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REPORT

FINAL REPORT

Congressionally Mandated Evaluation of the Children's Health Insurance Program: Texas Case Study

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I. BACKGROUND AND RECENT HISTORY

The Children's Health Insurance Program (CHIP) in Texas is a separate program under Title XXI. The state calls its program *CHIP,* which covers both children and unborn children of low-income pregnant women under its perinatal program. The Balanced Budget Act of 1997, which created the State Children's Health Insurance Program, was signed into law two months after the 75th Legislature adjourned for the biennium. As a result, legislation enacting Texas' separate CHIP (S-CHIP) program was signed during the next session in 1999 (Hawkes and Hill 2002). The S-CHIP program covering all children not covered by Medicaid whose families had incomes at or below 200 percent of the Federal poverty level (FPL) began on May 1, 2000 (Texas Health and Human Services Commission [HHSC] 2011c). During the two years from 1997 to 1999 that Texas designed its S-CHIP program, it launched a Medicaid expansion program (M-CHIP) to take advantage of Federal funds (under Title XXI). From July 1998 to September 2002, Texas' M-CHIP program covered children ages 15 to 18 whose families had incomes at or below 100 percent of the FPL, accelerating the yearly phase-in of these older age groups that would otherwise take full effect by October 1, 2002.[1] Thus, for a short time (through September 2002), Texas operated a combination program. Texas phased out the M-CHIP in 2002 and now operates only a separate *CHIP* program. Texas' separate *CHIP,* modeled after a commercial plan with cost-sharing to promote personal responsibility, has garnered broad political support. Texas currently operates the second largest CHIP program in the nation. Since 2007, *CHIP* enrollment has increased steadily, reaching its highest monthly enrollment of 591,454 children in January 2013. The number of children enrolled under the perinatal program peaked at almost 29,000 children in October 2009 and currently stands at about 300 children per month (HHSC n.d.).

With careful planning and input from an interagency task force and a group of maternal and child health advocates (now known as the CHIP Coalition), the state designed *CHIP* with several policies to simplify the process for families to enroll and stay enrolled, including a 12-month redetermination period; the availability of a mail-in, telephone, or Internet application; self-declaration of assets; a combined application for *CHIP* and *Children's Medicaid;* and a prepopulated renewal form (Hawkes and Hill 2002). By 2001, support had grown for adopting simplifications in the Medicaid program to mirror those in *CHIP;* those changes were planned for the 2002–2003 budget period.

Budget challenges contributed to a substantial decrease in *CHIP* enrollment during the 2003–2005 period. As in many other states, Texas faced a substantial budget deficit (close to $10 billion or 5 percent of the state's projected general revenue spending for the 2004–2005 biennium). The 2003 legislature made several significant eligibility and benefit changes to reduce costs in both *CHIP* and *Children's Medicaid* (Hill 2005), while insuring that the neediest families were still eligible to receive services. These included instituting a 90-day waiting period for all applicants and an asset test in *CHIP* for families with incomes above 150 percent of the FPL, reducing the continuous eligibility period in CHIP from 12 to 6 months, and increasing cost sharing amounts. All of these provisions

[1] The Omnibus Budget Reconciliation Act of 1990 (PL 101-508) expanded Medicaid coverage to all children ages 6 to 18 with family incomes below 100 percent of the FPL, starting with the youngest and phasing in another age level each year until 2002, when all 18-year-olds became eligible (Hoag et al. 2011). Prior expansions had already brought in children younger than age 6.

except the asset test in *CHIP* were rolled back between 2005 and 2007 (in 2007 a net income standard was introduced for determining if an asset test is required).

By 2007–2008, *CHIP* enrollment returned to its 2002–2003 level and has continued to climb with the enhanced Federal match made available through the CHIP Reauthorization Act of 2009 (CHIPRA). In fact, despite decreases in employer-sponsored insurance (ESI) and higher unemployment in Texas, public coverage of children through *CHIP* and *Children's Medicaid* has filled the gap and the number of uninsured children has actually decreased.[2] According to data from the American Community Survey, the number of uninsured children in Texas dropped from about 1,137,900 in 2008 to about 996,500 in 2010, a 12 percent decrease in two years (U.S. Census Bureau 2008; 2010). Despite this positive movement in coverage, Texas is home to the nation's largest share of eligible but uninsured children and opportunities for further improvement remain. Texas' Medicaid/CHIP participation rates among eligible but uninsured children improved from 75.9 percent in 2008 to 77.1 percent in 2009, but it still had the fifth-lowest participation rate nationwide in 2009 (Kenney et al. 2011).

Since its inception, Texas' *CHIP* program has operated exclusively through a risk-based managed care delivery system. Texas' *Children's Medicaid* has gradually expanded use of risk-based managed care in response to legislative mandates for improved cost-effectiveness over the past two decades, culminating in a statewide rollout in March 2012, in which the last remaining rural areas of the state transitioned to risk-based managed care. Stakeholders expect this transition, along with changes in risk-based managed care for dental services and the prescription drug benefit, will provide better care coordination and case management while reducing costs. A total of 17 risk-based managed care plans operate in *CHIP* and *Children's Medicaid* in Texas. Although several operate in more than one of the state's 10 service areas, none are statewide.

This case study is based primarily on a site visit conducted in Texas in June 2012 by staff from Mathematica Policy Research.[3] Texas was one of 10 states selected for study in the second congressionally mandated evaluation of CHIP, authorized by CHIPRA and overseen by the Assistant Secretary for Planning and Evaluation (ASPE). The report highlights changes to Texas' programs since 2006, with a particular focus on state responses to provisions of CHIPRA. In addition to interviewing 46 key informants (listed in Appendix A) in Austin and the Rio Grande Valley, researchers conducted three focus groups for the study: one with parents of children currently enrolled in *CHIP* (Austin), one with parents of children who currently have ESI (Austin), and one conducted in Spanish with parents of children currently enrolled in *CHIP* (Weslaco). A total of 24 parents participated in these focus groups. Findings from these focus groups are included throughout the report and serve to augment information gathered through stakeholder interviews.

[2] Although the number of families with ESI has decreased nationally, Texas is tied for the seventh-lowest percentage of the total population with ESI in 2009–2010 (45 percent in Texas compared with 49 percent nationally) (Kaiser Family Foundation n.d.[b]). Among the lowest-income families (those with incomes below 200 percent of the FPL), Texas children remain at a disadvantage, with 18 percent living in households with ESI in 2009–2010 (the national average is 21 percent).

[3] Our site visit was conducted before the Supreme Court ruled on the constitutionality of the Affordable Care Act. This case study report largely reflects Texas' CHIP program and policy developments prior to the ruling, although relevant updates as of December 2012 have been made to the extent possible.

The remainder of this report will describe recent *CHIP* program developments and their perceived effects in the key implementation areas of eligibility, enrollment, and retention; outreach; benefits; service delivery, quality, and access; cost-sharing; crowd-out; financing; and preparation for health care reform. The report concludes with cross-cutting lessons learned about the successes and challenges associated with administering Texas' S-CHIP program.

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II. ELIGIBILITY, ENROLLMENT, AND RETENTION

Texas' separate *CHIP* program and *Children's Medicaid* program together cover children with family incomes up to 200 percent of the FPL. This section will review current program eligibility rules, enrollment and application processes, enrollment trends, and retention policies and practices in Texas' *CHIP* and *Children's Medicaid* programs.

A. Eligibility

In Texas, two public programs provide health insurance to low-income families (Table II.1).

1. *CHIP* is Texas' S-CHIP program, funded through Title XXI. *CHIP* covers children from birth to age 1 whose families have incomes above 185 and up to 200 percent of the FPL; children ages 1 to 5 whose families have incomes above 133 and up to 200 percent of the FPL; and children ages 6 to 18 whose families have incomes above 100 and up to 200 percent of the FPL. *CHIP* also includes a CHIP perinatal program, which covers prenatal and post-partum care for pregnant women who are not eligible for Medicaid due to income (with incomes above 185 and up to 200 percent of the FPL) or due to immigration status (with incomes up to 200 percent of the FPL).
2. *Children's Medicaid* is Texas' Medicaid program for youth and is funded through Title XIX. This program covers children from birth to age 1 whose families have incomes at or below 185 percent of the FPL; children ages 1 to 5 whose families have incomes at or below133 percent of the FPL; and children ages 6 to 19 whose families have incomes at or below100 percent of the FPL.

The Texas HHSC oversees all aspects of the *CHIP* program, outsourcing most eligibility and enrollment functions to a single administrative contractor, MAXIMUS. In Texas, MAXIMUS receives and screens all joint *CHIP*/*Children's Medicaid* applications, makes initial eligibility determinations for *CHIP*, refers potential *Children's Medicaid*-eligible cases to HHSC, manages all *CHIP* enrollment functions (such as sending enrollment packets and collecting enrollment fees), operates the centralized call centers, and processes *CHIP* renewal applications and disenrollments. HHSC administers all aspects of the *Children's Medicaid* program.

Table II.1. Upper Eligibility Limits, as Percentage of FPL, for Texas *CHIP* and *Children's Medicaid*

	Age Categories		
	Infants	1–5	6–18
Children's Medicaid	185%	133%	100%
CHIP	200%	200%	200%

Source: HHSC 2012d.

Note: Children can be enrolled in either program until they turn 19.

In addition to age and income requirements, *CHIP* and *Children's Medicaid* enrollees must be citizens or qualified immigrants (in accordance with Federal law) and Texas state residents.[4] Before CHIPRA, Texas provided *CHIP* coverage for certain documented immigrant children within five years of residency using state-only funds. These children were not eligible for *Children's Medicaid,* so all documented immigrant children whose family incomes were at or below 200 percent of the FPL were enrolled in *CHIP*. Starting in May 2010, CHIPRA legislation authorized Texas to begin drawing the Federal match for a broader group of qualified immigrant children eligible for *CHIP* before the five-year residency and to begin covering eligible children under *Children's Medicaid* rather than *CHIP*.

The similarities between many, but not all, eligibility policies in *CHIP* and *Children's Medicaid* are deliberate, as the state *CHIP* statute mandates that the policies should be as aligned as possible (Table II.2). Neither program has presumptive eligibility or Express Lane Eligibility. Both programs use household adjusted gross income and require a family resource (or asset) test. In *CHIP,* families with net income above 150 percent of the FPL have a $10,000 asset limit. In *Children's Medicaid*, the asset limit is $2,000 for most households and $3,000 for those with an elderly or disabled member. Unlike *CHIP*, *Children's Medicaid* offers 3-month retroactive coverage, if applicable and requested by the family, and 6 months of continuous eligibility. *CHIP* provides prospective coverage and offers 12 months of continuous eligibility for families with incomes up to 185 percent of the FPL; administrative income verification occurs at 6 months for families with incomes above 185 percent of the FPL.[5]

Income eligibility limits in *CHIP* and *Children's Medicaid* have remained constant since 2000. The 2003 legislature made changes to some *CHIP* program eligibility policies in response to state budget constraints. These included requiring a 90-day waiting period for all applicants, adding an asset test for *CHIP* families with incomes above 150 percent of the FPL to ensure limited funds would be used for the neediest families, and reducing the continuous eligibility period from 12 to 6 months. Other changes in benefits and cost sharing provisions were also made to reduce costs and these are described further in Sections IV and VI. All but the CHIP asset test was rolled back between 2005 and 2007 (the asset test remains until 2014), and the 2007 legislature changed the asset test so that net rather than gross income is considered in determining whether a household is subject to the assets test, further expanding the number of families eligible for *CHIP*.

The state expanded *CHIP* coverage to unborn children of low-income pregnant women during the 2007 legislative session. The *CHIP* perinatal program provides prenatal care and two months of coverage after birth for pregnant women who are uninsured and do not qualify for Medicaid's coverage of pregnant women due to income (namely those with income above 185 and 200 percent of the FPL) or immigration status (all immigrant women with income at or below 200 percent of the FPL). As originally implemented, newborns remained in *CHIP* for the full 12-month eligibility period. However, Federal regulations require all Medicaid-eligible children to be enrolled in Medicaid, and the Centers for Medicare & Medicaid Services (CMS) was concerned that many children born under *CHIP* perinatal coverage were actually eligible for *Children's Medicaid* after birth.

[4] Qualified immigrants include legal permanent residents, asylees, refugees, battered alien children, Cuban/Haitian entrants, and victims of severe forms of trafficking, among others (ASPE 2009).

[5] Key informants reported that the percentage of families with incomes greater than 185 percent of the FPL is quite low.

Table II.2. Texas *CHIP* and *Children's Medicaid* Eligibility Policies

Policy	CHIP	Medicaid	Details
Retroactive Eligibility	No	Yes	Medicaid provides 3-month retroactive coverage if requested and requested by the family
Presumptive Eligibility	No	No	
Continuous Eligibility	Yes	No	CHIP has 12-month continuous eligibility for families with incomes up to 185 percent of the FPL; administrative income verification at 6 months for those with incomes above 185 percent of the FPL Medicaid has 6-month continuous eligibility
Asset Test	Yes, except CHIP perinatal program	Yes	CHIP: $10,000 limit for families with net incomes above 150 percent of the FPL; CHIP perinatal enrollees are exempt Medicaid: $2,000 limit ($3,000 if family includes a disabled or elderly member)
Income Test	Adjusted gross income	Adjusted gross income	Families may deduct eligible child care expenses in *CHIP* and *Medicaid; Medicaid* families may also deduct work-related expenses (up to $120 per employed person), child support, payments to dependents outside the home, and alimony
Express Lane Eligibility	No	No	
Citizenship Requirement	Yes	Yes	Children must be U.S. citizens or qualified immigrants
Redetermination Frequency	12 months	6 months	

Sources: HHSC 2011a, 2011b.

Beginning in September 2010, Texas began enrolling these infants into *Children's Medicaid* or *CHIP* as appropriate based on family income. Currently, the vast majority of infants born under the *CHIP* perinatal program are enrolled in Medicaid. Key informants reported that there were delays in some transfers from *CHIP* perinatal to *Children's Medicaid* during the initial transition, but noted that most issues seem to be resolved, and that 90 percent of babies born under *CHIP* perinatal are now successfully enrolled in *Children's Medicaid* at the hospital within 48 hours. Currently, about 300 unborn children of low-income pregnant women are enrolled in the CHIP perinatal program at any given time (HHSC n.d.).

During the 2009 session, the legislature considered a coverage expansion for children with family incomes up to 300 percent of the FPL through a *CHIP* buy-in program. Although the expansion had the support of key leadership and was likely to pass, the bill died at the end of the session due to an unrelated issue.[6]

Most children with special health care needs (CSHCN) are enrolled in *Children's Medicaid* rather than *CHIP*. Children who are eligible for Supplemental Security Income (SSI) are automatically eligible for *Medicaid* in Texas. In addition, the Texas Department of State Health Services (DSHS)

[6] To block a bill that would have tightened voter identification laws, the House ended the 2009 session without bringing numerous bills up for vote, including the *CHIP* buy-in program.

operates a program for CSHCN through a Title V block grant. Although children can be simultaneously enrolled in the CSHCN program and *Children's Medicaid* or private insurance, the CSHCN program is not intended to be an ongoing service delivery system, but rather a mechanism to ensure CSHCN have access to care when needed. As a payer of last resort and with finite funds, the CSHCN program will pay for services only after benefits from other coverage programs have been used and has discretion over what services are covered (in contrast with *Children's Medicaid* which covers medically necessary services). Eligibility for the program is based on state residency, income, age, and medical diagnosis.[7] The CSHCN program currently has a waiting list and applicants must renew their applications every six months in order to keep their places. When space in the program becomes available (two or three times per year at most), DSHS considers the child's medical need, whether the child has other insurance coverage, and how long the child has been on the waiting list.

Children who meet *CHIP* eligibility criteria and whose parents are covered under one of Texas' two state employee health insurance programs (Teacher Retirement System of Texas [TRS] and Employee Retirement System [ERS]) are eligible for *CHIP* (HHSC 2011c). However, coverage for these children was paid from state general revenue funds only until passage of the Affordable Care Act, which allows states to claim Federal matching funds for covering children of state employees under *CHIP*. In September 2011, children moved from the now-eliminated State Kids Insurance Program (SKIP) administered by ERS into *CHIP*. Moving these children into *CHIP* eliminated the need for the state to administer a separate program while providing federal matching funds for their coverage.

B. Enrollment and Application Processes

Families can use one of two joint applications to apply for *CHIP* (including *CHIP* perinatal) and *Children's Medicaid*. Families interested in applying only to *CHIP* or *Children's Medicaid* can use the short-form application (H1014) (a copy of the application can be found in Appendix B). Those who wish to apply to *CHIP* or *Children's Medicaid* and additional assistance programs, including the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), must apply using the long-form, Your Texas Benefits application (H1010) (a copy of the application can be found in Appendix C). Both applications can be submitted by mail, fax, telephone, in person, or online.[8] Table II.3 summarizes current application requirements and procedures in Texas *CHIP*.

[7] To be considered, an applicant must be younger than 21 (or have cystic fibrosis) and have a medical problem that will last at least 12 months; will limit one or more major life activities; needs more health care than what children usually need; and has physical symptoms (it does not cover clients with only a mental, behavioral, or emotional condition, or a delay in development) (DSHS n.d.[a]).

[8] Families can apply for *CHIP* and *Medicaid* through www.chipmedicaid.com or www.YourTexasBenefits.com. The online application will alert applicants to missing information before submission.

Table II.3. Current *CHIP* Application Requirements and Procedures

Initial Application	Details
Form	
Joint Application with Medicaid	Yes
Length of Joint Application	8 pages: 2 pages of instructions, 5 pages of application, 1 page of legal information and signature
Languages	English and Spanish
Verification Requirements	
Age	Yes – self-declared
Income	Documentation required and administratively verified
Deductions	Documentation required
Assets	Yes – self-declared
State Residency	Yes – self-declared
Immigration Status	Documentation required and administratively verified
Social Security Number	Yes – self-declared and administratively verified (documentation only required if number is found to be invalid)
Enrollment Procedures	
In-Person Interview	No
Express Lane Eligibility	No
Mail-In Application	Yes
Telephone Application	Yes – applicants can also submit applications by fax
Online Application	Yes
Hotline	Yes
Outstationed Application Assistors	Yes
Community-Based Enrollment	No, centralized enrollment

Sources: HHSC 2011a, 2011b.

Different entities process the short- and long-form applications and determine eligibility for *CHIP* and *Children's Medicaid,* and the enrollment process is different for the two programs. MAXIMUS receives and processes submissions of the short-form application and conducts a Medicaid screen and eligibility review for *CHIP*. HHSC receives and processes submissions of the long-form application and conducts eligibility review for *Children's Medicaid.* Enrollment in *CHIP* is prospective, taking place only after payment of the enrollment fee. After children are determined eligible for *Children's Medicaid,* they are enrolled and receive retroactive coverage for three months from the date of application if requested and there are unpaid Medicaid reimbursable medical bills for any of those months.

After receiving the short-form application, MAXIMUS has eight business days to initiate action on a new application—that is, to begin the verification process or send the family a missing information letter—and eight business days to process missing information after receipt.[9] When the application is complete, household income is electronically verified using an automated verification system known as Data Broker. Families self-declare their assets, but Data Broker can also be used to check the integrity of the self-declaration. After MAXIMUS verifies *CHIP* eligibility, it initiates the

[9] If an individual appears eligible for *Children's Medicaid,* MAXIMUS will electronically transmit the application and verifications to HHSC, where an employee makes the final eligibility determination. If eligible, the information is transmitted electronically back to MAXIMUS for the enrollment process to begin. Similarly, if HHSC receives a long-form application and determines the applicant is eligible for *CHIP*, HHSC electronically transmits the information to MAXIMUS to initiate enrollment (HHSC has already determined eligibility).

enrollment process by sending out enrollment packets, which include information on the enrollment fee, the value-added services that each health plan offers, and information on accessing the *CHIP* provider network directories online. At the same time, MAXIMUS electronically verifies citizenship through SSA. If a person's citizenship cannot be verified electronically through SSA, MAXIMUS requests additional documentation. If documentation is not provided within a reasonable timeframe, the individual will not be able to complete *CHIP* enrollment.

Eligible children cannot be enrolled in *CHIP* until the enrollment fee is paid or waived, if applicable.[10] Families have 90 days from the time they receive their enrollment packet to pay the enrollment fee, if required, which they can do online or by check; families who do not make the payment on time are required to reapply. During the enrollment process, families are asked to select a health plan, a primary care provider (PCP), and beginning in 2012 a dental plan. If a family does not select a plan within 30 days of receiving the enrollment packet (15 in the *CHIP* perinatal program), MAXIMUS makes an automatic assignment.[11] Auto-assignment matches the current distribution of health plans within a service area. For example, if 50 percent of families choose a particular health plan within a service area, then 50 percent of the auto-assignments will also go to that health plan. When new plans enter a service area, as is the case with the dental plans, the enrollment broker assigns families who did not select a health or dental plan to one of the nonincumbent plans. If a family does not select a PCP when it picks a plan, the health plan will make an automatic assignment of a provider. After the enrollment fee is received, and a health and dental plan selected or assigned, MAXIMUS sends the family a confirmation letter with an enrollment start date and insurance card. If the enrollment process is completed, including submission of documents and the enrollment fee, before a mid-month cutoff date, *CHIP* coverage begins the first day of the subsequent month. Otherwise, coverage begins on the first of the following month.

Currently, eligibility for *CHIP* and *Children's Medicaid* is determined through two different systems. The systems have an impact on each other because children who are eligible for *CHIP* can move between programs as family income fluctuates. MAXIMUS conducts *CHIP* eligibility determinations using its own system, and the state conducts eligibility determination for *Children's Medicaid* and other HHSC benefits programs using TIERS, a single integrated system.[12] HHSC plans to migrate all *CHIP* cases into TIERS by September 2013; from that point forward, all *CHIP* eligibility functions will be performed in TIERS by state staff.

[10] MAXIMUS determines when the fee is waived, most often when the family has already met the cost-share obligation or is able to demonstrate substantial need.

[11] Members can change their health plan in the first 90 days without penalty and can change one additional time for due cause. For health plans, the auto-assignment process matches the current distribution of health plan selections within the service area. For example, if 50 percent of families choose a particular health plan within a service area, then 50 percent of the auto-assignments will also go to that health plan. In order to even out enrollment when new plans enter a service area, as is the case with the dental plans, the enrollment broker assigns families who did not select a health or dental plan to one of the non-incumbent plans.

[12] TIERS replaced several outdated systems, beginning in June 2003, including the 30-year-old System of Application, Verification, Eligibility, Referral, and Reporting system (SAVERR). After initial challenges with the development and statewide rollout of TIERS, it is currently stable, and state staff expect the transition of *CHIP* to the TIERS system to be smooth.

Focus Group Findings: Eligibility and Enrollment

Enrolling in CHIP is relatively easy, according to most parents participating in focus groups. Several parents said they completed the paperwork online, but most used mail or fax to enroll. One parent reported enrolling in *CHIP* through a health center.

- *I applied online and just faxed everything and it was easy. (Spanish)*
- *I don't have any problems either. I simply send everything in and haven't had any problems to date. (Spanish)*
- *I always do everything by telephone and fax.*
- *The lady at the clinic filled it [the application] out on her computer then she printed it and faxed it over with all of my paperwork.*

Although parents found the application process itself relatively easy, several said they preferred to complete the application with assistance to be sure that all of the information was entered correctly and that the paperwork would not get lost. Lost paperwork and delays in eligibility determination were issues parents raised.

- *I always like to get help from the lady at the center [community center] so I know everything is done right. (Spanish)*
- *Sometimes when you send it in the mail, it gets lost … now I always call the day after I fax to make sure it got there. (Spanish)*
- *I feel more secure handing it in because I can see it. If I send it, sometimes it doesn't get there. (Spanish)*
- *Two times I mailed papers for renewal, and two times they told me that the papers did not arrive. (Spanish)*
- *Sometimes they do receive the papers, but the [computer] system keeps sending out notices that the paper hasn't arrived. When you call, they say it is there, but the papers keep coming. (Spanish)*
- *I called 2-1-1 … to check the status of my applications … They lost it…. Mine was a long process. At the time, my baby was in the hospital. I applied for it before I had him and we didn't get … until the day he got out of the hospital … we were in the hospital for over six weeks.*

In general, parents found choosing a health plan challenging and the enrollment packet overwhelming. They also reported waiting a long time to receive their health plan cards or mix-ups in PCP assignments after enrolling.

- *Once you are approved, they send you a very big envelope that has a lot of magazines and you choose what you want for the dental, and all that.*
- *I called them twice … before I got the card. I got an email telling me to select a plan and I did that. Then I get the cards and then the cards have the wrong plan. I called them to change it so it took another couple of weeks to get the right cards.* [Several people agreed with this comment.]
- *I applied in January … was approved in February, the health card came in March, and I got the dental card in June.*
- *I picked a doctor and they changed it … they send me a card with a different doctor on it. I don't even know who this is. I called them and told them and they didn't change it. I just go to his doctor and they see him.* Several people said this was also true for them.

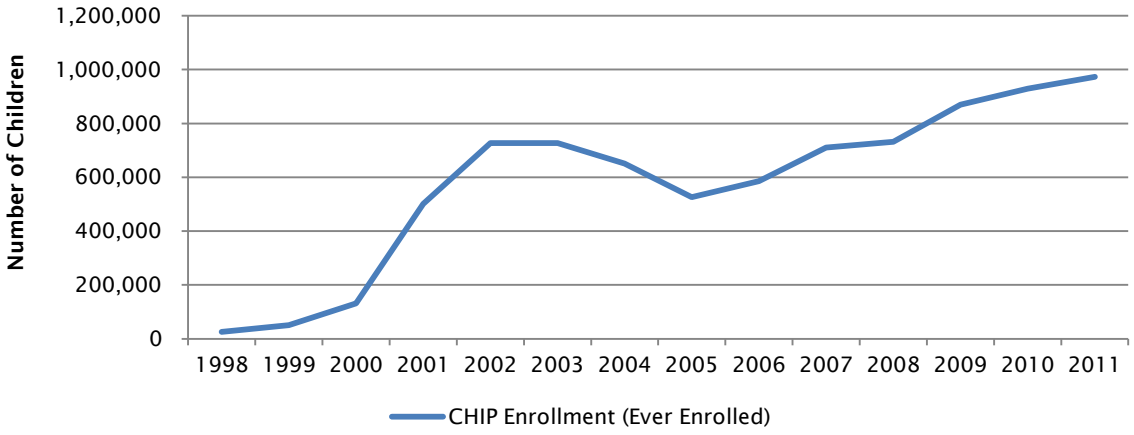
C. Enrollment Trends

CHIP enrollment grew slowly during the program's early years from 1998 to 2000.[13] Figure II.1 shows the number of children ever enrolled in Texas' M-CHIP and S-CHIP programs from Federal fiscal years (FFYs) 1998 through 2002 and S-CHIP program from FFYs 1998 through 2011. After Texas implemented its separate CHIP program in 2000, which included several simplified enrollment policies, enrollment grew sharply to 727,000 and plateaued in 2002 and 2003. In response to budget cuts in 2003, the state initiated a number of eligibility and enrollment policy restrictions (such as reducing continuous eligibility from 12 to 6 months), which led to a 28 percent decrease in enrollment (to 526,000) through 2005. As those restrictions were rolled back, enrollment

[13] From 1998 to 2002, Texas' CHIP included a Medicaid expansion CHIP while the State designed its separate program.

began to grow slowly, but it did not fully recover until 2008, when it once again topped 730,000. Since 2007, enrollment has climbed fairly steadily.

Figure II.1. Enrollment in Texas *CHIP*, FFYs 1998–2011



Source: CMS 2011(a).

Note: Data for 1998–2002 include both S-CHIP and M-CHIP.

In January 2006, in efforts to carry out a legislative mandate to improve cost effectiveness, HHSC implemented a two-county pilot that lasted only 5 months in which it outsourced certain eligibility and enrollment support functions for *CHIP*, Medicaid, TANF, and SNAP to a private contractor (HHSC 2007; Center for Public Policy Priorities 2006). HHSC's monitored the pilot closely and identified a number of issues with application processing, leading HHSC to suspend the pilot indefinitely in May 2006 (HHSC 2007). MAXIMUS has been the state's administrative contractor since October 2007.[14]

D. Renewal

Renewal processes for Texas' *CHIP* and *Children's Medicaid* programs are nearly identical (Table II.4). Both programs require active renewal, neither uses ex parte or rolling renewal, both use the same form as the application, and both send preprinted/populated forms to families. Both programs allow families to submit renewal forms by mail, telephone, fax, or online.[15] Income documentation is required (and administratively verified), and some children might be required to show immigration documentation. Table II.4 shows Texas' renewal procedures.

[14] Texas is currently in the process of reprocuring the contract for the State's enrollment broker. Proposals were due July 3, 2012.

[15] *CHIP* families are able to renew online at either the www.chipmedicaid.com or www.YourTexasBenefits.com websites. *Children's Medicaid* families must renew through www.YourTexasBenefits.com; HHSC will transition all *CHIP* applications and renewals to the www.YourTexasBenefits.com website by September 2013.

Table II.4. Renewal Procedures in Texas *CHIP* and *Children's Medicaid*

	CHIP	*Children's Medicaid*
Passive/Active	Active	Active
Ex Parte	No	No
Rolling Renewal	No	No
Same Form as Application	Yes	Yes
Preprinted/Populated Form	Yes: preprinted forms sent 3 months in advance	Yes: preprinted forms sent 2 months in advance
Mail-In or Online Redetermination	Yes: can submit by mail, online, telephone, or fax	Yes: can submit by mail, online, telephone, or fax
Income Verification Required	Documentation required with administrative verification	Documentation required with administrative verification
Administrative Verification of Income	Yes – additional documentation might be required	Yes – additional documentation might be required
Other Verification Required	Other documentation (including immigration documents) might be requested	Other documentation (including immigration documents) might be requested

Sources: HHSC 2011a, 2011b.

In *CHIP*, the prepopulated renewal forms are sent in the ninth month of enrollment; in *Children's Medicaid*, the forms are sent two months before the renewal date (during the fourth month of enrollment). MAXIMUS sends the forms to *CHIP* families and the clients are responsible for marking any changes and submitting the requested documentation. Income documentation is requested from all clients and is administratively verified using the Data Broker system. If information is missing, families are given reasonable notice to supply further documentation before an eligibility determination is made. When the eligibility determination is complete, MAXIMUS starts the enrollment process, mailing the family a packet with information about the enrollment fee payment (if required), health plan and PCP selection changes (if desired), and verifying immigration (if needed).

If a family does not submit the renewal application in a timely manner, MAXIMUS sends reminder notices during the 10th, 11th, and 12th months of enrollment. If the renewal process is not completed by the cutoff of the 13th month (or month after the original certification), the family receives a disenrollment letter alerting it of the termination of *CHIP* benefits.[16] If the renewal has been processed and determined eligible but the household has not paid the enrollment fee, enrollment is extended one month. If the enrollment fee remains unpaid, the application is suspended for up to 3 months. If the enrollment fee is paid during this time, the child may experience a gap in coverage as a result of the delay, but the application would still be considered a renewal and not a new application. If the enrollment fee were not to be paid during this time, the family has to reapply to the program, and it will be considered a new application for the program (not a renewal).

Because continuous eligibility is six months in *Children's Medicaid,* families do not receive as many reminders. Families receive the renewal application two months before the renewal date. If the family does not submit the renewal form, it is sent one reminder notice before disenrollment. Depending on when the renewal application is submitted, the child might have a gap in his or her

[16] The cutoff date varies by month, but it is generally during the second or third week of the month.

managed care coverage (but can obtain services under fee-for-service) or might experience a complete break in coverage.

Although children of migrant and seasonal farm workers in Texas have been eligible for *CHIP* and *Children's Medicaid* (based on the same eligibility criteria as other children), until recently their coverage ended while they were out of state, and families had to reenroll when they returned. Through the recently established Texas Migrant Care Network, an out-of-state portability program, families can maintain their Texas benefits and receive services while out of state. The Texas Association of Community Health Centers (TACHC) recruited and assisted out-of-state providers, typically Federally qualified health centers (FQHCs) that already provided emergency services to migrant families, to enroll as Texas Medicaid providers. This increases retention by limiting the structural need for children to churn in and out of the program, and promotes early access to services among migrant families who might otherwise wait to seek treatment while out of state. The program is currently available only to children in *Children's Medicaid*, but TACHC hopes that it will expand to the *CHIP* population soon.

Focus Group Findings: Redetermination

Parents reported knowing when they needed to renew their coverage and that they received information about renewal with enough time to submit the paperwork. A few reported that the renewal packet they received came with barcode stickers to help track their paperwork, which was useful.

- *We get the paperwork in the mail with 45 days time and it always comes in both English and Spanish.*
- *It is easy—they send a reminder, you send the paper and it's done.*
- *This last time I renewed, they sent stickers and you put them on the information they are requesting. Maybe this is so they don't get lost … before they used to write your name and case number on your papers, but now you put the stickers on … if you are sending paystubs or something, you just put them on.*

E. Discussion

According to an analysis of data from the 2008 American Community Survey, three states account for 40 percent of the 4.3 million eligible but uninsured children in the nation (Kenney et al 2011). Texas accounted for the highest share of eligible but uninsured children (an estimated 693,000) in the United States in 2009 and its 77.1 percent participation rate is in the lowest quintile of state-level participation in Medicaid/CHIP. In order to reach the state's large eligible but uninsured population, child and family advocates in Texas have proposed additional simplification of eligibility and enrollment policies, including policies that would make Texas eligible to receive a CHIPRA performance bonus. To be eligible, states must adopt at least five (out of eight possible) measures for simplifying CHIP and Medicaid enrollment.[17] Texas currently meets three of the simplification measures (no face-to-face interview requirement, joint application, and 12-month continuous coverage in *CHIP* only). Key informants reported that the state considered policy changes in order to qualify for a CHIPRA performance bonus, such as Express Lane Eligibility, but the decision was made that the cost of implementing such changes would outweigh the potential amount available through the bonus. Implementing Express Lane Eligibility, 12-month continuous

[17] The eight bonus potential simplifications are 12-month continuous coverage, no asset test, no face-to-face interview requirement, joint application and same information verification process for Medicaid and CHIP, administrative renewals, presumptive eligibility, Express Lane Eligibility, and a premium assistance option.

eligibility in *Children's Medicaid*, or administrative renewal could help Texas reduce its eligible but not enrolled population.

Outside of the CHIPRA performance bonus simplifications, Texas has made efforts to simplify eligibility, enrollment, and renewal processes while maintaining program integrity. For example, some key informants reported that families, particularly those with self-employed members, struggle to produce the required income documentation. Lessening the documentation burden for families (such as permitting self-attestation, as some other states have done) could increase program participation; however, the state is also concerned about maintaining program integrity and ensuring that public programs serve families with the greatest needs.

As in many other states with separate data systems for CHIP and Medicaid, Texas plans to move to an integrated system in September 2013. Moving *CHIP* eligibility processing and caseload management into TIERS should help streamline and simplify the eligibility determination process and create administrative simplifications for children moving between the two programs.

Texas is one of four states requiring an asset test in CHIP.[18] Effective January 1, 2014, the Affordable Care Act will eliminate income disregards, asset tests, and resource tests for CHIP. Texas currently applies both an income disregard (for child care expenses) and an asset test to children from families with net incomes above 150 percent of the FPL in *CHIP*. HHSC data for FFY 2011 indicate that less than one percent of children were ineligible for *CHIP* due to family assets (HHSC Financial Services. Unpublished data on *CHIP* denial details. Personal communication, June 11, 2012).

[18] As of FFY 2010, Arkansas, Missouri, South Carolina, and Texas were the only States requiring an asset test in CHIP (Hoag et al. 2011).

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III. OUTREACH

The state maintains a relatively robust outreach strategy that includes a state-directed outreach campaign and grants to community-based providers and organizations to provide outreach and enrollment assistance. CHIPRA outreach grantees and other organizations also support a number of innovative outreach campaigns in Texas. *CHIP*'s original launch was accompanied by a large state-funded outreach campaign, but in 2003, state funding for outreach, along with other program cutbacks, was reduced. Due to concerns about large drops in enrollment and a more stable budget situation, HHSC began reinvesting in its state outreach campaign in 2006. Since then, the state has had stable funding for a two-pronged outreach campaign consisting of a statewide *CHIP*/*Children's Medicaid* media campaign and a community-based outreach program.

HHSC's statewide multimedia campaign includes development of traditional print advertisements and brochures, television commercials, and radio public service announcements, as well as online advertising and use of social media. Most of its $2 million budget is spent on two major media campaigns per year, the first in May before the school year ends and the second in August, a back-to-school campaign. The state develops media advertisements in English and Spanish that primarily target females ages 18 to 45 in the *CHIP* and *Children's Medicaid* income levels. The primary message of the advertisements is that children's health care coverage is inexpensive: $50 or less a year covers all kids in one family. They also stress the importance of prevention, the value families receive from the program, and the peace of mind that coverage for children can provide parents. HHSC purchases advertising time for its television commercials and radio public service announcements in the state's six major markets (Dallas-Fort Worth, Austin, San Antonio, El Paso, Houston, and the Rio Grande Valley) and several smaller markets (for example, Corpus Christi, Laredo, Temple, and Waco). HHSC makes its brochures and print materials available to community organizations and purchases online advertising, billboards, and transit ads such as bus station benches.

HHSC oversees the state's community outreach program, which has provided grants to community-based organizations to provide education and *CHIP* application assistance to families. In recent years, the state has funded numerous organizations across the state (28 in the most recent procurement)—including faith-based groups, councils of government, low-income health clinics, and food banks—to conduct outreach to potentially eligible families in their offices, at health fairs, and other natural points of contact. HHSC provides training to its grantees to assist families with the initial application and at renewal. Each month, HHSC sends its grantees a list of members in the grantees' service areas due for renewal to contact and assist with the renewal process. Key informants reported that grantees' ability to follow up with clients in this manner has been successful in helping families renew coverage. HHSC has regional outreach coordinators to help coordinate local outreach efforts with statewide campaigns (such as use of consistent back-to-school messages during the late summer); disseminate *CHIP* and *Children's Medicaid* program updates (such as the recent *Children's Medicaid* managed care expansions in rural areas); and convene the regional advisory committees to build ties to, schools, providers, and community partners such as local CHIP coalitions.

The state has transitioned its community outreach from the grants program to a new Community Partners program. Instead of providing grants to community organizations, HHSC aims to fund individual organizations on a statewide basis that can help recruit a larger number and broader types of community organizations and entities to help families navigate the application process and apply for benefits directly through the www.yourtexasbenefits.com website. Interested

organizations and volunteers submit a navigator agreement request to the state and then complete a nine-module training program online. Application assistance navigators can help families submit a *CHIP* and *Children's Medicaid* application online, but do not have the ability to access the account after the individual logs out. Case management navigators, however, sign a memorandum of understanding and undergo additional training to provide a higher level of assistance to families. With consent from the family, case management navigators have access to look up that family's account to check the status of the application or interview. The state completed three pilot phases with a select number of organizations in various regions of the state and is moving ahead with statewide implementation, with a longer-term potential to engage thousands of entities across the state as partners. As of March 2013, the state has 73 partners and 160 organizations soon to become partners.

HHSC is also introducing a program to increase access to application assistance by making self-service computer stations and an HHSC staff member available in HHSC office lobbies. After piloting the program in five HHSC offices in Austin, the state has expanded its efforts. As of March 2013, more than half of HHSC office lobbies have computer stations, with plans to have 249 installed by June 2013. HHSC also posts out-stationed eligibility workers (OEWs) throughout the state to assist with applications, eligibility determinations, and policy clarification. Approximately 350 OEWs are stationed at FQHCs and disproportionate share hospitals across the state. The OEWs can assist clients with all state benefit applications (including TANF, SNAP, Medicaid, and CHIP) and they have the authority to certify eligibility for Medicaid applications directly.

Four organizations in Texas have received Federal CHIPRA outreach grants totaling $3.25 million (two in FFY 2010 and two in FFY 2011) (CMS n.d.).

- In 2011, TACHC received $978,714 to lead a coalition of FQHCs in the lower Rio Grande Valley to assist with enrollment among Hispanic and migrant and seasonal farm worker families. The grant helped three local FQHCs hire application assistance workers and provide training sessions.
- The Community Council of Greater Dallas received $898,954 in 2011 to partner with WIC offices to conduct application assistance and to provide on-site outreach staff.
- In FFY 2010, the YMCA of Lubbock received $384,680 to use community-based outreach strategies to overcome language barriers in Hispanic enrollments and renewals.
- In the same year, the Texas Leadership Council received $988,177 to work with seven school districts in South and Southeast Texas to add a question on the school enrollment form about health insurance and to conduct personal follow-up with families to determine potential eligibility.

Other organizations play an active role in outreach and advocacy in Texas. The Texas CHIP Coalition is a long-standing and diverse group of partners that engages in public education and legislative advocacy to support *CHIP* and *Children's Medicaid*. Although Texas has strict regulations about the types and content of marketing and communication with families, risk-based managed care organizations (MCOs) can provide education to those already enrolled in their plans, or if an individual approaches them directly at outreach events, such as health fairs, community events, and back-to-school drives. Texas also has a rich network of *promotoras,* or grassroots lay health workers who provide basic education, guidance, and referral services in their communities. Stakeholders reported that *promotoras* are particularly effective in Hispanic communities. Among parents who participated in both the English- and Spanish-speaking focus groups, many noted that they

experienced lost paperwork and delays in eligibility determination and valued the one-on-one assistance they received during the application process to ensure the information and documentation requirements were completed properly. As the state moves away from grants for community-based application assistance, ensuring parents have access to navigators or other one-on-one assistance will be important.

Organizations that help families with applications and renewals reported some common challenges. Families with children with mixed immigration status often hesitate to apply for benefits for documented members for fear of negative consequences. Outreach organizations spend a lot of time reassuring parents that the information is not going to be shared with other agencies. They also try to prevent missing information letters and any other potential hold-up in the process by going above and beyond the eligibility requirements. For example, they try to have their clients report a full month's worth of income rather than providing only one pay stub. Key informants appreciated that the application forms were simplified, but noted that they are revised frequently. Although some of these revisions result from Federal or state-required changes, the changes can be confusing for families and the staff assisting them. Discrepancies in the way double last names are recorded in various data systems also create challenges tracking applications.

Focus Group Findings: Outreach

Parents reported hearing about *CHIP* from a variety of sources. Several were not aware of *CHIP* until they applied to Medicaid and were determined eligible for *CHIP* instead. Some heard about the program through television commercials; others heard about it when receiving assistance from *promotoras* or other community-based organizations.

- *On the television you hear a lot about the CHIP program so people know that there is insurance for children who don't qualify for Medicaid.*
- *When I had my son I didn't have insurance for him and they told me I had to have a pediatrician before they discharged me from the hospital … I found a clinic and they helped me apply for everything.*

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IV. BENEFITS

HHSC benchmarked the *CHIP* benefits package to a commercial non-Medicaid plan, including basic health care benefits with a focus on primary health care needs. Although not as comprehensive as the *Children's Medicaid* benefits package required by Federal law (for example, *CHIP* does not include the same early periodic screening, diagnosis, and treatment (EPSDT) services and prenatal care and pre-pregnancy family services as does *Children's Medicaid,* and *CHIP* includes caps on dental services and other 12-month period limits), most key informants, including parents, reported that the benefits offered through *CHIP* are fairly comprehensive and akin to benefits offered through commercial insurance. *CHIP* currently covers a broad range of benefits, including preventive services, prenatal care, dental and vision care, prescription drugs, basic mental health and substance use treatment, hospitalizations, prescription drugs, and emergency care. HHSC sets the minimum *CHIP* benefits package, and risk-based MCOs have flexibility to design and administer their own benefits packages. Despite this flexibility, stakeholders reported minimal differences in the *CHIP* benefits packages the risk-based plans offer. Table IV.1 summarizes the *CHIP* benefits package in Texas.

Since the last Texas case study for the previous CHIP evaluation, two major events have affected benefits: budget cuts in 2003 and passage of CHIPRA. In September 2003, dental, vision, and other benefits (for example, skilled nursing facilities and hospice care) were eliminated entirely and limits on behavioral health benefits were put in place. On September 1, 2005, the state restored vision care and the medical benefits that had been eliminated in 2003. Currently, the only limits in the medical benefits package affect durable medical equipment ($20,000 per year), skilled nursing facilities, and hospice care. Vision care includes one eye examination and one pair of eyewear per 12-month period.

In September 2005, the state also restored behavioral health services. It increased the maximum coverage limits, but did not remove them until March 1, 2011, when Texas implemented changes to achieve mental health parity, a CHIPRA requirement. To implement these changes while remaining budget neutral, the state made concomitant cost-sharing increases in 2011 (described in Section VI). Stakeholders reported that very few children reached the caps; thus, it made more sense to eliminate the behavioral health caps than to implement similar limits on medical benefits to ensure parity in coverage across the two types of services.

Table IV.1. Benefits in Texas *CHIP*

	Texas *CHIP*
Medical	Inpatient and outpatient services; clinical services and other ambulatory health care services; prescription drugs; laboratory and radiological services; prenatal care and prepregnancy family services and supplies; durable medical equipment; nursing care services; case management services; physical and occupational therapy; vision, chiropractic, and hospice care Medical coverage has no lifetime limits
Behavioral Health	Inpatient and outpatient mental health services, inpatient and outpatient substance abuse treatment services All limits were lifted to comply with CHIPRA
Dental	Diagnostic, preventive, restorative, endodontic, periodontic, prosthodontic, oral and maxillofacial, orthodontics, and emergency dental services[a] Covered services are subject to dental necessity requirements; the dental benefit covers up to $564 per CHIP member in a 12-month coverage period; preventive services, other medically necessary services approved through a prior authorization process, and emergency dental services are excluded from the $564 annual benefit maximum. Orthodontic services are limited to pre- and post-surgical orthodontic services to treat craniofacial anomalies requiring surgical intervention and are paid for through the health plan and not dental plan.

Source: HHSC 2011b.

[a] Diagnostic and preventive services must follow the 2009 American Academy of Pediatric Dentistry periodicity schedule.

CHIP dental benefits were reinstituted as of April 1, 2006, but through a three-tier system with service caps. Benefit levels increased in each subsequent tier, and individuals could move up tiers by renewing coverage on time. Nearly all stakeholders described the tiered benefits system as confusing and administratively complex. In response to the CHIPRA dental mandate, Texas eliminated the tiered system and initiated a choice of risk-based dental plans throughout the state, effective March 1, 2012. The dental benefit continues to have a $564 cap per CHIP member per 12-month period, and dental plans are able to approve additional services deemed medically necessary. Some stakeholders expressed concerns that parents whose children reach the dental benefits cap might leave nonurgent issues untreated until the following year, which could exacerbate the problem or lead to more costly treatments.

Focus Group Findings: Benefits

Parents were satisfied with *CHIP* benefits. Three parents had private insurance coverage before and thought *CHIP* benefits were better than those offered under private coverage. One person mentioned reaching the annual cap for dental benefits.

- *I was paying $266 a month just for [my son] and that didn't include dental or vision … and there was a $2,000 deductible [with private insurance]…. [With CHIP,] more is covered and it is affordable.*
- *Everything you need is covered.*
- *For dental … you get covered for visiting twice, after that you have to pay yourself.*

V. SERVICE DELIVERY, QUALITY, AND ACCESS TO CARE

Public insurance programs aim to get and keep children enrolled, ensure that clients are able to access the services they need, and provide access to high quality services. This section reviews three related topics: service delivery, quality, and access to care.

A. Service Delivery

Although the state's *CHIP* program has operated exclusively through a risk-based managed care delivery system since the program began, Texas has gradually expanded risk-based managed care for its *Children's Medicaid* program over the past two decades in response to legislative mandates to provide Medicaid services through the most cost-effective models. In recent years, HHSC has actively tried to increase the availability of health and dental plan choice for all *CHIP* and *Children's Medicaid* enrollees. Plans are responsible for covering all medical, behavioral, pharmacy, and vision services included in *CHIP* and/or *Children's Medicaid* benefits packages.[19] Dental care remains carved out for both *CHIP* and *Children's Medicaid*. Because *CHIP* operates like a commercial insurance product (for example, being administered through MCOs and requiring cost-sharing from members), it receives fairly broad public and legislative support. State officials reported that *CHIP's* service delivery model was easier to administer than a fee-for-service program because the health plans are responsible for many administrative functions, such as building an adequate network and overseeing provider payments. Stakeholders also believed the risk-based managed care delivery system benefitted clients by offering better care coordination and case management. Table V.1 summarizes how Texas provides medical, behavioral, and dental health care in *CHIP* and *Children's Medicaid*.

Table V.1. Service Delivery Arrangements in *CHIP* and *Children's Medicaid*

	CHIP	*Children's Medicaid*
Managed Care Contracting	Yes, mandatory for all	Mandatory managed care except for members of Federally recognized Indian tribes, unaccompanied refugee minors, and children enrolled in the Department of State Health Services Children with Special Health Care Needs program
Number of Plans Serving Program	17, all overlap with *Medicaid* but are not identical in every area	17, all overlap with *CHIP* but are not identical in every area
Services Plans Are Responsible for	Medical, behavioral, pharmacy, vision	Medical, behavioral, pharmacy, vision
How Are Mental Health and Substance Abuse Services Provided?	Through the same health plans	Through the same health plans
How Are Dental Services Provided?	State carves out dental to two separate managed care dental plans, all of which are statewide and overlap with *Medicaid*	State carves out dental to two separate managed care dental plans, all of which are statewide and overlap with *CHIP*

[19] Behavioral health services are carved in to the *CHIP* and *Children's Medicaid* health plans. The one exception to the carve-in is within the Medicaid program in and around Dallas/Fort Worth. Through a Medicaid 1915(b) waiver, behavioral health services for *Children's Medicaid* are carved out to NorthSTAR, a publicly funded behavioral health program serving medically indigent and most Medicaid recipients within the region.

The 254 counties in Texas are organized into 10 service areas, 9 of which include major population centers and the surrounding counties. The 10th service area, the rural service area (RSA), includes all 170 remaining counties. Currently, the same 17 risk-based managed care plans operate *CHIP* and *Children's Medicaid* plans in Texas, although the regions in which they operate vary between the two programs. HHSC does a statewide procurement for Medicaid and *CHIP*, and potential MCOs bid on specific service areas. None of the health plans are statewide, although several operate in multiple service areas. Four health plans represented 62 percent of the overall *CHIP* market in July 2012: Superior HealthPlan, Texas Children's Health Plan, Amerigroup, and Molina Healthcare (HHSC 2012a). MCOs represent for-profit and not-for-profit organizations, based locally and nationally, and include some that are part of an integrated health system or sponsored by a local health care district. Because *CHIP* health plans offer similar benefits packages, they reported competing on other value-added services, such as their community outreach, provider networks, member service offerings, and provider and member satisfaction.

CHIP and *Children's Medicaid* health plans receive five-year contracts, with up to three additional option years. The most recent reprocurement process began in 2010, and the new contracts took effect on March 1, 2012. Part of the new reprocurement was the requirement for *CHIP* health plan choice in all areas of the state (previously, only one health plan had covered the RSA, and now that area includes two plans). The reprocurement resulted in the addition of several new risk-based MCOs to *CHIP;* several existing MCOs expanded coverage to additional service areas. MCOs receive a per member, per month rate from the state, which varies by plan, age, and geographic area.[20] Because MCOs bear the full risk, they have flexibility in negotiating provider payment rates. In general, stakeholders reported that providers receive comparable reimbursement for *CHIP* and *Children's Medicaid* services, but that MCOs sometimes negotiated higher rates to attract providers.

In March 2012, the state implemented several major changes to the *Children's Medicaid* program and to a lesser extent *CHIP:* expansion of risk-based managed care in *Children's Medicaid* to rural areas*,* administration of dental benefits in *Children's Medicaid* through risk-based managed care, and carve-in of the prescription drug benefit into risk-based managed care for both *CHIP* and *Children's Medicaid*. Since the 1990s, *Children's Medicaid* operated through a combination of fee-for-service and pilot managed care programs that included both primary care case management and risk-based managed care.[21] Many service areas adopted managed care during the 2000s, but legislation exempted certain rural counties from risk-based Medicaid managed care. During the 2011 legislative session, however, the state legislature passed Senate Bill 7, which lifted the moratorium on managed care in previously excluded areas and mandated a statewide expansion of managed care as a cost-saving measure (Dunkelberg 2011). State officials also reported hoping that a managed care system would improve children's health outcomes. Although managed care in *Children's Medicaid* expanded on March 1, 2012, children living in long-term care or skilled nursing facilities remain in fee for service.

[20] The average 2012 *CHIP* per member, per month rate across the plans serving the nine service areas is $104 for children ages 1 to 5, $72 for children ages 6 to 14, and $99 for adolescents ages 15 to 18 (HHSC 2012d).

[21] The State of Texas Access Reform (STAR) Program is the Texas Medicaid risk-based managed care program. Up until March 2012, STAR (and related STAR+PLUS, which integrates acute care and long-term services and supports for clients with disabilities or dually eligible for Medicare and Medicaid, and is voluntary for children who receive Supplemental Security Income) risk-based managed care operated in nine of the State's service areas, and primary care case management operated in the remaining counties, which were primarily rural.

The state also carved the pharmacy benefit in to *CHIP* and *Children's Medicaid* managed care as a cost-saving measure in March 2012. Pharmacy services had previously been operated through a state-operated vendor drug program, with statewide reimbursement rates and dispensing fees. Pharmacies now contract and negotiate reimbursement rates directly with pharmacy benefit managers (PBMs). Instead of working with one entity (the state), pharmacies have to follow each PBM's procedures for submitting claims and requests for prior authorizations (for example, for drugs not on the Medicaid preferred drug list) for as many PBMs that operate in their service area (two to four). HHSC indicated that pharmacies now receive greater reimbursement for ingredient costs but lower dispensing fees. One major concern raised to HHSC was that chain pharmacies are better equipped than independent pharmacies to absorb lower dispensing fees and handle the greater administrative burden of dealing with multiple payers, putting independent pharmacies at more risk of going out of business, particularly those serving high volumes of Medicaid patients. HHSC indicated its priority is ensuring access to medication from any source, whether it is an independent or large chain pharmacy. However, it is currently monitoring the transition to ensure consumer needs are met and pharmacies receive payment.

Dental services remain the one carve-out from the *CHIP* and *Children's Medicaid* health plans. Until March 1, 2012, Delta Dental was the only dental risk-based managed care plan available for children in *CHIP,* and services in *Children's Medicaid* were fee for service. Between March and December 2012, children enrolled in *CHIP* and *Children's Medicaid* across the state had the same three dental risk-based managed care plan options: Delta Dental, MCNA Dental, and DentaQuest. As of December 1, 2012, children receive services through DentaQuest or MCNA Dental.[22]

Focus Group Findings: Service Delivery

Among parents with children currently enrolled in *CHIP*, several reported gaps in their children's coverage. During these times, they sought care at clinics or at their regular doctors. Most reported that it was not difficult to find a doctor when their children did not have insurance, but paying for services was a challenge. Several discussed using over-the-counter medications rather than taking their children to the doctor, or going to Mexico, where costs for care are lower.

- *When she had allergy problems, I paid $250 just for a visit and then the medicine was like $80.*
- *We can see doctors in the clinic … but we have to pay out of pocket … that is difficult because sometimes you don't have … you don't go unless it is absolutely necessary.*
- *If it is not that serious, I self-medicate.*
- *What a lot of us do is go to Mexico … there it can be $3 for a visit.*

The expansion of risk-based managed care in *Children's Medicaid* has been challenging in rural areas, and several key informants indicated that providers, particularly dentists and independent pharmacists, resisted the transition. Texas historically resisted managed care until the potential for cost savings in the state budget became sufficiently compelling. Some advocates expressed concerns that having to select a health plan for the first time was a confusing process for parents and that lapses in coverage might occur among those unaware of the changes or uncertain about how to select a plan.

[22] HHSC announced in September that HHSC and Delta Dental agreed to end Delta Dental's contract to provide *Children's Medicaid* and *CHIP* dental services on November 30, 2012.

In addition to the potential for improving care and reducing costs, the state indicated that it expected the expansion of risk-based managed care in *Children's Medicaid* to help improve oversight of providers. Several key informants noted that substantially higher utilization rates among some providers in select areas of the state raised concern about the lack of oversight and the lack of consistency in the use of effective therapies that might reduce utilization. The HHSC Office of the Inspector General is also conducting ongoing investigations into certain providers in an effort to uncover waste, fraud, and abuse within the system.

B. Quality

HHSC conducts a number of managed care quality monitoring efforts in *CHIP* and *Children's Medicaid*.[23] In order to meet Federal requirements for external quality review, Texas contracts with the Institute for Child Health Policy (ICHP) at the University of Florida as its external quality review organization (EQRO). HHSC also has an internal managed care operations team that works with the EQRO to assess the quality of care received by members. Often, HHSC will identify and pass along an issue to the EQRO for further study. The EQRO currently collects a number of Healthcare Effectiveness Data and Information Set (HEDIS®) measures for health and dental care quality monitoring. The EQRO reports on other program quality measurements, such as ambulatory care-sensitive conditions, case-mix adjusted experience rankings, and consumer survey results. To assess consumer satisfaction, the EQRO conducts a biennial Consumer Assessment of Healthcare Providers and Systems (CAHPS®) telephone survey of families with children enrolled in *CHIP*.

Texas requires all MCOs to develop and maintain a quality improvement program (QIP), to be approved by the state and that complies with Federal regulations. The EQRO conducts an annual evaluation of the QIPs. In conjunction with the EQRO evaluations, HHSC also requires MCOs to submit an annual quality assurance summary of activities and to complete a detailed administrative questionnaire to review overall performance and quality improvement activities required under their contracts. Although families select a PCP, providers have adopted patient-centered medical homes (PCMHs) to varying degrees. MCOs can include incentives for providers to meet standards for National Committee for Quality Assurance PCMH recognition. MCOs reported that it is easier to establish PCMHs in urban areas than in rural areas, where the number of members and providers are more limited.

In addition to establishing quality standards and performance goals in the risk-based *CHIP* and *Children' Medicaid* managed care contracts, HHSC implemented a Quality Challenge Award in March 2012. Up to 5 percent of each health and dental MCO's capitated payment (increased from one percent) can be withheld based on select performance measures. Funds withheld from MCOs that do not meet the performance measure goals are pooled and reallocated to MCOs that demonstrate superior performance on a separate set of performance indicators. For the first year of this quality improvement initiative, HHSC is focusing on administrative measures, such as paying claims on time, call timeliness, and adequacy of provider and pharmacy networks. Starting in the second year and forward, performance for the 5 percent withhold will be based on quality measures. In the future, HHSC will set the measures a few years in advance so that plans can focus their energies toward the appropriate measures.

[23] No quality monitoring efforts are conducted in Medicaid fee-for-service.

In its FFY 2010 CHIP Annual Report Template System (CARTS) report, Texas did not report on any of the voluntary CHIPRA quality measures (HHSC 2010).[24] In its FFY 2011 CARTS report, however, Texas reported on 12 of the 24 voluntary quality performance measures (HHSC 2011a). Texas does not currently participate in any CHIPRA quality grant demonstration programs.

In December 2011, CMS approved a Medicaid Section 1115 demonstration waiver to establish the Texas Health Care Transformation and Quality Improvement Program (CMS 2011[b]). It includes provisions that are expected to improve quality of care in Medicaid that might lead to similar *CHIP* quality improvements. The transformation waiver enables the state to expand risk-based managed care in Medicaid statewide (as described earlier), provides incentive payments for health care improvements, and directs more funding to hospitals that serve large numbers of the uninsured (CMS 2011[b]; Dunkelberg 2011; Kaiser Commission on Medicaid and the Uninsured 2011). The waiver establishes two funding pools that will defray providers' costs of uncompensated care (the uncompensated care pool) and create incentives for hospitals and other providers to develop programs or strategies to enhance access to health care, increase the quality and cost-effectiveness of care, and improve the health of the families served (the Delivery System Reform Incentive Payment).

C. Access to Care

Access to care across Texas, the largest state in the 48 contiguous United States, varies by geographic region and by specialty, with rural areas facing more access challenges than urban areas do. Key stakeholders indicated that access to primary care was generally good, and both the *CHIP* and *Children's Medicaid* programs met HHSC's Dashboard standards for well-child visits/well-care visits in all age groups from 2008 through 2010 (Institute for Child Health Policy 2012). Stakeholders reported limited numbers of certain pediatric specialty providers, particularly in rural areas, including neurology, gastroenterology, endocrinology, and orthopedics. Stakeholders did not report major differences in access to care between *CHIP* and *Children's Medicaid* due to the overlap between health and dental plans in the two programs. Most providers that participate in public insurance accept both programs, and the reimbursement rates across *CHIP* and *Children's Medicaid* are similar.[25]

All *CHIP* and *Children's Medicaid* health plans are required to have adequate provider participation within their networks, which includes ensuring that PCPs are located no more than 30 miles from any member (unless approved by the state). In general, members should not be required

[24] CMS asked States to begin reporting 24 CHIPRA quality measures voluntarily in the FFY 2010 CARTS report. No State reported all 24 measures; 16 States and the District of Columbia reported 10 or more measures, 15 States reported 5 to 9 measures, and 11 States reported 2 to 4 measures (Sebelius 2011). Texas was one of 8 States that did not report any measures. See Sebelius (2011) for more information.

[25] Current provider reimbursement rates and initiatives to increase medical and dental checkups are a result of a Federal lawsuit filed in 1993, *Frew v. Janek*, which alleged that Texas Medicaid failed to ensure access to check-ups and medically needed follow-up care (Center for Public Policy Priorities 2007, 2012). Although the settlement in 1995 required Texas Medicaid to substantially increase the number and proportion of children receiving all recommended check-ups through training, outreach, provider recruitment, and increased check-up fees, the plaintiff's attorneys filed a motion in 1998 that claimed Texas Medicaid was not living up to the terms of the agreement. After many years of appeals, in 2007, all parties agreed to the court-approved corrective action plans that included one-time increases in payments for medical and dental providers, special strategic initiatives, and other targeted service improvements for children.

to travel more than 75 miles to access within-network referral specialists, specialty hospitals, psychiatric hospitals, diagnostic and therapeutic services, and single-service health care physicians or providers. When building their networks, plans are required to reach out to FQHCs and rural health centers in the service area, so most plans' provider networks include traditional sources of care.[26] When contracts are bid, HHSC conducts a readiness review for each health plan to determine whether members of the plan would face any serious gaps in access and whether those gaps are due to network adequacy or more general access issues in the service area.

Key informants uniformly agree that acute access issues exist for behavioral and dental services for both *CHIP* and *Children's Medicaid*. In behavioral health, most attributed access issues to provider shortages, even in urban areas. Stakeholders reported that it can take six to eight weeks for a child to schedule routine psychiatric testing, even in private practices in urban areas. Wait times can be much longer at clinics dedicated to low-income and uninsured children. The limited number of bilingual behavioral health therapists and specialists is another major barrier for children whose only language is Spanish. Similarly, key stakeholders reported that a shortage of dentists in rural areas limits children's access. Bifurcation of dental providers between those who serve only families with private insurance and those who serve almost exclusively public insurance enrollees exacerbates access to dental care for children in *CHIP* and *Children's Medicaid*. Some counties might have only one dentist who accepts *CHIP* or *Children's Medicaid*.

One key factor in Texas' challenges with access, according to several key informants, is the difficulty of recruiting and retaining providers in rural areas of the state. Some recruitment efforts are ongoing, such as a program run by the TACHC that helps health centers fill vacancies with qualified candidates, but retention remains a critical problem. Stakeholders cited provider bias as a key barrier to participation in *CHIP* and *Children's Medicaid,* particularly in rural areas, where Medicaid is often viewed negatively as an entitlement program. One key informant speculated that because provider shortages are so common in rural areas, many providers do not have to accept *CHIP* or *Children's Medicaid* to generate enough business.

Stakeholders hoped that the transition to risk-based managed care in *Children's Medicaid* would increase access for all children. Health plans can be more flexible in negotiating rates than the state could be under a fee-for-service model. *CHIP* and *Children's Medicaid* rates tend to be very similar in Texas; rate increases in one program are typically felt in the other program as well. Some stakeholders reported that more providers are beginning to participate in public insurance programs in anticipation of full implementation of the Affordable Care Act in 2014.

In 2009, the Texas Department of Insurance began operating the Healthy Texas program, which provides affordable coverage options for eligible small business employers.[27] Private health

[26] CHIPRA required States to implement a prospective payment system for FQHCs and rural health centers by October 1, 2009. A prospective payment system establishes a provider's payment rate for a service before the service is delivered; the rate does not depend on the provider's actual costs or the amount charged for the service (CMS 2010). Texas is in compliance with this provision.

[27] In order to be eligible for Healthy Texas, businesses must employ from 2 to 50 workers for at least 30 hours a week; be located in Texas; have not provided health insurance within the past 12 months; verify that at least 30 percent of eligible employees are paid gross wages of no more than $33,150 annually; confirm that at least 60 percent of eligible employees will enroll in the program; pay at least 50 percent of the monthly health insurance premium; and offer coverage to dependents (Texas Department of Insurance n.d.).

plans provide the coverage and Texas uses a state-funded pool to cover a portion of the costs of claims. The state also funds TexHealth, four community-based not-for-profit organizations that operate a three-share health insurance program for eligible small businesses. The premium is split into three shares among the employer, the employee, and the community.[28] TexHealth does not offer coverage for dependents, but serves as a resource for low-income families, informing parents about the availability of *CHIP* and *Children's Medicaid*.

Texas also offers a County Indigent Health Care program, which is administered and funded locally by counties, hospital districts, and public hospitals (DSHS n.d.[b]). It offers health care services to residents who meet strict eligibility criteria. Participants must live in the county in which they apply for services, have resources under $2,000 ($3,000 when an aged or disabled relative lives in the home), and have a net monthly income below 21 percent of the FPL. Those who are on Medicaid or who are categorically eligible to receive Medicaid are ineligible for the program. Because the program is operated and funded at the local level, implementation varies by geographic area.

[28] In order to be eligible for TexHealth, businesses must employ from 2 to 50 workers; have not provided health insurance within the past 12 months; be a licensed business entity in one or more of the counties served by TexHealth; provide proof of employee grant eligibility through State Unemployment Tax Authority report, W-2, 1099, or other acceptable documentation; and 60 percent of all eligible employees must enroll in the plan. Employers and employees earning less than $33,510 per year are automatically eligible for a State grant that reduces the premium.

Focus Group Findings: Access and Quality

In order to find a PCP, parents reported using the provider list provided by *CHIP,* obtaining recommendations from friends, or selecting a provider they already knew, including the pediatrician who had seen their child since birth. However, others mentioned having to change doctors when they transitioned from private insurance to CHIP.

- *We've seen the same doctor since my son was born. He was the first one who touched him and we've seen him ever since.*
- *It was about convenience and who was close by. I called to see who was open late and on weekends. I called people on the list [from the health plan] and picked that way.*
- *With private insurance, you just make an appointment, that's it, but with CHIP, some don't take it.*
- *When I switched to CHIP, my doctor didn't take it so we had to switch.*

Most parents did not have trouble finding specialists or dentists; driving 45 minutes to an hour was considered normal travel time for seeing doctors (particularly specialists). Some expressed frustration at the amount of time it took to schedule an appointment or receive approvals to see a specialist. Others found it easy to schedule appointments but found the waits in the waiting room overly long.

- *The [primary care] doctors give you the name of the specialist to go to.*
- *They seem to have a good group of doctors that will see children. The wait is a while, but they are specialists, so … one of them was 6 months, one was 2–3 months.*
- From a parent with ESI: *It was the same as on Medicaid in finding regular doctors, but finding specialists is a lot more difficult.*
- *My son had to go see a specialist … an ENT [ear, nose, and throat specialist]… it took them at least two weeks to see if CHIP would cover it … they only approved three visits. I don't know yet [if that is enough] … he was premature and has breathing problems.*
- *I've waited 3–4 hours in the waiting room, with an appointment. I had to tell them, I have a job, I have to get back to work!*

Despite these challenges, parents were satisfied with services for their children; most parents said they were treated well and did not think that care was different under *CHIP* than it is under other insurance.

- *Many times, if the doctor doesn't speak Spanish, a nurse comes in with him.*
- ESI parent: *I always felt like I was being judged [when I was on Medicaid].*

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VI. COST-SHARING

Stakeholders universally noted that cost-sharing is a way to promote personal responsibility and is the most politically acceptable mechanism for raising money for safety net programs. Texas' *CHIP* program includes an annual enrollment fee and copayments. Cost-sharing amounts vary based on family income (Table VI.1). There is no cost-sharing requirement in *Children's Medicaid,* as required by Federal law.

Initially, families in *CHIP* with incomes between 100 and 150 percent of the FPL had an $15 annual enrollment fee and families over 150 percent of the FPL paid premiums of $15 to $18 per month per family. In response to cuts during the 2003 legislative session, the state required all families with incomes above 100 percent of the FPL to pay monthly premiums (between $15 and $25 per month per family) beginning in November 2003. Due to concerns that the changes were overly burdensome to families, the state suspended the collection of monthly premiums from November 2004 until January 2006, when it reinstated enrollment fees for the six-month enrollment period for all families above 150 percent of the FPL. When 12-month continuous eligibility was reinstated in 2007, the cost-sharing structure switched to an annual enrollment fee per family for all income levels above 150 percent of FPL. Families with incomes at or below 150 percent of the FPL do not have an annual enrollment fee. The annual enrollment fee for families with incomes from 151 to 185 percent of the FPL is $35 per family and $50 per family for families with incomes from 186 to 200 percent of the FPL. Children are not enrolled in the program or renewed for coverage until the enrollment fee is paid.

Table VI.1. Cost-Sharing in *CHIP,* Effective March 1, 2012

	Family Income			
	0-100% of FPL	101-150% of FPL	151-185% of FPL	186-200% of FPL
Enrollment Fees	$0	$0	$35 per family	$50 per family
Copayments				
Office visit	$3	$5	$20	$25
Nonpreventive dental visit	$3	$5	$20	$25
Nonemergency emergency room	$3	$5	$75	$75
Inpatient facility	$15	$35	$75	$125
Generic drug	$0	$0	$10	$10
Brand drug	$3	$5	$35	$35
Cost-Sharing Cap	5% of income	5% of income	5% of income	5% of income

Source: HHSC 2011b.

Notes: In *CHIP,* American Indians, Alaska Natives, unaccompanied refugee minors, and *CHIP* perinatal enrollees are exempt from all cost-sharing. There is no cost-sharing in *Children's Medicaid*.

Stakeholders did not view the enrollment fee as an issue, but many were concerned that copayments were a barrier to utilization. *CHIP* copayments have risen substantially in recent years in order to offset the increased costs of implementing mental health parity and the expanded dental benefit. The most recent increase took effect March 1, 2012. All families enrolled in *CHIP* are responsible for copayments, with the amounts varying depending on family income and type of service. Office visit copayments range from $3 for families with incomes up to 100 percent of the FPL to $25 for families with incomes from 186 to 200 percent of the FPL; copayments for inpatient facility treatments range from $15 to $125. Copayments for the upper-income eligibility brackets are

now similar to those found in commercial health plans. It is the responsibility of providers to collect copayments.

Regardless of income, all families in Texas *CHIP* have a cost-sharing cap of 5 percent of their annual income. Only a very small percentage of members actually reported meeting their cost-sharing obligation (an estimated 400 families in 2011). When first enrolled in the program, all families receive a cost-share tracking letter that states how much they have to pay out of pocket in order to reach their cap.[29] In order to receive relief from cost-sharing, families must carefully track and submit documentation of all eligible expenses to the state when they have reached the cap. HHSC reviews the forms to ensure that the expenses qualify, and then informs both the family and its health plan. The health plan sends new member identification cards that signify that the family has no cost-sharing obligation for the remainder of the enrollment period.

One of the health plans reported that it had heard anecdotally that providers do not collect copayments from families in *CHIP* because collecting the payment is not worth the effort. All of the providers we met with reported collecting copayments, although some reported the administrative process was unnecessarily complex. The provider's office has to know the amount of cost-sharing required based on the family's income level. Health plans do not always print the copayment amount on the health insurance card, or the family does not bring its card to the appointment, requiring the provider to call the insurance company to determine the appropriate copayment charge. Providers also reported that, if a family was unable to afford the copayment at the time of the appointment, they would work with the family to develop a reasonable payment plan.

Focus Group Findings: Affordability

Parents recognized and appreciated the affordability that *CHIP* offers and felt it was fair to pay something in order to receive care for their children. One parent reported that a doctor had assisted her with gas money when she did not have enough to cover the copayment and gas for getting to the appointment.

- *I wanted to make sure I was going to have insurance and CHIP is more affordable than the insurance at my job. They put me on maternity leave and I didn't get to go back to work after I had him because of complications.… CHIP was just cheaper. The premiums on regular insurance were like $300 a month.*
- *With CHIP, if I have to take him to the emergency room, I don't get any other bills. I pay the $75 and they don't send me any hospital bills. With private insurance, the bills come in three or four days later for $1,000, $1,500 … that is a really good benefit right there.*
- *It is fair because it is a help. If you didn't have anything, it would be a lot more expensive.*
- *We all have times when we have no money for anything. I had an appointment and I called [the doctor's office] and said I had a visit for the girls, but I couldn't bring them and they sent me money for gas.*

Several participants mentioned that the recent increase in *CHIP* cost-sharing came as a surprise. Parents also noted that costs for multiple visits within a short period add up quickly.

- *They had already approved me and said this is how much you will be paying. When I got the card, it was an $11 difference, so I called them. They said the prices went up and everybody got an email … well, I didn't get that one.*
- *When they first sent me the letter telling me what the copays are, I was happy to see the free doctor's visit … then when they sent me the card, the card said $25 for doctors, $150 for emergency room.'*
- *I had to take my two girls in the same week, you are looking at $50 in one week … it is okay if you just have one well-child visit for one child, but if you have to bring them in together, it adds up.*
- *I had to take him to the doctor three times in one week. The first one was to the doctor, that was $25, then the specialist, that was $25, then the doctor made his appointment three days later. $75 in one week that is a lot of money for one kid.*

[29] The amount stated in the letter is actually 0.25 percent below the family's 5 percent limit, so families are aware when they are close to reaching their limit rather than when it has been surpassed.

VII. CROWD-OUT

Texas *CHIP* has several policies in place to prevent crowd-out. In order to dissuade families from dropping private insurance and picking up Texas *CHIP,* the program requires children to be uninsured for 90 days before enrolling in the program. HHSC monitors whether the waiting period has to be enforced through questions on the joint *CHIP/Children's Medicaid* application. The application asks whether the child is currently covered by *CHIP* or Medicaid, as well as whether the child is covered by other health insurance and whether the child has been covered by other insurance within the past three months. If covered by other insurance, the family is required to fill in details about the coverage and policy. If the child was covered by other insurance during the past three months, the family must explain why the coverage ended and the date. The application also asks whether the child has a parent whose job offers health insurance and how much insurance costs each month. Texas includes several good-cause exemptions to the waiting period policy for families whose coverage is discontinued through no fault of their own or for affordability reasons. For example, a family who loses coverage due to a parent's job loss, an employer dropping coverage, or divorce would be exempt from the waiting period. Most of the exemptions to the waiting period in *CHIP* parallel the exemptions to open enrollment for the state employees' health plan. Additionally, if the commercial insurance plan offered by an employer would exceed 10 percent of family income, the children are exempt from the waiting period.

In addition to the waiting period, state officials reported that the *CHIP* program was designed to discourage crowd-out. *CHIP* offers a commercially-based benefits package and cost-sharing provisions that mirror those found in private insurance. HHSC hopes the similarities between *CHIP* and commercial insurance diminish the differences between the two products in consumers' minds and thus make commercial insurance, if available, as attractive as *CHIP*. Parents who participated in focus groups, however, noted that they could not afford commercial insurance, in particular the high deductibles.

Although initially a major concern in Texas, state officials reported that they have not seen evidence of crowd-out. Crowd-out was most recently raised during the 2009 legislative session, when the *CHIP* buy-in program was being considered. At that time, the legislature discussed extending the waiting period from 90 to 180 days, but it ultimately decided against making the crowd-out provisions more stringent. Stakeholders believed that the 90-day waiting period is sufficient to deter people who might contemplate dropping private coverage for public. They also reported that, in general, the low-income population in Texas does not have access to affordable ESI and that Texas' private sector economy has relatively low rates of unionization. Both of these characteristics diminish the likelihood of families receiving access to affordable insurance coverage through their employers.

Focus Group Findings: Access to Employer-Sponsored Insurance

Texas has one of the nation's lowest rates of families with ESI. In one focus group, every mother participating in the focus group was uninsured, either because her employer did not offer insurance or because she was unemployed. Several mentioned that it was more important for their children to have coverage, but all said they would appreciate the opportunity to purchase health care similar to what they have for their children.

- *They don't offer insurance through my job.*
- *I don't make a lot of money, so if they take from [my paycheck] it's not affordable.*
- *It would be great [to get what our children get]…. Since I have diabetes, every time I go to the doctor, it is $100 … I would be glad to get insurance.*

Several parents experienced periods of unemployment, during which time they enrolled their children in *CHIP* or Medicaid. All of the parents commented how expensive dental care is in ESI.

- *It's peace of mind…. And we don't withhold care now…. Before [without insurance] it was, 'we have to plan this out, do not get hurt.' …. And now it's, 'I'm not sure if it's broken, but let's go check it out.*
- *We signed up for CHIP when I lost my job because we could not afford COBRA.*
- *For me, the difference [between Medicaid dental and private insurance] is huge. The cost of the private insurance is crazy.… Under Medicaid, it was so easy because all was covered … now, I cannot afford to take them. I had to ask, which one [tooth] is worse, that one or that one, because I cannot afford to pay for all of it.*
- *I would recommend the [private] medical insurance to a friend, the dental, no [because of the cost].*

VIII. FINANCING

As a result of increases in CHIPRA's Federal financing rules, Texas' Federal allotment increased by nearly 56 percent from FFY 2008 to 2009. Texas expenditures using Federal funds increased more than 80 percent during the same period. State officials reported that, although Texas was close to reaching its Federal allotment cap after the institution of the *CHIP* perinatal program in 2007, it has never reached the limit. Since CHIPRA increased the Federal allocation amount, its Federal allotment has been more than sufficient and Texas leaves a substantial amount of its Federal allotment unused because it does not have the general revenue funds to meet its state share. Texas' Federal matching rate for FFY 2012 is 70.75 percent for *CHIP* and 58.22 percent for Medicaid (Table VIII.1).

Table VIII.1. *CHIP* Allotments and Expenditures (in Millions of Dollars)

FFY	Federal Allotment	Federal Expenditures	Federal Matching Rate
2006	$454.7	$269.4	72.46%
2007	$558.0	$385.7	72.55%
2008	$556.2	$698.0	72.37%
2009	$867.4	$702.0	71.61%
2010	$925.0	$776.3	71.11%
2011	$832.7	$852.8	72.39%
2012	$882.6	NA	70.75%

Sources: Kaiser Family Foundation n.d. (b); Center for Children and Families 2009a, 2009b, 2012; and personal communication with S. Henson, HHSC, August 6, 2012, for FFY 2010 Federal expenditures.

Note: In FFY 2008, as a result of carrying funds forward from previous years, the Federal share expenditure appears greater than, but did not exceed, the Federal allotment. Federal expenditures for FFY 2012 has not been published as of this writing.

FFY = Federal fiscal year.

NA = not available.

As in many states, the budget environment in Texas has been strained for the past decade. Stakeholders reported that the state's political environment makes it very unlikely that the legislature would approve increases in revenue, which results in drastic budget cuts when state revenue is lower than forecast. During the 2011 legislature, nearly $2 billion in cuts were made to *CHIP* and *Medicaid* state funding (this translates to $5 billion in total program cuts, including the Federal match). Moreover, HHSC will not have enough funding to finish out the 2012–2013 biennium. When the legislature convenes in early 2013, it will have to pass a supplemental budget in order for HHSC to continue operations.

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IX. PREPARATION FOR HEALTH REFORM

On June 28, 2012, the U.S. Supreme Court upheld the individual mandate of the Affordable Care Act, and although it left the Medicaid expansion intact, it eliminated the Federal government's enforcement authority of the expansion, finding the expansion provision unconstitutional. As one of the 26 states participating in the lawsuit against the Federal government, stakeholders expressed uncertainty before the ruling about the future of the Affordable Care Act and the changes it might require in Texas. Shortly after the Supreme Court decision, the governor of Texas wrote a letter to HHS declaring that Texas would not accept federal funding to uphold key provisions in the Affordable Care Act, such as the Medicaid expansion or the development of a state-based exchange (Texas Office of the Governor 2012). Meanwhile, advocates in Texas have been vocal about the need to involve residents and the legislature before making critical decisions about the future of health care changes in Texas. HHSC is implementing the mandatory provisions of the Affordable Care Act. Although at the time of this report the governor remains opposed to the Medicaid expansion as presented in the Affordable Care Act and development of a state-based exchange, discussions about potential alternatives to implement the optional provisions continue.

Well before the Supreme Court ruling, HHSC began implementing several changes in *CHIP* and *Children's Medicaid* as a result of the Affordable Care Act, such as the requirement for providing concurrent hospice care and treatment services for children enrolled in *CHIP* and *Children's Medicaid* (effective August 1, 2010); reinstating birthing centers as Medicaid providers (effective September 1, 2010); and implementing comprehensive tobacco cessation services for pregnant women (ongoing). In addition, Affordable Care Act legislation enabled Texas to move eligible children whose parents are covered under its two state employee health insurance programs (TRS and ERS) to *CHIP* with the full Federal match.

Texas applied for and received a 90 percent enhanced Federal financial participation match for the design, development, and implementation of upgrades to TIERS (up from the customary 50 percent administrative match). The 90/10 match will be used to build new technological requirements into TIERS that will enable the system to make eligibility determinations for *CHIP* and to coordinate with the Federally facilitated exchange. Moving all public health insurance programs into one eligibility system will simplify the state's administrative load. Files for children in *CHIP,* currently in a separate system, will be migrated into TIERS by September 2013.

The Texas Department of Insurance received a $1 million exchange planning grant from the Center for Consumer Information and Insurance Oversight, a CMS agency, to coordinate efforts between the Department of Insurance (which would oversee the exchange) and HHSC. The state also intended to use the funds to examine specific challenges in Texas, such as the state's high percentage of uninsured residents (more than 26 percent, the highest in the nation) and high volume of uninsured residents (more than 6 million, second highest in the nation). Because of the individual mandate, Texas also anticipates that the large number of eligible but not enrolled residents in the state might participate in public insurance programs, which would have significant state budget implications. The exchange planning grant was awarded on September 30, 2010. However, Texas' grant funding remained unused when the grant period expired at the end of August 2011.

During the 2011 legislative session, several bills were introduced that would have authorized the state to implement a state-based exchange (two in the House and two in the Senate), but none were passed. The governor had threatened to veto any legislation that would help implement the law's health insurance exchanges. Because of the failure to pass exchange legislation during the 2011 session, stakeholders interviewed during the site visit believed Texas would participate in a Federally

facilitated exchange. According to the Texas Department of Insurance, open enrollment for a federally-created marketplace is scheduled to begin for individual and small employer coverage in October 2013, with coverage beginning in January 2014 (Texas Department of Insurance 2013). Stakeholders reported that a basic health plan has little traction within the state, and no related legislation had been introduced during previous sessions.

Some of the major Affordable Care Act-related changes anticipated for Texas *CHIP* include the elimination of the assets test, transitioning youth ages 6 to 18 with family incomes from 101 to 133 percent of the FPL from *CHIP* to *Medicaid,* and implementation of the new income rules, including using modified adjusted gross income to determine eligibility for Medicaid and subsidies in the exchange (Kaiser Commission on Medicaid and the Uninsured 2010). The state expects that some of these policies will be administratively complex to implement. Although the changes will make some currently ineligible children eligible for public coverage and shift children from one program to another, the state believes that the overall number of people eligible for *CHIP* would remain about the same. If the Medicaid expansion were to occur in Texas, stakeholders were concerned that the approximately 1.2 million people newly eligible for Medicaid in 2014 (mostly adults) would worsen access challenges in certain geographic areas and specialties. Furthermore, stakeholders describe transitions between *CHIP* and *Children's Medicaid* as relatively seamless, in part because the state conducts joint contract procurement and because the health plans overlap both programs. However, some stakeholders were not confident that the transition from *Medicaid* to an exchange would be as seamless.

Under the Affordable Care Act, Medicaid rate increases for PCPs are expected to encourage more providers to accept Medicaid clients. To address primary care underpayment in Medicaid in 2013 and 2014, states must reimburse Medicaid PCPs on par with Medicare rates for certain services. Federal funds will pay for the increase above current payment levels. Because reimbursement rates for *CHIP* closely follow those for *Children's Medicaid,* the proposed Medicaid rate increases are anticipated to benefit the *CHIP* population as well. At the end of the 2011 session, the Public Health Committee of the legislature was charged with assessing ways to improve primary care access across the state.

X. CONCLUSIONS AND LESSONS

CHIPRA has already had a substantial impact in preserving coverage for children in Texas (Table X.1), and implementation of required provisions of the Affordable Care Act is likely to increase enrollment in *Children's Medicaid*. However, numerous challenges remain to maintain or build on the gains in coverage of uninsured children in Texas. We describe some of the key conclusions and lessons gleaned from this case study:

- Texas implemented several *CHIP* policies that facilitated enrollment and retention early in the program's history. Budget pressures led to cuts and enrollment declines in the 2003–2005 period. However, the state has remained committed to the *CHIP* program, expanding coverage to unborn children of low-income pregnant women during a difficult fiscal period. *CHIP* continues to have broad public and legislative support, likely due to the state's early decision to implement a separate program and model it after a commercial plan.

- *CHIP* enrollment recovered and made gains with the enhanced Federal match made available through CHIPRA and through dedicated outreach by the state, community-based organizations and providers, and CHIPRA grantees. Despite being among the lowest-ranked states in Medicaid/CHIP participation among eligible but uninsured children and in the proportion of low-income families with ESI, the total number of Texas children with coverage increased by 141,000 from 2008 to 2010 (Kaiser Family Foundation n.d.[c]; Kenney et al. 2011; U.S. Census Bureau 2008 and 2010). HHSC reports that the number of children enrolled in all public programs increased by 701,500 during this time period (HHSC 2012). As the state launches its new outreach program and online enrollment system, monitoring and evaluation could provide useful insights about the effectiveness of this approach for Texas and other states as they prepare to enroll more individuals with the implementation of the Affordable Care Act.

- Providers may view *CHIP* with the same lens as *Medicaid* because, according to key informants, of the similar, low reimbursement rates. Among some providers, the similarities between *CHIP* and *Children's Medicaid* plans contribute to stigma and resistance toward both programs. However, the state's recent expansion of risk-based managed care in *Children's Medicaid* has the potential to boost provider participation in both *CHIP* and *Children's Medicaid* because the number of families with coverage from public programs will likely increase; there is greater potential for MCOs to offer more attractive payment arrangements (than the standard Medicaid/CHIP rates) to encourage providers to participate in their networks and provide coordinated care; and PCP rates are expected to increase under the Affordable Care Act.

- After the dust settles from the statewide expansion of risk-based managed medical and dental care in *Children's Medicaid* and the prescription drug benefit carve-in, challenges with access in behavioral health, dental care, and pediatric specialties are likely to persist, especially in rural areas where provider shortages are difficult to remedy. Stakeholders hope that the expansion of risk-based managed care in rural areas will lead to increased provider participation in *Children's Medicaid* that would trickle down to improve access for all children. This could increase the number of providers who accept *CHIP* and *Children's Medicaid,* but would not address the shortage in absolute numbers that exists in many rural areas of the state. The region-based approach to managed care contracting

contributes to a lack of continuity in care across service areas in a state in which families often have to travel outside the region to access specialists. Although the number of people eligible for *CHIP* is expected to remain stable, most stakeholders expressed concern that the potential increase in enrollment of newly eligible adults will worsen current access challenges.

- Parents participating in focus groups validated the important role *CHIP* played in their children's health and appreciated the benefits package. They appreciated having the option to enroll and renew online, by telephone, and mail. Parents described cost-sharing as a fair and reasonable expectation and appreciated the value *CHIP* offered, especially in dental care; some, particularly those with multiple children, had difficulty when they had to pay multiple copayments in a short period. Parents may not yet have felt the effects of the recent cost-sharing increases, however, and providers expressed concerns that the relatively high cost-sharing requirements might impede utilization. Parents noted that when employers offered insurance, they could not afford the premiums or high deductibles. With the expansion of managed care choices in dental plans and in some areas health plans, further opportunities exist to help families navigate and understand their options.

- The state already has in place an integrated eligibility system and website for families to apply for and renew benefits and report changes, and has taken advantage of the enhanced Federal match rates for children of state employees enrolled in *CHIP*. It benefited from the efforts of four CHIPRA outreach grantees and received a 90 percent enhanced Federal financial participation match to upgrade TIERS.

Table X.1. Texas' Compliance with Key Mandatory and Optional CHIPRA Provisions

Provision	Implemented in Texas?
Mandatory CHIPRA Provisions	
Mental health parity required for states that include mental health or substance abuse services in their CHIP plans by October 1, 2009	Yes, made changes to behavioral health benefits March 1, 2011
Requires states to include dental services in CHIP plans	Yes, dental coverage was in place before CHIPRA and was expanded to come into full CHIPRA compliance March 1, 2012
Medicaid citizenship and identity documentation requirements applied to Title XXI, effective January 1, 2010	Yes, effective January 1, 2010
30-day grace period before cancellation of coverage	Yes, grace period already in place before CHIPRA
Apply Medicaid prospective payment system to reimburse FQHCs and rural health centers effective October 1, 2009	Yes, effective October 1, 2009
Optional CHIPRA Provisions	
Option to provide dental-only supplemental coverage for children who otherwise qualify for a state's CHIP program but who have other health insurance without dental benefits	No
Option to cover legal immigrant children and pregnant women in their first five years in the United States in Medicaid and CHIP	Texas covers legal immigrant children during their first five years of residency
Performance bonus payments for those implementing five of eight simplifications	No
Contingency funds for states exceeding CHIP allotments due to increased enrollment of low-income children	No
$100 million in outreach funding	Four grantees received a CHIPRA outreach grant
Quality initiatives, including development of quality measures and a quality demonstration grant program	Texas reported 12 of 24 voluntary quality performance measures In the FFY 2011 CARTS report (none in 2010) Texas uses HEDIS measures and CAHPS® surveys, and awards up to 5 percent of MCOs' capitated payments based on performance on quality measures Texas does not participate in any CHIPRA quality demonstration grants

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APPENDIX A

KEY INFORMANTS

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APPENDIX B

H1014 APPLICATION

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TEXAS Health and Human Services Commission

Getting started:
Applying for children's health-care benefits

CHIP and Children's Medicaid

These programs offer health-care benefits for newborns and children age 18 and younger who live in Texas. With these programs, your child can get a wide range of services, including:

- Regular checkups
- Prescription drugs
- Dental care
- Eye exam and glasses
- Hospital care
- X-rays and lab tests

After you fill out this form, we will find out if your child can get CHIP or Children's Medicaid. We must first find out if each person applying for benefits can get Medicaid. If a person applying can't get Medicaid, we then find out if they can get CHIP.

If your child gets CHIP benefits, you might have to pay a yearly fee. You also might have co-pays for some services. Costs for CHIP depend on: (a) the amount of money a family makes, and (b) the number of people in the family.

CHIP for the unborn child (perinatal)

CHIP offers health-care benefits related to pregnancy. This is for pregnant women who can't get Medicaid or other CHIP benefits because: (a) of their immigration status, or (b) they make too much money. There are no fees or co-pays for these benefits.

How to apply

1. Fill out a form.

You can use this form or you can apply online or by phone.

Online: www.CHIPmedicaid.org

Phone: Call 1-877-543-7669 (1-877-KIDS-NOW).
If you have a hearing or speech disability, call 7-1-1 or any relay service.

2. Gather the items we need.

You will need to mail or fax us copies of items that apply to your case.
See the next page for a list of these items.

3. Sign and date the form.

We can't work on your case until you sign and date the form.

4. Send us the form you filled out and the items we need.

Mail: Use the pre-paid envelope that came with this form. Or mail it to:
HHSC, PO Box 14200, Midland, TX, 79711-4200

Fax: 1-877-542-5951

If you apply online, by phone, or by fax, you don't need to mail us this form.

Just mail or fax us the **items we need**.

All phone and fax numbers on this form are free to call.

Items we need

Send copies of these items. We only need items that apply to your case.

We need these 3 bulleted items for: (a) the children applying for benefits (not for their parents) and (b) for pregnant women who are U.S. citizens or legal immigrants applying for benefits related to the pregnancy.

- **Social Security number** – Social Security numbers (SSN) for each person applying for benefits. If a child doesn't have a SSN, send proof that you applied for one (Form SSA 2853 or Form SSA 5028). If you need help applying for an SSN or need proof that you applied for an SSN, call 1-800-772-1213.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate, hospital record of birth (copies of the front and back), or Medicare card. If the person applying was born in Texas, we might be able to look up their birth record.
- **Immigration status** – Resident card (I-551), arrival/departure form (I-94), or papers from the U.S. Citizenship and Immigration Services. We need copies of the front and back of these forms.

Proof showing money coming into the home (income):

- **Proof of money from a job** – Pay check stub from the past 60 days showing the amount paid before taxes or deductions (gross pay), last tax return, or a statement signed and dated by the employer and showing the employer's name, address, and phone number. Your proof should show the amount you usually get paid.
- **Proof you work for yourself** (self-employment) – Last tax return or self-employment records.
- **Child support you get** – Child support check stub or receipt.
- **Social Security, Supplementary Security Income (SSI),** or **pension benefits** – Award letter or pay stub.
- **Veterans' benefits, workers' compensation,** or **unemployment** – Award letter or a pay stub.

Proof showing costs to take care of others (expenses):

- **Child support you pay** – Court papers that show what you must pay for child support (for example: divorce decree, court order, or district clerk record). Canceled checks or a statement from the Office of the Attorney General.
- **Child care or other costs you pay to take care of others** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.
- **Alimony you pay** – Copy of a canceled check or a signed and dated letter from the person you pay.

Other state benefit programs

SNAP food benefits, cash help for families (TANF), or Medicaid for adults

If you want to apply for these benefits you can:

- Visit www.YourTexasBenefits.com
- Call 2-1-1 or 1-877-541-7905. You can ask questions about benefits. You can find an HHSC benefits office near you.

Health Insurance Premium Payment program (HIPP)

If someone in your family can get health insurance through work and a family member gets Medicaid, call us at 1-800-440-0493. We might be able to pay the premiums for all family members. All family members might get health services through the private health insurance plan.

TEXAS Health and Human Services Commission

Form to apply:
CHIP, Children's Medicaid, and CHIP perinatal

Fill out and sign this form. Fax it to 1-877-542-5951
or mail it to HHSC, PO Box 14200, Midland, TX, 79711-4200.

Use black or blue ink only.

1 People who can fill out this form

- An adult age 18 or older who: (a) lives with and is in charge of the child applying for benefits, (b) lives with the pregnant woman applying for benefits for her unborn child, or (c) is pregnant.
- Anyone age 19 or younger who lives on their own.

Tell us about yourself (the person filling out this form)

Your Name _____ (First) _____ (Middle) _____ (Last) _____ Case number (if you know it)

Have you ever applied for CHIP or Medicaid using another name? This can include using a maiden name or nickname. ☐ Yes ☐ No If yes, write the other name: _____ (First) _____ (Middle) _____ (Last)

Your Social Security number (if you have one) ___ – ___ – ___ Your date of birth (mm/dd/yyyy) ___ / ___ / ___

Home address _____ Apt. / Lot _____

City _____ State _____ ZIP _____ County _____

Do you live in Texas?..... ☐ Yes ☐ No Do you plan to stay in Texas?..... ☐ Yes ☐ No

Mailing address (if different) _____ Apt. / Lot _____

City _____ State _____ ZIP _____ County _____

Home phone _____ Other phone _____

Cell phone _____

If we need to call you, what language should we speak? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other: _____

Want to get case updates by email?... ☐ Yes ☐ No If yes, write your email address _____

2 Pregnant woman

Are you applying for benefits related to a pregnancy?..... ☐ Yes ☐ No

If yes, tell us about the pregnant woman by filling out this section. If you are applying for more than one pregnant woman in your home, add more pages with the same facts.

A.

_____ (First name) _____ (Middle) _____ (Last) ___ / ___ / ___ (Date of birth (mm/dd/yyyy)) ___ – ___ – ___ (Social Security number (if she has one))

_____ (Pregnant woman's mother's maiden name) ___ / ___ / ___ (Due date (mm/dd/yyyy)) _____ (Number of babies expected) _____ (How is the pregnant woman related to you?)

B. Is this pregnant woman a U.S. citizen?..... ☐ Yes ☐ No

If no, is she a legal immigrant? (If no, she might still be able to get benefits.) ..... ☐ Yes ☐ No

C. Does the pregnant woman have health insurance other than Medicaid or CHIP?..... ☐ Yes ☐ No

If yes, when does her health insurance coverage end? (If the coverage isn't ending, write "N.A.") ___ (Month) / ___ (Year)

D. Tell us about the father of the unborn child:

_____ (First name) _____ (Middle) _____ (Last) _____ (Phone number) _____ (Relationship to pregnant woman)

_____ (Address) _____ (City) _____ (State) _____ (ZIP)

3 Parents and stepparents living with the children

List the parents and stepparents who live with the children. List them here even if they are listed somewhere else in this form.

First name	Middle	Last	Date of birth (mm/dd/yyyy)	Social Security number (SSN) Needed only for people applying for benefits.	Relationship to you

4 Children

If you are applying for benefits related to a pregnancy and there are no other children in the home, **skip this section**. Tell us about all children age 18 or younger living in your home even if: (a) they already get benefits, or (b) they don't want benefits.
If you have more than 4 children, add more pages with the same facts.
Note: Send proof showing citizenship or immigration status for children applying for benefits.

	Child 1	Child 2	Child 3	Child 4
A. Child's first name and middle name				
B. Child's last name				
C. Check one box for each child	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.
D. Right now is the child covered by Medicaid or CHIP?	☐ Yes ☐ No If yes, in what state?	☐ Yes ☐ No If yes, in what state?	☐ Yes ☐ No If yes, in what state?	☐ Yes ☐ No If yes, in what state?
E. How is this child related to you? (Examples: daughter, son, grandchild, nephew). If you are not related to the child, but the child lives with you, write "other." If you are applying for yourself, write "self."				
F. Child's date of birth (mm/dd/yyyy)	/ /	/ /	/ /	/ /
G. Child's Social Security number	- -	- -	- -	- -
H. Child's gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
I. Is the child a U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, is the child a legal immigrant? Children who are legal immigrants might be able to get CHIP or Medicaid.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If the child is a legal immigrant, what is the child's immigrant registration number?				
J. Child's mother's first name and middle initial				
K. Child's mother's maiden name				
L. Child's mother's last name				
M. Child's father's first name and middle initial				
N. Child's father's last name				
O. Is this child going to school this school year?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
P. Child's race (optional)				

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3 Parents and stepparents living with the children

List the parents and stepparents who live with the children. List them here even if they are listed somewhere else in this form.

First name	Middle	Last	Date of birth (mm/dd/yyyy)	Social Security number (SSN) Needed only for people applying for benefits.	Relationship to you

4 Children

If you are applying for benefits related to a pregnancy and there are no other children in the home, **skip this section**. Tell us about all children age 18 or younger living in your home even if: (a) they already get benefits, or (b) they don't want benefits.
If you have more than 4 children, add more pages with the same facts.
Note: Send proof showing citizenship or immigration status for children applying for benefits.

	Child 1	Child 2	Child 3	Child 4
A. Child's first name and middle name				
B. Child's last name				
C. Check one box for each child	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.	☐ Applying for benefits. ☐ Not applying for benefits.
D. Right now is the child covered by Medicaid or CHIP?	☐ Yes ☐ No If yes, in what state? ____	☐ Yes ☐ No If yes, in what state? ____	☐ Yes ☐ No If yes, in what state? ____	☐ Yes ☐ No If yes, in what state? ____
E. How is this child related to you? (Examples: daughter, son, grandchild, nephew). If you are not related to the child, but the child lives with you, write "other." If you are applying for yourself, write "self."				
F. Child's date of birth (mm/dd/yyyy)	/ /	/ /	/ /	/ /
G. Child's Social Security number	– –	– –	– –	– –
H. Child's gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
I. Is the child a U.S. citizen?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If no, is the child a legal immigrant? Children who are legal immigrants might be able to get CHIP or Medicaid.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If the child is a legal immigrant, what is the child's immigrant registration number?				
J. Child's mother's first name and middle initial				
K. Child's mother's maiden name				
L. Child's mother's last name				
M. Child's father's first name and middle initial				
N. Child's father's last name				
O. Is this child going to school this school year?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
P. Child's race (optional)				

7 Money coming into the home (income)

Tell us about any type of money that parents, stepparents, and children living in your home get, such as:

• Money from jobs • Social Security (retirement, survivor and disability) • Child support • Alimony • Other

If you get any of these types of money, you need to send proof. Types of proof you can send are listed in the "Getting started - Items we need" section. If no one in your home gets money, write $0. If you do not enter an amount, it will cause a delay.

Name of person who gets money. If a child gets child support, list the child's name. First	Middle	Last	**Type of money.** For example, "Money from job."	**Name of person, company, or agency paying the money. Also give their address, phone number, or both.** If self-employed, write "Self."	**How often does this person get this money?**	**How much?** Amount you get before taxes and deductions are taken out.
					☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$
					☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$
					☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$
					☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$
					☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$

8 Costs to take care of others

Tell us if anyone living with the child pays:

- Child care costs so someone in the home can: (a) work or (b) look for work.
- Care costs for a person with a disability so someone in the home can: (a) work or (b) look for work.
- Child support payments, medical bills, and health insurance that anyone in the home pays for a child outside the home.
- Alimony payments.

Type of cost. Child care, child support, alimony, disability care	**Who pays the cost?**	**Name of person who gets the care or support?**	**How often is the cost paid?**	**How much is paid each time?**	**Name, address, and phone number of the person you pay.**
			☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$	
			☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$	
			☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$	
			☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$	
			☐ Once a week ☐ Every 2 weeks ☐ Twice a month ☐ Once a month	$	

9 Things you own

If you are applying for benefits related to a pregnancy and there are no other children in the home, **skip this section.**

A. Tell us the value of items owned by the child and the child's parents and stepparents living in the home, such as:

• Money in bank accounts • Cash on hand • Bonds • Stocks • Certificates of deposit

If the child or child's parents or stepparents living in the home have these types of items, give facts below.

If no one has these types of items, write in $0. If you do not enter an amount, it will cause a delay.

Total value of all items: $ _____

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B. Tell us about anyone in your family who is buying or owns a vehicle such as:
• Car • Truck • Sport utility vehicle (SUV) • Van • Motorcycle • Boat • Motor home
Don't list vehicles that are leased. If no one has a vehicle, write "None."

Make	Model	Year
Example: Ford	*F150*	*2005*

10 Unpaid medical bills from the past 3 months

If a child applying for benefits has unpaid medical bills, you might be able to get help paying them. The bills must be for services the child got in the past 3 months.

If you need help paying medical bills for a child, send:

- At least one unpaid medical bill for each month you list below.
- Proof of money (income) from each month you list below. Proof is needed for each parent, stepparent, and child who: (a) got money, (b) lived in the home, and (c) is related to a child applying for benefits.

Does a child applying for benefits have any unpaid medical bills from the past 3 months?..... ☐ Yes ☐ No

If yes, give facts below:

Name of the child.	Which months does the child have unpaid medical bills?

11 Person who has the right to act for you

If you want, you can give someone who isn't listed on this application the right to act for you. That person can be your authorized representative and, along with you, can:

- Give and get facts for this application form.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed for you to get benefits. This includes reporting changes.

This person can't make decisions about your health plan. This person also can't ask for a child to be removed from the CHIP program.

Name _____ _____ _____
First Middle Last

Home address _____ Apt. / Lot _____

City _____ State _____ ZIP _____ County _____

Home phone _____ Other phone _____

12 Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?..... ☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

13 Legal information

Your right to be treated fairly

If you think you have been treated unfairly (discriminated against) because of race, color, national origin, age, sex, disability, or religion, you can file a complaint.

Contact us at HHSCivilRightsOffice@hhsc.state.tx.us or by:

Mail: HHSC Office of Civil Rights, 701 W. 51st St., MC W-206, Austin, TX 78751.
Phone 1-888-388-6332. Fax (not toll-free): 1-512-438-5885

Social Security numbers

You only need to give the Social Security numbers (SSN) for people who want benefits. Your SSN is not needed if you are applying for your children only. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN cannot get benefits. If you do not have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you do not. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R 273.6 for food benefits; 45 C.F.R 205.52 for TANF; and 42 C.F.R 435.910 for health care.)

Citizenship and immigration status

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and/or your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps residents with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.

14 Statement of understanding

Facts HHSC has about me

HHSC uses facts about people applying for benefits to decide:
(1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts do not match, HHSC will check other sources (banks, employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

Keeping my facts private

HHSC will keep my facts private if they were collected:
- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:
- When needed for me to get state health care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number.

Giving out facts about me

I agree to let Medicaid and CHIP health care providers (doctors, drug stores, hospitals, etc.) give out any facts about me to HHSC. This will allow the providers to be paid by Medicaid and CHIP.

If I give false information

If I choose not to tell the truth, I might:
- Be charged with a crime.
- Have to repay benefits.

The same is true if I let someone else use my medical card, Medicaid ID, or CHIP ID.

Medical and child support payments

Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage.

- If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but do not get right now.
- If my child and I both get Medicaid, I must:
  - Help the state get any payments and coverage we should get, but do not right now. If I do not help the state, my child can get Medicaid, but I might not.
  - Identify who the child's other parent is.
  - Allow the state to keep any medical support payments.

If I get Medicaid, HHSC will keep medical service payments I can get from other sources, such as:

- My health insurance.
- Money I get because of injuries.
- Money collected for me or my children by the Office of Attorney General.

I must tell HHSC about these sources. If I do not, I am breaking the law.

HHSC will only keep the amount of medical support and service payments allowed by law. I will work with HHSC to get these funds.

15 People helping you

Did anyone help you fill out this form? ..... ☐ Yes ☐ No

Helper's name and organization (optional) _____

16 Signature

By signing below, I agree:

- To let HHSC and other state, federal, and local agencies check, share, and get facts about anyone on my benefits case (the household).
- To let other people, businesses, and organizations share facts they have about anyone on my benefits case (the household) with HHSC.
- The facts to be checked and shared include anything that helps decide: (1) who can get benefits, and (2) amount of benefits.

My answers are true: I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

X _____

Signature (required) **Date** (mm/dd/yyyy) (required)

Before you send this form back to us, make sure to:

1. Answer every question that applies to your case.
2. Sign and date it.
3. Include the "Items we need" listed in the "Getting started" section.

Questions? Call 1-877-543-7669 (1-877-KIDS-NOW).

Agency Use Only: Voter Registration Status

☐ Already registered ☐ Client declined ☐ Agency transmitted ☐ Client to mail
☐ Mailed to client ☐ Other Agency staff signature: _____

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APPENDIX C

H1010 APPLICATION

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Your Texas Benefits: Getting Started

Food Benefits

SNAP (this used to be called Food Stamps).

Helps buy food for good health. Some people might get help the next work day.

Cash Help for Families

TANF: Temporary Assistance for Needy Families

Helps pay for things like food, clothing, and housing.

- TANF: Helps families with children age 18 and younger pay for basic needs. TANF gives monthly cash payments.
- One-Time TANF: Helps families with children age 18 and younger in crisis. Crises include losing a job, not finding a job, losing a home, or a medical emergency. This help is given only once every 12 months.
- One-Time TANF Grandparent: Helps grandparents caring for a child who gets TANF.

Health Care

Medicaid and CHIP

Helps with medical bills such as bills for doctors, hospitals, and medicines.

Programs include:

- **Children's Medicaid and Children's Health Insurance Program (CHIP).**

  If you want to apply only for CHIP or Children's Medicaid, you can use this form or a shorter form. To get the shorter form, call 1-800-647-6558 or go to www.CHIPmedicaid.org

- **Health care for pregnant women.**
- **Medicaid for an adult caring for a child.** Adults who get this must be caring for a child who lives in their home.

  If you want to apply for Medicaid for the Elderly and People with Disabilities, you need a different form. To get that form, call 2-1-1 (after you pick a language, press 2).

TEXAS Health and Human Services Commission

All phone and fax numbers on this form are free to call.
If you are deaf, hard of hearing, or speech impaired, you can call any number by calling 7-1-1 or 1-800-735-2989.

How to Apply

What to do:

1. Fill out this form.
2. Sign and date pages 1 and 18.
3. Send "Items we need." See pages C and D.

How to send it:

Mail: HHSC, PO Box 14600, Midland, TX 79711-4600

Fax: 1-877-447-2839. If your form is 2-sided, fax both sides.

In person: At a benefits office. Call 2-1-1 to find one near you.

www.YourTexasBenefits.com

On this website you can:

- Apply for benefits.
- Find out if you should apply for benefits.
- Print a blank form.
- Find a benefits office near you.
- Renew benefits.

Don't send this page with your form. Keep for your records. **Page A**

Texas Health and Human Services Commission (HHSC)

Questions about this form or about benefits

Call 2-1-1 (if you can't connect, call 1-877-541-7905).

After you pick a language, press 2 to:

- Ask questions about this form.
- Find where to get help filling out this form.
- Check the status of this form.
- Ask questions about benefit programs.

To learn more about benefits, you also can go to www.hhsc.state.tx.us and www.CHIPmedicaid.org

Report waste, fraud, and abuse

If you think anyone is misusing HHSC benefits, call 1-800-436-6184.

Helpful Tips

- There are tips in the left side of each page. They can help you save time.
- Sign and date pages 1 and 18.
- Send "Items we need." See pages C and D.

These pictures tell you what sections you need to fill out.

For example, if you see this:

It means that only people applying for SNAP food benefits need to fill out that section.

How to file a complaint

If you have a complaint, first try talking to your benefits advisor or their supervisor. If you still need help, call 1-877-787-8999.

Help you can get without filling out this form

Services in your area

Do you need help finding services?

Call 2-1-1 (if you can't connect, call 1-877-541-7905).

After you pick a language, press 1.

Texas Workforce Network

Are you looking for work? You can get help:

- Applying for a job.
- Finding a job.

Call 2-1-1 to find a Texas Workforce Center.

Family Planning

Do you need help with family planning? Men and women can get help with:

- Birth control supplies.
- Other health care.

Call 2-1-1 to find a clinic.

Women with low income might be able to get free services in the Women's Health Program. To learn more, call 1-866-993-9972.

Family Violence Program

Are you afraid for your children's or your safety? You can get help:

- Getting a ride to a safe place.
- Finding shelter, legal help, and a job.
- Getting counseling.

Call the hotline anytime at 1-800-799-7233 (1-800-799-SAFE).

Adult Education and Family Literacy Program

Do you want help learning to read or getting a GED? Do you need help with job skills? Or learning to speak English?

Call 1-800-441-7323 (1-800-441-READ).

Women, Infants and Children program (WIC)

Are you pregnant or a new mother? You can get help:

- Getting food for you and your children.
- Getting vaccines.

Call 1-800-942-3678.

Alcohol and Drug Abuse Prevention Program

Do you or someone you know want to stop using alcohol or drugs? You can get help:

- Quitting.
- Dealing with a crisis.
- Keeping others from using drugs or alcohol.

Call 1-877-966-3784 (1-877-9-NO DRUG).

Health Insurance Premium Payment Program (HIPP)

Do you need help paying for your health insurance?

Call 1-800-440-0493.

Or write:
Texas Health and Human Services Commission
TMHP-HIPP
PO Box 201120
Austin, Texas 78720-1120

Items we need from anyone on your case

Look below and on the next page for the items to bring or send with this form. We only need **copies** of these items. Keep the originals for your records.

We only need items that apply to anyone on your case. For example, if no one has a bank account, we do not need bank statements.

If you are applying for

Any Benefit Program

bring or send copies of items that apply to anyone on your case.

- **Identity (proof of who you are)** – Current driver's license or Department of Public Safety ID card. If a person has the right to act for you (as your authorized representative), that person also needs to give proof of identity.
- **Immigration status** – Resident card (I-551), arrival/departure form (I-94). Or papers from the U.S. Citizenship and Immigration Services. We need copies of the front and back of these forms.
- **Legal representative (a person who has the right to act for you on legal issues)** – Power of attorney papers, guardianship order, court order, or similar court documents.
- **Social Security, Supplemental Security Income (SSI), or pension benefits** – Award letter or pay stubs.
- **Military service** – Current Military ID (Form DD-2), military orders, or separation papers (Form DD-214).
- **Child support anyone pays** – Court papers that show what you must pay for child support. For example: divorce decree, court order, or district clerk record.
- **Child support anyone gets** – District clerk record. Or letter from the parent who pays showing how much, how often and the date it is usually paid. The letter must have the name, address, phone number, and signature of the parent who pays.
- **Veterans benefits, workers' compensation, or unemployment** – Award letter or pay stubs.
- **Loans and gifts (includes someone paying bills for you)** – Loan agreements or statement from the person giving you money or paying your bills. Must show that person's name, address, phone number, and signature.

If you are applying for

SNAP food benefits

bring or send copies of items that apply to anyone on your case.

- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Bank accounts** – The most current statement for all accounts.
- **Medical costs** – Bills, receipts, or statements from health care providers (doctors, hospitals, drug stores, etc.). These items should show costs you have now and costs you expect in the future.
- **Rent or mortgage costs** – Recent checks, check stubs, or statement from the mortgage bank or landlord. Renters also need to give the landlord's name, address, and phone number.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.

To get SNAP, a person must be a U.S. citizen or legal resident.

More on the next page

If you need help getting these items, let us know. Don't send this page with your form. Keep for your records. **Page C**

More items we need from you

If you are applying for

Cash Help for Families (TANF)

bring or send copies of items that apply to anyone on your case.

- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Proof a child is related to you** – Legal birth, hospital, or baptismal certificate.
- **Proof a child lives with you** – A signed statement from your landlord or a non-relative neighbor that includes his or her name, address, and phone number.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Bank accounts** – Most current statement for all accounts.
- **Health insurance** – Copy of the front and back of the insurance card or policy.
- **Child's vaccines** – Vaccine records for each child.

If you are applying for

CHIP or Children's Medicaid

bring or send copies of items that apply to anyone on your case.

- **Proof of income from your job** – One pay stub or paycheck from the last 60 days, a statement from your employer, or self-employment records.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.
- **Medical costs** – Bills or statements from health care providers (doctors, hospitals, drug stores, etc.) from the past 3 months. We only need these items if you haven't already paid for these services.

If you are applying for

Medicaid for Pregnant Women or Medicaid for an Adult Caring for a Child

bring or send copies of items that apply to anyone on your case.

- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Bank accounts (we don't need this if you are applying only for Medicaid for Pregnant Women)** – The most current statement for all accounts.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Medical costs** – Bills or statements from health care providers (doctors, hospitals, drug stores, etc.) from the past 3 months. We only need these items if you haven't already paid for these services.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.

If you need help getting these items, let us know. Don't send this page with your form. Keep for your records. **Page D**

Your Texas Benefits: Form

Please use dark ink. Please print. If you need more room, add pages.
Fill in the circles (○) like this ●

Section 1

Your Facts

If you're applying to get SNAP food benefits, the first month's amount will be based on the date we get pages 1 and 2.

Other benefits also are based on when we get pages 1 and 2.

If you return only pages 1 and 2 now, you still need to fill out pages 3 to 18 before you can get benefits.

You have the right to file this form immediately if it has your name, address, and signature.

Mark the benefits anyone on your case is applying for:

○ Food Benefits (SNAP)

○ Cash Help for Families (TANF)

Health Care (Medicaid or CHIP):
○ Children
○ Adult Caring for a Child
○ Pregnant Women

Person 1: contact person or head of household

First name | **Middle name** | **Last name**

Social Security number | **Birth date** (month/day/year)

Mailing address

City | **State** | **ZIP**

( ) - **Home phone** | ( ) - **Cell or daytime phone**

Home address | **County**

City | **State** | **ZIP**

Section 2

Food Benefits

This section is only for people applying for food benefits.

Find out how to return your form: See page 3.

You might be able to get SNAP food benefits the next work day based on your answers to these questions. Answer them for everyone living in your home.

1. Is anyone a migrant worker or seasonal farm worker? ○ Yes ○ No
2. Is the total amount of money that everyone has today $100 or less? (include cash and money in the bank) ○ Yes ○ No
3. Do you expect the total amount of money everyone will have this month to be less than $150? ○ Yes ○ No
4. Is the amount of your housing bills more than the amount of money (cash and money in the bank) everyone expects to have this month? (Count bills that are paid only by people living in the home. Bills can include rent, mortgage, water, gas, electric, sewage, and phone.) ○ Yes ○ No

Sign here (or have someone with the right to act for you sign) | **Date**

More on page 2

Section C

Pregnant Women

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

Is anyone in your home pregnant? ..... ○ Yes ○ No

If yes, who?

Due date ☐☐ / ☐☐ / ☐☐ **Number of babies expected** ☐

What is the first and last name of the unborn child's father?

First name **Last name**

Section D

Military Service

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

Is anyone an active duty member of one of these military forces?

- U.S. Armed Forces
- National Guard
- Reserves
- State Military Forces ..... ○ Yes ○ No

If yes, who?

Section E

Interview Help

1. Most people applying for benefits must be interviewed. We often interview people on the phone.

   It helps to know if any of the reasons below make it hard for you to get to a benefits office:

   - You live more than 30 miles from the closest benefits office.
   - You can't get a ride.
   - The weather is bad.
   - You are sick.
   - Your work or training hours don't allow you to get to a benefits office when it's open.
   - You can't travel because you are age 60 or older, or you have a disability.
   - You are a victim of family violence.
   - You take care of someone in your home.

   Do any of the reasons above apply to you? ..... ○ Yes ○ No

2. If you come to our office, will you need special help or equipment? ..... ○ Yes ○ No

   If yes, what do you need?

3. What language do you want to speak during the interview? _____

4. Will you need an interpreter? We can get one for you for free..... ○ Yes ○ No
   If yes, mark the one you need:

   ○ Spanish ○ Vietnamese
   ○ American Sign Language ○ Other: _____

Agency Use Only

Expedite? ☐ Yes ☐ No

Date received: _____ Screened by: _____

Date screened: _____ Case: _____

Social Security number: ☐☐☐ - ☐☐ - ☐☐☐☐

Your Texas Benefits: Form

Fill in the circles (○) like this ●
Please use dark ink. Please print. If you need more room, add pages.

Section 1
Contacting You

Person 1: Contact Person or Head of Household

First name **Middle name** **Last name**

Social Security number **Birth date** (month/day/year)

E-mail

Are you applying for benefits for yourself? ○ Yes ○ No

If yes, give your facts below:

Section 2
Person 1

Mark the benefits Person 1 is applying for:

- ○ **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- ○ TANF
- ○ One-Time TANF
- ○ One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- ○ Children
- ○ Adult Caring for a Child
- ○ Pregnant Women

Person 1

If you get money from Social Security or railroad retirement, list the number you have: **Social Security claim number** **Railroad retirement number**

○ Married ○ Single ○ Divorced ○ Separated ○ Widowed | Live in Texas? ○ Yes ○ No

○ Male ○ Female | Hispanic or Latino? ○ Yes ○ No

Optional Information

Mark one or more:
○ American Indian or Alaska Native ○ Asian
○ Black or African-American ○ Native Hawaiian or Pacific Islander ○ White

Are you going to school? ○ Yes ○ No → If yes, are you going full-time? ○ Yes ○ No

Are you a U.S. citizen? If no, give facts below. ○ Yes ○ No

Are you a refugee or legally admitted immigrant? ○ Yes ○ No

If you have a sponsor, write your sponsor's name **Date you entered the U.S.** (month/day/year)

Are you registered with the U.S. Citizenship and Immigration Services? ○ Yes ○ No → **Immigrant registration number**

Return this completed form by fax, mail, or in person:

Fax: 1-877-447-2839

Mail: HHSC, PO Box 14600, Midland, TX 79711-4600

In person: Call 2-1-1 to find an HHSC benefits office near you.

Use pages 4 and 5 for other people applying for benefits.

If you need more pages, you can:

- Add a blank page and write in your facts. OR
- Go to www.hhsc.state.tx.us to get an extra page. Click on "How to Get Help."

Section 1

People Applying for Benefits

Mark the benefits Person 2 is applying for:

- ○ **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- ○ TANF
- ○ One-Time TANF
- ○ One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- ○ Children
- ○ Adult Caring for a Child
- ○ Pregnant Women

Person 2: spouse, child, or other adult applying for benefits

First name | Middle name | Last name

Social Security number | Birth date (month/day/year)

This person's relationship to you | If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # | Railroad retirement #

○ Married ○ Single ○ Divorced ○ Separated ○ Widowed | Live in Texas? ○ Yes ○ No

Optional Questions

○ Male ○ Female | Hispanic or Latino? ○ Yes ○ No

Mark one or more:
○ American Indian or Alaska Native ○ Asian
○ Black or African-American ○ Native Hawaiian or Pacific Islander ○ White

Is this person going to school? ○ Yes ○ No → If yes, is this person going full-time? ○ Yes ○ No

Is this person a U.S. citizen? If no, give facts below. ○ Yes ○ No

Is this person a refugee or legally admitted immigrant? ○ Yes ○ No

If this person has a sponsor, write the sponsor's name. | Date person entered the U.S. (month/day/year)

Is this person registered with the U.S. Citizenship and Immigration Services?... ○ Yes ○ No → Immigrant registration number

Mark the benefits Person 3 is applying for:

- ○ **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- ○ TANF
- ○ One-Time TANF
- ○ One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- ○ Children
- ○ Adult Caring for a Child
- ○ Pregnant Women

Person 3: spouse, child, or other adult applying for benefits

First name | Middle name | Last name

Social Security number | Birth date (month/day/year)

This person's relationship to you | If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # | Railroad retirement #

○ Married ○ Single ○ Divorced ○ Separated ○ Widowed | Live in Texas? ○ Yes ○ No

Optional Questions

○ Male ○ Female | Hispanic or Latino? ○ Yes ○ No

Mark one or more:
○ American Indian or Alaska Native ○ Asian
○ Black or African-American ○ Native Hawaiian or Pacific Islander ○ White

Is this person going to school? ○ Yes ○ No → If yes, is this person going full-time? ○ Yes ○ No

Is this person a U.S. citizen? If no, give facts below. ○ Yes ○ No

Is this person a refugee or legally admitted immigrant? ○ Yes ○ No

If this person has a sponsor, write the sponsor's name. | Date person entered the U.S. (month/day/year)

Is this person registered with the U.S. Citizenship and Immigration Services?... ○ Yes ○ No → Immigrant registration number

People Applying for Benefits

Person 4: spouse, child, or other adult applying for benefits

First name | Middle name | Last name

Social Security number | Birth date (month/day/year)

This person's relationship to you | If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # | Railroad retirement #

O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O No

O Male O Female Hispanic or Latino? ..... O Yes O No

Optional Question

Mark one or more: O American Indian or Alaska Native O Asian O Black or African-American O Native Hawaiian or Pacific Islander O White

Is this person going to school? O Yes O No → If yes, is this person going full-time? O Yes O No

Is this person a U.S. citizen? If no, give facts below. ..... O Yes O No

Is this person a refugee or legally admitted immigrant? ..... O Yes O No

If this person has a sponsor, write the sponsor's name. | Date person entered the U.S. (month/day/year)

Is this person registered with the U.S. Citizenship and Immigration Services?... O Yes O No → Immigrant registration number

Mark the benefits Person 4 is applying for:

- O **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- O TANF
- O One-Time TANF
- O One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- O Children
- O Adult Caring for a Child
- O Pregnant Women

Person 5: spouse, child, or other adult applying for benefits

First name | Middle name | Last name

Social Security number | Birth date (month/day/year)

This person's relationship to you | If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # | Railroad retirement #

O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O No

O Male O Female Hispanic or Latino? ..... O Yes O No

Optional Question

Mark one or more: O American Indian or Alaska Native O Asian O Black or African-American O Native Hawaiian or Pacific Islander O White

Is this person going to school? O Yes O No → If yes, is this person going full-time? O Yes O No

Is this person a U.S. citizen? If no, give facts below. ..... O Yes O No

Is this person a refugee or legally admitted immigrant? ..... O Yes O No

If this person has a sponsor, write the sponsor's name. | Date person entered the U.S. (month/day/year)

Is this person registered with the U.S. Citizenship and Immigration Services?... O Yes O No → Immigrant registration number

Mark the benefits Person 5 is applying for:

- O **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- O TANF
- O One-Time TANF
- O One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- O Children
- O Adult Caring for a Child
- O Pregnant Women

If more than 5 people are applying for benefits, add more pages with the same facts.

Section I

More Facts About Children Age 18 or Younger

This section is only for children applying for cash help for families or health-care benefits.

Time Saving Tip

You only need to give facts for each father and mother one time.

If a child has the same mother or father as another child, you can write something like "same as 1st child" where the parent's name would go.

Are you afraid that giving facts about the child's other parent might put you or your children in danger?

You might not have to help or cooperate with the Office of Attorney General to collect child or medical support if you are afraid. You can ask not to give these facts by:

- Telling your benefits advisor (or designated representative) reasons why this might put you or your children in danger.
- Signing the Good Cause request form. (Your benefits advisor has this form.)

1st child's name: _____

Father's first and last name _____ Father's birth date / /

Father's Social Security number ___-___-____ Father's phone ( ) -

Father's mailing address _____ City _____ State _____ ZIP _____

Father is: ○ In home ○ Out of home ○ Deceased Employer _____

Mother's first and last name _____ Mother's maiden name _____

Mother's Social Security number ___-___-____ Mother's birth date / /

Mother's mailing address _____ City _____ State _____ ZIP _____

Mother's phone ( ) - Employer _____

Mother is: ○ In home ○ Out of home ○ Deceased

Were these parents ever married to each other? ..... ○ Yes ○ No

2nd child's name: _____

Father's first and last name _____ Father's birth date __/__/__

Father's Social Security number ___-___-____ Father's phone ( ) -

Father's mailing address _____ City _____ State _____ ZIP _____

Father is: ○ In home ○ Out of home ○ Deceased Employer _____

Mother's first and last name _____ Mother's maiden name _____

Mother's Social Security number ___-___-____ Mother's birth date / / ____

Mother's mailing address _____ City _____ State _____ ZIP _____

Mother's phone ( ) - Employer _____

Mother is: ○ In home ○ Out of home ○ Deceased

Were these parents ever married to each other? ..... ○ Yes ○ No

Section I

More Facts About Children Age 18 or Younger (continued)

3rd child's name: _____

Father's first and last name _____ Father's birth date / /

Father's Social Security number - - Father's phone ( ) -

Father's mailing address _____ City _____ State _____ ZIP _____

Father is: ○ In home ○ Out of home ○ Deceased Employer _____

Mother's first and last name _____ Mother's maiden name _____

Mother's Social Security number - - Mother's birth date / /

Mother's mailing address _____ City _____ State _____ ZIP _____

Mother's phone ( ) - Employer _____

Mother is: ○ In home ○ Out of home ○ Deceased

Were these parents ever married to each other? ..... ○ Yes ○ No

4th child's name: _____

Father's first and last name _____ Father's birth date / / [| | |]

Father's Social Security number | | | - | | | - | | | | Father's phone ( ) -

Father's mailing address _____ City _____ State _____ ZIP _____

Father is: ○ In home ○ Out of home ○ Deceased Employer _____

Mother's first and last name _____ Mother's maiden name _____

Mother's Social Security number - - Mother's birth date [| |] / [| |] /

Mother's mailing address _____ City _____ State _____ ZIP _____

Mother's phone ( ) - Employer _____

Mother is: ○ In home ○ Out of home ○ Deceased

Were these parents ever married to each other? ..... ○ Yes ○ No

If you have more than 4 children who are age 18 or younger, add more pages with the same facts.

Section J

Other People in the Home

Other people in the home

These people live in my home, but they don't want to apply for benefits.
List the birth date only if the person is your relative.

Name	Relationship to you	Birth date (if relative)
		/ /
		/ /
		/ /

Section K

Help Us Serve You Better

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

These questions will not be used to decide if your family can get benefits.

Information about people applying for benefits

1. Does a child applying for health care travel with a family member who is a migrant farm worker? ..... O Yes O No

2. Is a child in the Children with Special Health Care Needs program? ..... O Yes O No

If yes, who?

3. Is anyone an American Indian or Native Alaskan? ..... O Yes O No

If yes, who? | What tribe?

4. Is anyone an unaccompanied refugee minor?
This means a person is: (1) not living with a relative, (2) age 18 or younger, and (3) a refugee. ..... O Yes O No

If yes, who?

Section L

Other Facts

Other facts

1. Does anyone have a disability? ..... O Yes O No

If yes, who?

2. Is anyone getting cash help, food or health-care benefits from another state? ..... O Yes O No

If yes, who? | Which state? | When did that person last get benefits?

Section I

Other Facts
(continued)

Answer 3, 4, 5, and 6 only if anyone is applying for cash help or food benefits.

3. 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? ..... ○ Yes ○ No

If yes, who?

4. Has anyone been convicted of a felony for conduct that: (1) took place after August 22, 1996, and (2) involved illegal drugs? ..... ○ Yes ○ No

If yes, who?

5. Is anyone living in a place of care such as:
   - A homeless shelter.
   - A drug treatment center.
   - A shelter for battered women.
   - A group home. ..... ○ Yes ○ No

If yes, who?

6. When people break program rules, they are sometimes "disqualified" from getting benefits. People who are disqualified are sent a letter and told they can't get cash help (TANF) or food benefits (SNAP).

   Is anyone living with you disqualified from getting cash help or food benefits anywhere in the United States? ..... ○ Yes ○ No

Section II

Medical Facts

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

Other health insurance

Does anyone have health insurance other than Medicare, Medicaid, or CHIP? ... ○ Yes ○ No
If yes, give facts below.

Name of insured person (first, middle, last) | **Insurance company**

Policy number | **Coverage start date** / / | **Coverage end date** / /

Type of coverage | **How much is the premium?** $ | **Who pays the premium?**

Name of insured person (first, middle, last) | **Insurance company**

Policy number | **Coverage start date** / / | **Coverage end date** / /

Type of coverage | **How much is the premium?** $ | **Who pays the premium?**

Section H

Medical Facts (continued)

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

Medical bills from the past 3 months

If anyone on your case can't pay their medical bills, Medicaid might pay them.

- The bills must be for services they got in the past 3 months.
- You need to show proof of money you get (income) for the months they got services.

Does anyone applying for benefits have medical bills for services they got in the past 3 months? ..... ○ Yes ○ No

If yes, who? (first, middle, last)

If yes, who? (first, middle, last)

Section I

Things Anyone is Paying for or Owns

Skip this section if you are applying only for Medicaid for Pregnant Women.

Vehicles

Does anyone own or is anyone paying for a:
• car • truck • boat • motorcycle • other ..... ○ Yes ○ No

If yes, give facts below.

Name of owner (first, middle, last) | **Make / Model** | **Year**

Name of co-owner if also owned by someone outside the home

○ Vehicle is used for a person with a disability.

$ **Money still owed on vehicle**

Name of owner (first, middle, last) | **Make / Model** | **Year**

Name of co-owner if also owned by someone outside the home

○ Vehicle is used for a person with a disability.

$ **Money still owed on vehicle**

Name of owner (first, middle, last) | **Make / Model** | **Year**

Name of co-owner if also owned by someone outside the home

○ Vehicle is used for a person with a disability.

$ **Money still owed on vehicle**

If you need more room, add more pages with the same facts.

Section H

Things Anyone is Paying for or Owns (continued)

Skip this section if you are applying only for Medicaid for Pregnant Women.

If you need more room, add more pages.

Things anyone is paying for or owns

We need to know about items anyone owns or is paying for, such as:
• cash • bank accounts • homes and other property • insurance policies • stocks

Does anyone own or is anyone paying for these types of items? ..... O Yes O No

If yes, give facts below.

Item | **Account number** | **Value** $

Names on account or deeds (include co-owners)

Name and address of bank or business (to contact about the item)

Item | **Account number** | **Value** $

Names on account or deeds (include co-owners)

Name and address of bank or business (to contact about the item)

Item | **Account number** | **Value** $

Names on account or deeds (include co-owners)

Name and address of bank or business (to contact about the item)

Money Coming into the Home

Money anyone might get from other programs

Is anyone waiting for an answer on an application for one of the programs listed below? ..... O Yes O No

If yes, mark the program anyone is waiting to hear from.

O Social Security (RSDI) O Supplemental Security Income (SSI)
O Other disability O Unemployment compensation benefits

Name of person waiting for an answer | **Program name**

Name of person waiting for an answer | **Program name**

Social Security number: ___ - ___ - ____

Section 0

Money Coming into the Home
(continued)

Money from jobs

Did anyone get money in the past 3 months from:
(a) working for someone else (b) training, or (c) working for themself? .... O Yes O No
If yes, give facts below.

Job 1

$ ________ before taxes and deductions are taken out

Name of person who got money from a job **Hours worked** **Amount paid**

/ / **Start date** / **Last payment date** (month/year)

How often are you paid?
O daily O twice a month
O once a week O once a month
O every 2 weeks O other:______

Is this person currently working at this job? .... O Yes O No
Was this person working for themself? .... O Yes O No
If no, list the person or place that paid the money.

Job 2

$ ________ before taxes and deductions are taken out

Name of person who got money from a job **Hours worked** **Amount paid**

/ / **Start date** / **Last payment date** (month/year)

How often are you paid?
O daily O twice a month
O once a week O once a month
O every 2 weeks O other:______

Is this person currently working at this job? .... O Yes O No
Was this person working for themself? .... O Yes O No
If no, list the person or place that paid the money.

Job 3

$ ________ before taxes and deductions are taken out

Name of person who got money from a job **Hours worked** **Amount paid**

/ / **Start date** / **Last payment date** (month/year)

How often are you paid?
O daily O twice a month
O once a week O once a month
O every 2 weeks O other:______

Is this person currently working at this job? .... O Yes O No
Was this person working for themself? .... O Yes O No
If no, list the person or place that paid the money.

Section O

Money Coming into the Home
(continued)

Other money

Does anyone get, or expect to get, any of the types of money listed below? .... O Yes O No
If yes mark other types of money anyone gets or might get soon.

- O Supplemental Security Income (SSI).
- O Social Security.
- O Retirement benefits.
- O Veterans benefits.
- O Child support anyone gets.
- O Cash or gifts.
- O Payments after being hurt at work (workers' compensation).
- O Payments after losing a job (unemployment compensation).
- O Alimony.
- O Interest or dividends.
- O Loans paid to anyone on your case.
- O Payments from private insurance.
- O Payments to help with utilities.
- O Rent paid to you.
- O Other ____________

If anyone gets, or expects to get, any of these types of money, give the facts below.

Type of money (item you marked above) ____ $ ____ **Amount you get paid** ____ / ____ **Last payment date** (month/year)
Name of person getting this money (if child support, list child's name) ____
Person, company, or agency paying the money ____
How often are you paid? O daily O once a week O every 2 weeks O twice a month O once a month O other:____

Type of money (item you marked above) ____ $ ____ **Amount you get paid** ____ / ____ **Last payment date** (month/year)
Name of person getting this money (if child support, list child's name) ____
Person, company, or agency paying the money ____
How often are you paid? O daily O once a week O every 2 weeks O twice a month O once a month O other:____

Type of money (item you marked above) ____ $ ____ **Amount you get paid** ____ / ____ **Last payment date** (month/year)
Name of person getting this money (if child support, list child's name) ____
Person, company, or agency paying the money ____
How often are you paid? O daily O once a week O every 2 weeks O twice a month O once a month O other:____

Type of money (item you marked above) ____ $ ____ **Amount you get paid** ____ / ____ **Last payment date** (month/year)
Name of person getting this money (if child support, list child's name) ____
Person, company, or agency paying the money ____
How often are you paid? O daily O once a week O every 2 weeks O twice a month O once a month O other:____

Social Security number: ___ - __ - ____

Housing Costs

This section is only for people applying for food benefits.

Skip this section if you are applying only for Medicaid for Pregnant Women.

Housing costs

1. Does anyone pay any of the costs listed below for the home they are living in? Or for a home they plan to return to? ..... O Yes O No

If yes, mark the costs they have and list the amount:

- O Rent or home payment $_____
- O Tax on home $_____
- O Water and sewer $_____
- O Electricity $_____
- O Natural gas/propane $_____
- O Phone $_____
- O Home insurance $_____
- O Other $_____

2. Does another person not living in the home help anyone on your case pay for housing costs? ..... O Yes O No

Section C

Costs to Take Care of Others

Costs to take care of others

Does anyone have costs to take care of others? O Yes O No

If yes, give facts below.

Examples:

- Child care costs so someone can work, look for work, go to training, or go to school.
- Child support payments, medical bills, and health insurance you pay for a child living outside the home.
- Alimony payments.
- Costs for people with disabilities or adults who need help caring for themselves.

Type of cost _____ **First name** of person who gets care or support _____

Who pays the cost? _____ **Amount paid** $_____ **Date last paid** / /

How often paid?
O daily
O once a week
O every 2 weeks
O twice a month
O once a month
O other: _____

Person or company that gets the money (name, address, and phone number) _____

For court ordered child support list child who gets support (provide copy of court order)

Type of cost _____ **First name** of person who gets care or support _____

Who pays the cost? _____ **Amount paid** $_____ **Date last paid** / /

How often paid?
O daily
O once a week
O every 2 weeks
O twice a month
O once a month
O other: _____

Person or company that gets the money (name, address, and phone number) _____

For court ordered child support list child who gets support (provide copy of court order)

Type of cost _____ **First name** of person who gets care or support _____

Who pays the cost? _____ **Amount paid** $_____ **Date last paid** / /

How often paid?
daily
once a week
every 2 weeks
twice a month
once a month
other: _____

Person or company that gets the money (name, address, and phone number) _____

For court ordered child support list child who gets support (provide copy of court order)

Section F

Medical Costs

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

Medical costs

Does anyone age 60 or older, or anyone with a disability, pay medical costs? ..... ○ Yes ○ No

If yes, mark the type of costs they pay:
○ Doctor ○ Hospital ○ Medicine ○ Health insurance

Section G

People Helping You

People helping you

Did someone help you fill out this form? ..... ○ Yes ○ No

If yes, tell us about that person:

Name

Relationship or organization **Phone** ( ) -

Address

Section H

Signing Up to Vote (optional)

Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ..... ○ Yes ○ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 1-800-252-8683

Agency Use Only: Voter Registration Status

☐ Already registered ☐ Client declined ☐ Agency transmitted
☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature

Social Security number: - -

Section I

A Person Who Can Act for You

Don't forget to sign page 18.

Person who has the right to act for you

If you want, you can give someone the right to act for you (an authorized representative). That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed for you to get benefits. This includes reporting changes.

Do you want to give someone the right to act for you — to be your authorized representative? ..... O Yes O No

If yes, tell us about that person (the authorized representative):

Name of person who you want to have the right to act for you.

Address

( )

Phone

Section J

Legal Information

Legal information

Your Right to be Treated Fairly

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Office for Civil Rights, 1301 Young Street #1169, Dallas, TX 75202-5433. Or call 1-214-767-4056 or 1-214-767-8940 (TTY). USDA and HHS are equal opportunity providers and employers.

You also can contact the Texas HHSC Civil Rights Office. Write to: HHSC Office of Civil Rights, 701 W. 51st St., MC W206, Austin, Texas 78751. Or call toll-free 1-888-388-6332 or 1-877-432-7232 (TTY).

Citizenship and Immigration Status

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.

Social Security Numbers

You only need to give the Social Security numbers (SSNs) for people who want benefits. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN can't get benefits. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you don't. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R 273.6 for food benefits; 45 C.F.R 205.52 for TANF; and 42 C.F.R 435.910 for health care.)

Section V

Statement of Understanding

Read Section W before signing page 18.

All Benefit Programs

Facts HHSC Has About Me

HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks, employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

Keeping My Facts Private

HHSC will keep my facts private if they were collected:

- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:

- When needed for me to get state health-care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number.

Cash Help for Families (TANF)

Child Support or Alimony

I agree to:

- Let the state keep any child support or alimony money owed to anyone during the time they get TANF.
- Let the state keep this money after TANF benefits end, if the TANF amount anyone got still needs to be paid off.
- Tell HHSC about money anyone gets.
- Work with HHSC to get this money; if I don't, I am breaking the law.

The state will keep only the amount allowed by law.

If I Give False Information

If I choose not to tell the truth, I might:

- Be charged with and punished for a crime. (This could include going to prison for up to 10 years or community supervision.)
- Have to repay benefits.
- Never get TANF again.

Food Benefits (SNAP)

Telling the Truth

Anyone who applies for or gets SNAP must:

- Tell the truth.
- Never trade or sell SNAP benefits, Lone Star Cards, or other devices that allow people to get SNAP.
- Never use or have Lone Star Cards or other devices if they don't belong to them.

Anyone who chooses not to tell the truth might:

- **Not get SNAP for a year or more.**
- **Be fined up to $250,000, jailed up to 20 years, or both.**
- **Lose income tax refunds.**
- **Be charged with other crimes.**
- **Have to repay benefits.**
- **Never get SNAP again.**

The same is true if anyone lets someone else use their Lone Star Card.

Facts Anyone Tells or Gives HHSC

HHSC uses the facts anyone tells or gives HHSC, including Social Security numbers to:

- Check if that person can get benefits.
- Check that person's facts with computer matching programs and credit reporting agencies.
- Make sure that person is following benefit program rules.
- Help other agencies check if that person can get other benefits.
- Recover benefits that person wasn't supposed to get.
- Share facts about that person: (1) with other state and federal agencies (for example, the Texas Workforce Commission, the Social Security Administration, and the Internal Revenue Service); (2) with law enforcement officials so they can find people on that person's benefits case (the household) who are wanted for fleeing the law; and (3) with federal, state, and private claims collecting agencies for food benefit overpayment claims collection action.

(Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.)

More on next page

Section U

Statement of Understanding

Medicaid

If I Give False Information

If I choose not to tell the truth, I might:

- Be charged with a crime.
- Have to repay benefits.

The same is true if I let someone else use my medical card or Medicaid ID.

Giving Out Facts About Me

I agree to let Medicaid health care providers (doctors, drug stores, hospitals, etc.) give out any facts about me to HHSC. This will allow the providers to be paid by Medicaid.

Medical and Child Support Payments

Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage.

- If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but don't get right now.
- If my child and I both get Medicaid, I must:
  - Help the state get any payments and coverage we should get, but don't right now. If I don't help the state, my child can get Medicaid, but I might not.
  - Identify who the child's other parent is.
  - Allow the state to keep any medical support payments.

If I get Medicaid, HHSC will keep medical service payments I can get from other sources, such as:

- My health insurance.
- Money I got because of injuries.
- Money collected for me or my children by the Office of Attorney General.

I must tell HHSC about these sources. If I don't, I am breaking the law.

HHSC will only keep the amount of medical support and service payments allowed by law. I will work with HHSC to get these funds.

Did you...

1. **Sign and date page 1** (if you have not already sent it in).
2. **Include the "items we need" listed in the cover section.**
3. **Sign and date this page.**

By signing below, I agree:

- To let HHSC and other state, federal, and local agencies check, share, and get facts about anyone on my benefits case (the household).
- To let other people, businesses, and organizations share facts they have about anyone on my benefits case (the household) with HHSC.
- The facts to be checked and shared include anything that helps decide: (1) who can get benefits, and (2) the amount of benefits.

My Answers Are True

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

Sign Here to Show You Agree:

_____ Date ___/___/_____

Sign here if you are applying for benefits. Or if you are the authorized representative.

_____ Date ___/___/_____

Sign here if you are a witness (only needed if the person above signed with an "X" or other mark).

_____

Printed name of witness

_____ ( ) - Date ___/___/_____

Sign here if you are a parent, guardian, or you have power of attorney. You must give proof of this right. **Phone**

Social Security number: ___ - ___ - ____

Texas Health and Human Services Commission

Form H1805
July 2011

SNAP Food Benefits: Your Rights and Program Rules

What can I buy with SNAP?

SNAP food benefits are used to buy food and garden seeds. Most grocery stores accept SNAP. You **can't** use SNAP to:

- Buy tobacco.
- Buy alcoholic drinks.
- Buy things you can't eat or drink
- Pay for food bills you already owe.

How will I get my SNAP benefits?

You will get a plastic card called the Lone Star Card. Every month your SNAP amount will be put in your Lone Star Card account. You will use this card like a credit card at the cash register. To get help with your card, call 1-800-777-7328 (toll-free).

Can I get SNAP?

You might be able to get SNAP if the money you get (income) and the things you own are under a set limit. Some things you own are not counted, for example:

- Your home
- Personal items
- Life insurance policies

How will I know how much I have in my SNAP account?

We will send you a letter telling you how much you will get each month. You can check your balance by calling the Lone Star Card help line at 1-800-777-7328 (toll-free).

How long will I get SNAP?

We will send you a letter telling you how long your benefit period is. Most adults age 18 to 50 who do not have a child in the home can get SNAP benefits for only 3 months in a 3-year period. The benefit period can be longer if the adult works at least 20 hours a week or is in an approved work program. Some might not have to work or be in a work program to get benefits, such as those who have a disability or are pregnant.

How do I apply?

You can apply by filling out a form (H1010). To get a form, you can either: (a) call toll-free 2-1-1 (if you can't connect, call 1-877-541-7905), or (b) visit a Texas Health and Human Services Commission (HHSC) benefits office. To find an office near you, call 2-1-1.

Can someone else buy food for me?

You can get a Lone Star Card for another person. That person can use the card to buy food for you. You are responsible for what that person buys with that card. If a card is lost or stolen, you must call us right away at 1-800-777-7328 (toll-free). We will not replace any SNAP benefits used before you report the loss or theft of the card.

Your Rights

1. We can't treat you unfairly (discriminate) because of age, race, color, sex, disability, religion, national origin or political beliefs. If you think you have been treated unfairly, you can file a complaint with us and the USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410.
2. You can give us your application form in person or by mail. Another person can give us the form for you.

You don't have to go to an interview before giving us your form. You can give us the form the same day you get it. We must accept your form if we can read your name and address, and it has been signed.

If you need help filling out the form or applying, we will help you.

3. We must give you benefits within 30 days after you give us your application if you: (a) give us everything on time, and (b) we find you meet SNAP program limits. Some people with very little money might get benefits the next workday after they apply.
4. You can talk to the office supervisor if: (a) you have questions that your caseworker can't answer, or (b) you disagree with a decision your caseworker makes.
5. You can file a complaint by calling 2-1-1. If you don't get the help you need there, you can call the HHSC Office of the Ombudsman at 1-877-787-8999. Both numbers are free to call.
6. If you think any action taken on your case is wrong, you can ask for a hearing to appeal. A hearing is a chance for you to tell a hearing officer the reasons you think the action is wrong. The hearing officer will decide if the right action was taken.
7. A child who gets SNAP will get free school lunches. The child must: (a) go to a public or private school, and (b) be in grades pre-school to high school. Contact your child's school if:
    - You don't want your child to get free school lunches.
    - You think your child should get free school lunches but doesn't.
    - You have questions about the free school lunch program.

Program Rules

1. Most people age 16 to 59 must follow work rules to get SNAP benefits. Work rules mean a person must look for a job or be in an approved work program. If the person has a job, they can't quit without good cause. A person who doesn't follow the work rules will be penalized.

    If your SNAP case has more than one parent or caretaker with a child (age 17 or younger), you must decide which parent or caretaker will be listed as the "primary wage earner." If you don't decide who will be the primary wage earner, HHSC will decide for you. If the primary wage earner doesn't follow the work rules, **everyone** on the SNAP case will be penalized.

    Penalties:

    - **1st time:** No SNAP benefits for 1 month or longer (until the person follows the rules).
    - **2nd time:** No SNAP benefits for 3 months or longer (until the person follows the rules).
    - **3rd time:** No SNAP benefits for 6 months or longer (until the person follows the rules).
2. You must tell us about changes to your case within 10 days of the change. We gave you a list that shows the changes we need to know about (see Form H1019, Report of Change).
3. If you get more SNAP benefits than you should, you must pay them back.
4. If you move out of the state before using all the benefits in your account, you can use your Lone Star Card at stores that accept SNAP benefits in other states.
5. These are the penalties for people who break SNAP rules on purpose:
    - **1st time:** Can't get SNAP for 1 year.
    - **2nd time:** Can't get SNAP for 2 years.
    - **3rd time:** Can never get SNAP again.

If a court of law decides you can't get benefits, the court will also decide for how long.

If you have any questions, call 2-1-1.

Comisión de Salud y Servicios Humanos de Texas

Beneficios de comida del Programa SNAP: Sus derechos y las reglas del programa

Form H1805
Julio de 2011

¿Qué puedo comprar con el Programa SNAP?

Los beneficios de comida del Programa SNAP se usan para comprar alimentos y semillas para huertos. Casi todos los supermercados aceptan el Programa SNAP. Usted **no puede** usar el Programa SNAP para:

- Comprar tabaco.
- Comprar bebidas alcohólicas.
- Comprar cosas que no se puedan comer ni beber.
- Pagar cuentas de alimentos que ya debe.

¿Cómo recibo los beneficios del Programa SNAP?

Recibirá una tarjeta de plástico llamada la tarjeta Lone Star. Cada mes se cargará a la cuenta de la tarjeta Lone Star la cantidad de sus beneficios del Programa SNAP. Usará la tarjeta en la caja como una tarjeta de crédito. Para recibir ayuda con la tarjeta, llame al 1-800-777-7328 (gratis).

¿Puedo recibir beneficios del Programa SNAP?

Quizás pueda recibir beneficios del Programa SNAP si el dinero que recibe (los ingresos) y las cosas que le pertenecen están por debajo de un límite fijo. No se cuentan algunas pertenencias, por ejemplo:

- Su casa
- Artículos personales
- Pólizas de seguro de vida

¿Cómo sé cuánto tengo en la cuenta del Programa SNAP?

Le enviaremos una carta diciéndole cuánto recibirá cada mes. Puede revisar el saldo llamando a la línea de ayuda de la tarjeta Lone Star al 1-800-777-7328 (gratis).

¿Por cuánto tiempo recibiré beneficios de comida del Programa SNAP?

Le enviaremos una carta diciéndole por cuánto tiempo puede cobrar beneficios. La mayoría de los adultos entre 18 y 50 años, sin hijos en la casa, puede recibir beneficios del Programa SNAP por solo 3 meses en un periodo de 3 años. El periodo de beneficios puede ser más largo si el adulto trabaja por lo menos 20 horas por semana o si está en un programa aprobado de trabajo. Puede ser que algunos no tengan que trabajar ni estar en un programa de trabajo para recibir beneficios, como las personas discapacitadas o las mujeres embarazadas.

¿Cómo solicito?

Puede hacerlo llenando una solicitud (Forma H1010s). Para obtener una solicitud: (a) llame gratis al 211 (si no puede comunicarse, llame al 1-877-541-7905), o (b) visite una oficina de beneficios de la Comisión de Salud y Servicios Humanos (HHSC) de Texas. Para encontrar una oficina cercana, llame al 211.

¿Puede otra persona comprarme los alimentos?

Usted puede obtener una tarjeta Lone Star para otra persona. Esa persona puede usar la tarjeta para comprarle los alimentos a usted. Usted es responsable de lo que esa persona compre con esa tarjeta. Si se pierde o le roban la tarjeta, usted tiene que llamarnos inmediatamente al 1-800-777-7328 (gratis). No le reembolsaremos por ningún beneficio del Programa SNAP usado antes de avisar sobre la pérdida o el robo de la tarjeta.

Sus derechos

1. No podemos tratarlo injustamente (discriminarlo) debido a su edad, raza, color, sexo, discapacidad, religión, origen nacional u opiniones políticas. Si cree que lo han tratado injustamente, puede presentar una queja ante nosotros y a: USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410.
2. Nos puede dar la solicitud en persona o la puede enviar por correo. Otra persona nos la puede entregar a nombre

suyo. Usted no tiene que ir a una entrevista antes de entregarnos la solicitud. Nos la puede dar el mismo día que la recibe. Tenemos que aceptar la solicitud si su nombre y dirección se pueden leer, y si está firmada. Si necesita ayuda para llenar la solicitud, podemos ayudarle.

3. Tenemos que darle los beneficios dentro de 30 días después de recibir su solicitud, si usted: (a) nos da todo a tiempo y (b) decidimos que usted satisface los límites del Programa SNAP. Algunas personas con muy poco dinero podrían recibir beneficios el siguiente día laboral después de presentar la solicitud.
4. Puede hablar con el supervisor de la oficina si: (a) tiene preguntas que el trabajador de casos no puede contestar o (b) no está de acuerdo con una decisión del trabajador de casos.
5. Puede presentar una queja llamando al 211. Si no le dan la ayuda que necesita, también puede llamar a la Oficina del Ombudsman de la HHSC al 1-877-787-8999. Llamar a estos teléfonos es gratis.
6. Si cree que alguna acción tomada en su caso es incorrecta, puede pedir una audiencia para apelarla. Una audiencia es una oportunidad para decirle al funcionario de audiencias las razones por las cuales cree que la acción es incorrecta. El funcionario de audiencias decidirá si se tomó la acción correcta.
7. Un niño que recibe beneficios del Programa SNAP recibirá el almuerzo gratis en la escuela. El niño tiene que: (a) asistir a una escuela pública o privada y (b) estar en cualquier grado desde el prekinder hasta la preparatoria. Comuníquese con la escuela de su hijo si:
    - No quiere que su hijo reciba el almuerzo gratis en la escuela.
    - Cree que su hijo debe recibir el almuerzo gratis, pero no lo recibe.
    - Tiene preguntas sobre el programa de almuerzo gratis.

Reglas del programa

1. La mayoría de las personas entre 16 y 59 años tiene que seguir las reglas de empleo para recibir beneficios del Programa SNAP. Según las reglas de empleo, una persona tiene que buscar trabajo o estar en un programa aprobado de trabajo. Si la persona tiene trabajo, no puede dejarlo sin tener un motivo justificado. La persona que no sigue las reglas de empleo será sancionada.

   Si en su caso del Programa SNAP hay más de un padre o cuidador con un niño (de 17 años o menos), usted tiene que decidir cuál padre o cuidador aparecerá como el "principal sostén económico." Si no decide quién va a ser el principal sostén económico, la HHSC decidirá por usted. Si el principal sostén económico no sigue las reglas de empleo, **todas las personas** que estén en el caso del Programa SNAP serán sancionadas.

   Sanciones:

    - 1.a vez: No recibirá beneficios del Programa SNAP por 1 mes o por más tiempo (hasta que la persona siga las reglas).
    - 2.a vez: No recibirá beneficios del Programa SNAP por 3 meses o por más tiempo (hasta que la persona siga las reglas).
    - 3.a vez: No recibirá beneficios del Programa SNAP por 6 meses o por más tiempo (hasta que la persona siga las reglas).
2. Usted tiene que decirnos sobre cambios en su caso dentro de 10 días después del cambio. Le dimos una lista que muestra los cambios que necesitamos saber (vea la Forma H1019s, Informe de cambio).
3. Si recibe más beneficios del Programa SNAP de los que debería recibir, tiene que devolver el exceso.
4. Si se muda fuera del estado antes de usar todos los beneficios en su cuenta, puede usar la tarjeta Lone Star en otros estados en los supermercados que acepten beneficios del Programa SNAP.
5. Estas son las sanciones que sufrirán las personas que intencionalmente violan las reglas del Programa SNAP:
    - 1.a vez: No puede recibir beneficios del Programa SNAP por 1 año.
    - 2.a vez: No puede recibir beneficios del Programa SNAP por 2 años.
    - 3.a vez: Jamás volverá a recibir beneficios del Programa SNAP.

Si una corte decide que usted no puede recibir beneficios, la corte además decidirá por cuánto tiempo.

Si tiene alguna pregunta, llame al 211.

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