Relatives (TP 08) due to income, will remain on TP 40 instead of being auto-enrolled into HTW.
- A child on MA – Children 1-5 (TP 48) that turns 6 and meets the eligibility criteria and income limits for MA – Children 6-18 (TP 44) will be automatically transferred from TP 48 to TP 44.
- A nursing facility resident who moves out of the facility and is determined eligible for home and community-based waiver services will be transferred from ME-Nursing Facility Medicaid (TP17) to ME-Waiver Medicaid (TA10).

Additionally, since the federal law was effective after the monthly system processing for March was completed, there are some Medicaid recipients who were

denied in March but meet the criteria for maintaining Medicaid. Any cases that were active as of March 18, 2020 will be automatically reopened.

**Automation**

TIERS will automatically extend Medicaid benefits with recertifications beginning with those due in March 2020 until further notice.

To ensure Medicaid is maintained during the emergency period, several automated processes that may impact Medicaid eligibility will not be run, including periodic income checks and automatic denials such as the following:

- A child ages out of a Medicaid group;
- A household fails to return a recertification packet; or
- A household fails to return requested information for a reported change.

**Correspondence**

HHSC will **not** send correspondence to households about the extensions. Households can find information about the extensions on the [YourTexasBenefits.com](http://YourTexasBenefits.com) website.

**Handbook**

Handbook updates are not required.

**Training**

Training is not required.

**Effective Date**

This policy is effective as of March 18, 2020. Staff will be notified when the COVID-19 policy and clarifications no longer apply.

*2. Waiving Premium Payments for MBI and MBIC Recipients*

[Medicaid Buy-In\(MBI\) and Medicaid Buy-In for Children \(MBIC\)](#)

**COVID-19 Policy**

MBI and MBIC recipients residing in a federally declared disaster area are exempt from paying monthly premiums for up to three months beginning with the month a disaster is declared.

An emergency hardship exemption to waive premiums for MBI and MBIC recipients is approved for March, April, and May 2020. Recipients do not need to request a hardship exemption and staff do not need to take any action to waive premiums.

Recipients will receive a credit toward future premiums for any premiums received during the hardship exemption period.

**Automation**

TIERS will automatically exempt premium payments due in March, April, and May 2020.

**Correspondence**

MBI and MBIC recipients will receive a Form H1809, *Emergency Notice, Notice of Medicaid Payment*, advising that premiums are waived for March, April and May 2020.

**Handbook**

Handbook updates are not required.

**Training**

Training is not required.

**Effective Date**

This policy is effective March 2020. Staff will be notified when the COVID-19 policy and clarifications no longer apply.

3. Processing Case Actions for Medical Programs

Medical Programs

**COVID-19 Policy Clarification**

The MEPD and TW Bulletin #20-04 (COVID-19 Policy Updates #1, Item #6) issued on March 23, 2020 instructed staff to not dispose any case actions that resulted in a denial for active Medicaid or CHIP EDGs.

The policy clarification now **only** applies to Medicaid case actions. Staff **must** dispose:

- any case actions that result in a denial for active CHIP EDGs.
- all case actions for new Medicaid applications that result in a denial.

**Automation**

Associated automation changes are still in development. Staff should continue to suspend any Medicaid EDGs in EWMS that are set to deny. More information about how to process these pending EDGs will be provided at a later date.

**Correspondence**

Correspondence changes are not required.

**Handbook**

Handbook updates are not required.

**Training**

Training is not required.

**Effective Date**

This policy is effective with the release of this bulletin. Staff will be notified when the COVID-19 policy and clarifications no longer apply.