Report on Medicaid Coverage for Former Foster Children

As Required by

House Bill 1, 86th Legislature,
Regular Session, 2019 (Article II,
HHSC, Rider 35)

Texas Health and Human Services
Commission

November 2020
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Executive Summary

The 2020–21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 35), requires the Texas Health and Human Services Commission (HHSC) to develop a new report to evaluate the number of youth formerly in foster care who do not renew their Medicaid and therefore do not maintain continuous health coverage until age 26. Additionally, Rider 35 requires HHSC to develop recommendations to improve the rate of youth formerly in foster care who maintain continuous health coverage. Beginning in 2019, this information must be submitted in an annual report by November 1 of each year to the Governor, the Legislative Budget Board, the Speaker of the House, the Lieutenant Governor, and members of the Senate Finance Committee and House Appropriations Committee.

With the implementation of the Affordable Care Act (ACA), youth who “age out” of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible for Medicaid until age 26 through the Former Foster Care Children (FFCC) program.

Prior to the implementation of Rider 35, HHSC and the Texas Department of Family and Protective Services (DFPS) worked together to improve the FFCC Medicaid retention rate. Although previous strategies have been successful, in fiscal year 2019, 729¹ youth who were potentially eligible for continuous Medicaid coverage until age 26 were denied Medicaid before aging out of the program. To address this issue, during fiscal year 2020, DFPS and HHSC implemented strategies from the 2019 report to assist youth with maintaining their Medicaid coverage. The impact of these strategies will be reflected in the data for fiscal year 2020 and fiscal year 2021.

This report:

- Provides an overview of the FFCC program;
- Explores the unique challenges youth formerly in foster care experience that may prevent them from maintaining Medicaid coverage;

¹ This number represents the total number of denials from fiscal year 2019, minus the number of youth who aged out of the program and minus the number of youth who voluntarily withdrew from the FFCC Medicaid program.
● Documents the number of FFCC recipients who did not maintain continuous Medicaid coverage;
● Discusses the strategies initially implemented in fiscal year 2016 and fiscal year 2017 and the additional strategies implemented in fiscal year 2020 to assist youth with maintaining their Medicaid coverage; and
● Identifies strategies from the 2019 report that HHSC and DFPS will continue to implement and new strategies HHSC and DFPS will consider implementing in fiscal year 2021 to improve the number of youth who maintain continuous health coverage.
1. Introduction

HHSC, in collaboration with DFPS, implemented the following strategies in fiscal year 2020 to assist eligible youth with maintaining their Medicaid coverage. These strategies are in addition to the strategies initially implemented in fiscal year 2016 and fiscal year 2017, as documented in the 2019 report.

- HHSC staff presented information about FFCC Medicaid to the Texas Youth Leadership Council and obtained recommendations from the council on how to assist youth with maintaining continuous Medicaid coverage;
- HHSC, DFPS, and stakeholders made recommendations to streamline Form H1206-FFCC, *Health-Care Benefits Renewal*, to make the form easier for youth to understand and complete;
- HHSC and DFPS posted a reminder on their social media accounts about informing HHSC of address changes and other case updates; and
- DFPS ensured staff and volunteers who work with youth have access to information about FFCC Medicaid.

As required by Rider 35, HHSC and DFPS will continue to recommend and, as appropriate, implement strategies to improve the number of youth who maintain Medicaid coverage until they age out of the FFCC program.
2. Background

With the implementation of ACA, youth who “age out” of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible for the FFCC program until their 26th birthday, if they continue to meet the eligibility criteria.²

Medicaid recipients, including youth formerly in foster care, must renew their Medicaid eligibility once every 12 months.³ HHSC’s eligibility system uses electronic data sources to attempt to verify the required eligibility criteria prior to requesting information from the recipient. Eligibility is automatically renewed for a new 12-month certification period without requiring the youth to provide an application or additional information if eligibility can be verified through electronic data sources. If eligibility cannot be verified through electronic data sources, an application and any requested verification must be provided. FFCC coverage is denied if the application or the requested verification is not provided.

Additionally, individuals receiving FFCC are required to timely report all address changes. This ensures they can receive the correspondence needed to maintain Medicaid coverage. FFCC coverage must be denied if HHSC receives returned mail during the youth’s FFCC certification period and HHSC is unable to locate their new address. HHSC continues to work with DFPS and stakeholders to improve FFCC Medicaid retention by educating and informing youth of the importance of reporting address changes.

² 42 CFR §435.150 Former foster care children.
³ 42 CFR §435.916 Periodic renewal of Medicaid eligibility.
3. Medicaid Coverage for Former Foster Children

Eligibility Criteria
To be eligible for the FFCC program, a person must:

- Have aged out of foster care in Texas at age 18 or older;
- Be age 18 through 25;
- Have been receiving Medicaid when the person aged out of foster care; and
- Meet all other Medicaid eligibility criteria such as United States citizenship or qualifying immigration status and Texas residency.

Income is not used to determine eligibility for the FFCC program.  

Population
The FFCC program was implemented on January 1, 2014. The average monthly enrollment has increased each fiscal year, as shown in Table 1.

Table 1. Average Monthly Enrollment by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Monthly Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15</td>
<td>3,562</td>
</tr>
<tr>
<td>FY16</td>
<td>4,022</td>
</tr>
<tr>
<td>FY17</td>
<td>4,187</td>
</tr>
<tr>
<td>FY18</td>
<td>4,427</td>
</tr>
<tr>
<td>FY19</td>
<td>4,560</td>
</tr>
</tbody>
</table>

As of December 2019, 4,565 youth were enrolled in the FFCC program.

Auto-Enrollment to FFCC Program
Youth do not need to apply for FFCC Medicaid when they age out of foster care. When youth who receive Medicaid under the foster care program age out, DFPS sends the youth’s information, which includes name, last known address, and Social Security number, to the HHSC eligibility system (Texas Integrated Eligibility

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4 42 CFR §435.150 Former foster care children.
5 The average monthly enrollment numbers have been updated to reflect a single source of enrollment data for all years and to provide updates based on the most recent data available.
Redesign System) through an automated interface. The last known address could be the youth’s last foster home residence or their former DFPS caseworker’s office address.

The HHSC eligibility system uses this information to certify the youth for FFCC Medicaid. By using this process, youth can transition from Foster Care Medicaid to FFCC Medicaid without a gap in Medicaid coverage.

**Renewal Process**

Once certified, the youth must renew their FFCC Medicaid eligibility once every 12 months. To maintain FFCC eligibility, the youth must be a Texas resident and, if applicable, have a valid Medicaid-eligible immigration status. HHSC redetermines eligibility without requiring additional information from the youth if verification is available through electronic data sources. In fiscal year 2019, on average, 81 percent of the FFCC renewals were conducted without requiring youth to submit additional information to HHSC.

During the ninth month of the FFCC 12-month certification period, the HHSC eligibility system automatically attempts to use electronic data from the following sources to verify eligibility:

- LexisNexis Consumer Instant ID, which includes data from the Department of Public Safety to verify the person’s residency; and
- Department of Homeland Security Systematic Alien Verification for Entitlements program to verify the immigration status of noncitizen youth whose immigration documents expire during the current certification period.

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6 42 CFR §435.916 Periodic renewal of Medicaid eligibility.
8 42 CFR §435.916 (a)(2) and (b) Periodic renewal of Medicaid eligibility.
Table 2. Eligibility Verification

<table>
<thead>
<tr>
<th>Eligibility Verified Electronically</th>
<th>Eligibility Not Verified Electronically</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHSC sends:</td>
<td>HHSC sends:</td>
</tr>
<tr>
<td>• Form H1211, <em>It’s Time to Renew Your Health-Care Benefits Cover Letter</em>, ⁹ which:</td>
<td>• Form H1211, <em>It’s Time to Renew Your Health-Care Benefits Cover Letter</em>, which:</td>
</tr>
<tr>
<td>› Notifies the youth they must review the information on their pre-populated renewal Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>, ¹⁰ for accuracy;</td>
<td>› Notifies the youth they must complete and return a signed pre-populated renewal Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>, and send required verification to redetermine eligibility;</td>
</tr>
<tr>
<td>› States that the youth is only required to sign and return Form H1206-FFCC if the information on the form is incorrect or if there are changes to the youth’s case;</td>
<td>› Instructs the youth on how to complete the renewal form online through their YourTexasBenefits.com account; and</td>
</tr>
<tr>
<td>› Instructs the youth on how to review or complete information on the renewal form online through their YourTexasBenefits.com account; and</td>
<td>› Instructs the youth on how to request a paper form if they are unable to go online.</td>
</tr>
<tr>
<td>› Instructs the youth on how to request a paper form if they are unable to go online.</td>
<td><em>Note</em>: Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>, is not provided with Form H1211. The youth must either renew online or request the paper form.</td>
</tr>
<tr>
<td><em>Note</em>: Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>, is not provided with Form H1211. The youth must either renew online or request the paper form.</td>
<td></td>
</tr>
</tbody>
</table>

FFCC youth are required to verify residency and immigration status if HHSC is unable to verify this information using electronic data sources.

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⁹ Appendix C provides a sample of Form H1211, *It’s Time to Renew Your Health-Care Benefits Cover Letter*.

¹⁰ Appendix C provides a sample of Form H1206-FFCC, *Health-Care Benefits Renewal*. 
If eligibility cannot be verified electronically, the youth must complete a renewal form and provide requested verification. Form H1020, *Request for Information or Action*, indicates which eligibility criteria must be verified and provides several options of verification sources. For example, for residency, youth can provide a copy of their driver’s license or state ID with a current address, a utility bill, a rent receipt, or a statement from a nonrelative. The Texas Foster Youth Justice Project, a key stakeholder for youth formerly in foster care, provides a sample letter on their website that youth can use to verify their residency with a statement from a nonrelative.

When a final eligibility determination has been made, HHSC mails Form TF0001, *Notice of Case Action*, to notify an applicant or recipient:

- When coverage starts;
- When coverage ends;
- How to report changes; and
- The right to appeal.

**Coordination with DFPS**

DFPS provides programs and services for youth in state care beginning at age 14 through its Transitional Living Services (TLS) program. The TLS program provides transition planning, services, and benefits to both older youth in foster care and those who have aged out. Transitional Living Services are available to youth age 14 to 23. The most significant program in TLS is the Preparation for Adult Living (PAL) program.

The DFPS PAL program is designed to help support youth in foster care with developing the knowledge and skills needed to successfully transition to adult living. One of the topics reviewed in the PAL program is FFCC Medicaid. To help youth understand the FFCC program and the importance of maintaining their enrollment, DFPS coordinated with HHSC to develop an informational flyer\[^{11}\] that includes:

- Information about the ability of youth formerly in foster care to receive Medicaid benefits until age 26 through the FFCC program;
- Eligibility criteria for FFCC Medicaid;
- How to apply for, if denied after the initial automatic certification, and renew Medicaid benefits;

\[^{11}\]https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/documents/Medicaid_Benefits_Handout.pdf
• Instructions for completing the application; and
• The importance of reporting address changes within 10 days.

PAL contractors or PAL staff provide the FFCC Medicaid flyer to youth during the health section of their life skills training curriculum, at Aging-Out Seminars, virtual meetings, and during other state and regional events. Youth may also receive the FFCC Medicaid flyer when participating in other TLS services. Furthermore, DFPS continually works to provide information about FFCC Medicaid to youth through its educational materials; its network of state and local community stakeholders, including foster parents, judges, and Court Appointed Special Advocates (CASA); state and regional teen conferences; and in one-on-one meetings with youth.

Additionally, the FFCC Medicaid flyer is posted in all regional transition centers. The transition centers, which are in 17 locations across Texas\textsuperscript{12}, provide a central clearinghouse for many partners to serve youth age 15.5 to 25 who are in the process of aging out or who have aged out of foster care.

Youth up to age 21 may also receive information about FFCC Medicaid when they volunteer to participate in PAL aftercare case management services. This program supports youth currently and formerly in foster care to successfully transition from DFPS custody to living on their own. The number of youth receiving aftercare case management services in fiscal years 2016 through 2019 are shown in Table 3. Efforts are made to partner with local housing authorities, workforce development boards, and other community resources to ensure that youth in need receive services to help them achieve successful outcomes. DFPS reports that young adults participating in this program typically remain in contact with their PAL staff through telephone, instant messaging, and email until they turn age 21. A small percentage of these youth remain in contact with PAL staff until age 26. With the urging of staff, some young adults will also provide their current address, telephone number, or email address to their PAL staff if their current living arrangement is stable and not short-term.

Table 3. Youth Served through Aftercare Case Management Services

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Youth Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
<td>2,526</td>
</tr>
<tr>
<td>FY17</td>
<td>2,391</td>
</tr>
<tr>
<td>FY18</td>
<td>2,942</td>
</tr>
</tbody>
</table>

\textsuperscript{12}\url{http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/transition_centers.asp}
Fiscal Year | Youth Served
--- | ---
FY19 | 2,663

**Challenges to Maintaining Continuous Medicaid Coverage**

Youth formerly in foster care experience unique challenges that may make it difficult for them to maintain or renew their FFCC Medicaid. These challenges include, but are not limited to:

- Transient living arrangements that either cause the youth not to receive HHSC correspondence, such as the request for information or their annual renewal documents, or that cause the correspondence to be returned to HHSC (returned mail);
- Lack of knowledge about:
  - The importance of submitting requested information to maintain Medicaid coverage,
  - The importance of reporting address changes and how to report them,
  - How to reapply for or renew FFCC Medicaid, and
  - How to obtain information about their case; and
- Transportation challenges.

**Denials**

As in previous years, in fiscal year 2019, the two most common reasons a youth did not maintain continuous Medicaid coverage until age 26 were *failure to provide requested information* and *unable to locate*.

- *Failure to provide requested information* – The youth did not submit the FFCC renewal form or other information needed to renew their Medicaid. In fiscal year 2019, 328 youth were denied FFCC Medicaid because they did not return their renewal packet. An additional 30 youth were denied because they did not return the verification needed to renew their Medicaid.
- *Unable to locate* – HHSC correspondence for the youth was returned, and HHSC was unable to locate the youth. In fiscal year 2019, 220 youth were denied for unable to locate.
Table 4. Most Common Denial Reasons for Fiscal Year 2019

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>Percentage of Total Denials</th>
<th>Associated Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to provide requested information (renewal packet or verification documents)</td>
<td>38%</td>
<td>Transient living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about the importance of submitting requested information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about how to renew FFCC Medicaid</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>23%</td>
<td>Transient living arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lack of knowledge about the importance of reporting the change and how to report an address change</td>
</tr>
</tbody>
</table>

Youth who are denied FFCC Medicaid can reapply until they turn 26 years of age if they continue to meet all other eligibility criteria. As of December 31, 2019, 33 percent of the potentially eligible youth who were denied continuous coverage in fiscal year 2018 and fiscal year 2019 had reapplied and were recertified to receive FFCC Medicaid. However, 81 percent of those youth experienced at least a one-month gap in Medicaid coverage. This data is shown in Table 5.

Table 5. Youth Recertified for FFCC Medicaid

<table>
<thead>
<tr>
<th>Fiscal Year (FY)</th>
<th>Number of Potentially Eligible Youth Denied FFCC</th>
<th>Number of Youth Recertified for FFCC&lt;sup&gt;13&lt;/sup&gt;</th>
<th>Number of Youth with One-Month Gap in Coverage&lt;sup&gt;14&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY18</td>
<td>798</td>
<td>320</td>
<td>242</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(40.1% of youth denied FFCC in FY18 were recertified by December 31, 2019.)</td>
<td>(75.6% of youth denied in FY18 and later recertified experienced at least a one-month gap in coverage.)</td>
</tr>
<tr>
<td>FY19</td>
<td>729</td>
<td>188</td>
<td>172</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(25.8% of youth denied FFCC in FY19 were recertified by December 31, 2019.)</td>
<td>(91.5% of youth denied in FY19 and later recertified experienced at least a one-month gap in coverage.)</td>
</tr>
</tbody>
</table>

<sup>13</sup> This represents the number of youth recertified for FFCC Medicaid by December 31, 2019.

<sup>14</sup> This represents the number of youth with at least a one-month gap in coverage.
**Previous Processes and System Modifications to Address Challenges**

When the FFCC program was first implemented on January 1, 2014 (fiscal year 2014), the eligibility staff who handled statewide applications and redeterminations were not as familiar with FFCC Medicaid policy as they were with policy for the larger Medicaid programs. In addition, HHSC did not provide any accommodations for youth regarding administrative processes, such as providing a simplified process for youth who call 2-1-1 to obtain case information. As a result, in the combined fiscal years of 2014 and 2015, 1,421 youth who were potentially eligible for continuous Medicaid coverage until age 26 were denied Medicaid before they aged out of the program.\(^\text{15}\) To address the number of youth who were denied coverage before aging out of the FFCC program, HHSC began working with DFPS and other stakeholders in fiscal year 2016 to develop and implement new procedures to help mitigate some of the challenges youth experience with maintaining continuous Medicaid coverage.

HHSC implemented the following changes during fiscal year 2016 and fiscal year 2017. With these changes, the number of FFCC Medicaid denials decreased each year from fiscal year 2016 to fiscal year 2019, as shown in Table 6.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Denials</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16</td>
<td>1,361</td>
</tr>
<tr>
<td>FY17</td>
<td>1,264</td>
</tr>
<tr>
<td>FY18</td>
<td>1,042</td>
</tr>
<tr>
<td>FY19</td>
<td>944</td>
</tr>
</tbody>
</table>

**Outreach**

HHSC conducted webinars about FFCC Medicaid to provide guidance and training to stakeholders so they could support youth with submitting changes, completing, and submitting their renewal packets, and reapplying for Medicaid if they were denied before turning age 26.

\(^\text{15}\) This number represents the total number of denials from January 1, 2014, to August 31, 2015, minus the number of youth who aged out of the program and minus the number of youth who voluntarily withdrew from the FFCC Medicaid program.
Training
HHSC updated the basic skills training curriculum and job aids for new field eligibility staff to include more information about FFCC Medicaid policy and conducted refresher trainings about FFCC Medicaid for current field and specialized eligibility staff.

Authentication Process
Before HHSC staff can provide information about a person’s case, staff must authenticate the person’s identity. The authentication process HHSC uses is similar to what is used to verify a person’s identity for banking or credit card accounts. The person is required to provide their case number and demographic information and must answer additional authentication questions, which could include confirming their home address during a specified period.

Youth formerly in foster care may not know the answers to the questions typically asked by HHSC staff when authenticating identity. For example, many youths have had numerous residences while in foster care and may not recall the address of a previous foster home or when they lived at each address. To assist youth with accessing their case information, HHSC modified its authentication process in fiscal year 2016 to require only a youth’s date of birth and Social Security number to authenticate their identity.

After the caller has been authenticated and identifies that they were formerly in foster care, they are transferred to an FFCC specialist for any FFCC-related questions. Before the caller is transferred, all other eligibility-related inquiries for programs other than FFCC Medicaid are addressed.

Call reviews are conducted monthly to determine the accuracy of call transfers. Audits conducted between December 2019 and May 2020 indicate a 95.38 percent accuracy rate. These review findings are used to identify error trends and if corrective action activities need to be implemented, such as modifications to call center scripts or additional training.

Specialized Eligibility Staff
When compared to the total number of people enrolled in Medicaid, the FFCC population is very small. In December 2019, 4,565 youth were enrolled in FFCC Medicaid, which represented only 0.12 percent of the total December 2019 Medicaid population.

When the FFCC program was implemented in Texas, statewide eligibility staff processed FFCC Medicaid actions. Because of the relatively small size of the FFCC
population, in comparison to other Medicaid programs with different eligibility criteria, eligibility staff were not as familiar with FFCC Medicaid policy as they were with policy for the larger Medicaid programs. As a result, some eligibility staff did not process FFCC Medicaid actions correctly which resulted in inaccurate denials.

Beginning fiscal year 2016, HHSC allows only specialized eligibility staff who are specifically trained on FFCC to process FFCC applications, renewals, and changes. Additionally, HHSC quality assurance staff review all FFCC denials monthly to ensure that the denials are accurate. Targeted case reviews indicate that in fiscal year 2019, 94.7 percent of the FFCC denied cases were denied accurately. If staff conducting the review identify an inaccurate denial, they immediately reinstate the youth’s Medicaid.

When youth contact HHSC by calling 2-1-1, they should be routed to a specialized eligibility staff when the youth identifies that they were formerly in foster care or when the youth asks to speak to an FFCC Medicaid specialist. However, during fiscal year 2020, there were several reports of youth not being transferred after having requested an FFCC Medicaid specialist. Upon that finding, the agency provided refresher training on the FFCC process to 2-1-1 staff. HHSC will continue to review audit finding trends to determine whether additional training is needed in fiscal year 2021.

**Application Process**

In general, all youth are enrolled in FFCC Medicaid through an automated interface and do not need to apply for health care coverage. However, a youth must reapply for Medicaid if the youth cannot be located or if the youth does not return a renewal packet.

Youth can reapply for Medicaid by submitting:

- A simplified application (Form H1205, *Texas Streamlined Application*), which is used only to apply for health care services; or
- The integrated application (Form H1010, *Texas Works Application for Assistance – Your Texas Benefits*), if the youth chooses to apply for other benefits, such as the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families, in addition to Medicaid.

Although youth may visit a local eligibility office to submit an application, they are not required to apply for benefits in person. They may also submit their application:

- By mail or fax
- Online through YourTexasBenefits.com; or
- By telephone by calling 2-1-1 and applying with a telephonic signature.

When the FFCC program was first implemented, the eligibility system could not automatically determine whether an applicant was eligible for FFCC Medicaid unless the applicant answered the former foster care question on the application. Not having this ability sometimes caused HHSC eligibility staff to incorrectly deny a youth’s Medicaid application because the youth was over age 18 and did not meet the eligibility requirements to qualify for other adult Medicaid programs.

To mitigate this issue, HHSC modified the eligibility system in fiscal year 2017 to automatically identify an applicant as a youth who aged out of foster care regardless of how or if the applicant answers the former foster care question on the application. This change helps to ensure that youth who meet the FFCC eligibility criteria receive FFCC Medicaid. It is important that these youths are identified because FFCC Medicaid eligibility criteria only requires that they have aged out of foster care and were receiving Medicaid when they aged out. Other adult Medicaid programs have eligibility criteria based on income and other factors, such as caring for a dependent child or having a disability.

**Report of Address Change**

All Medicaid recipients, including youth who receive FFCC Medicaid, can report an address change to HHSC in the following ways:

- Online through YourTexasBenefits.com;
- Via the Your Texas Benefits mobile app;
- By calling 2-1-1;
- In person at a local eligibility office; and
- In writing by mail or fax.

However, sometimes youth do not report a change of address and HHSC correspondence is returned as undeliverable. As federally required, a person must maintain their Texas residency to continue receiving FFCC Medicaid in Texas. Returned mail makes the person’s residency in Texas questionable.

When mail is returned for any Medicaid recipient, HHSC staff attempts to contact the person by phone to obtain their new address. If the person cannot be reached by phone and the person or someone living in their household receives Social Security benefits, staff inquires into the Social Security Administration system for a new address. If after following these steps HHSC staff cannot locate a new address, the person’s benefits are denied for being “unable to locate.”
Because these youths may have transient living arrangements, starting in fiscal year 2016, specialized eligibility staff were required to complete an additional step to try to locate the youth’s new address before denying coverage. Staff must contact the youth’s Medicaid managed care plan and DFPS PAL staff to determine if either have an updated address on file.

If staff cannot locate the youth’s current address after completing this additional step, their FFCC Medicaid is denied.

After this additional step was implemented in fiscal year 2016, the number of youth whose FFCC Medicaid was denied for being “unable to locate” decreased in fiscal year 2017 but slightly increased in fiscal year 2018 and increased again in fiscal year 2019, as shown in Table 7.

Table 7. Cases Denied for Being Unable to Locate

<table>
<thead>
<tr>
<th></th>
<th>FY1516</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases Denied, with Percentage17</td>
<td>132 (3.7%)</td>
<td>287 (7.1%)</td>
<td>162 (3.9%)</td>
<td>191 (4.3%)</td>
<td>220 (4.8%)</td>
</tr>
</tbody>
</table>

Strategies for Increasing Continuous Medicaid Coverage Implemented in Fiscal Year 2020

Although the strategies implemented in fiscal year 2016 and fiscal year 2017 improved the rate of youth who maintained continuous Medicaid coverage until age 26, there was still a significant number of youth who were denied Medicaid before aging out of the program. To address this issue, HHSC and DFPS implemented additional strategies in fiscal year 2020 to assist youth with maintaining their Medicaid coverage until age 26. Data regarding the effectiveness of these strategies will not be available until the 2021 report, but information about the current status of the strategies is included in Table 8.

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16 Fiscal year 2014 data was not included because it did not include a full year of data. In addition, fiscal year 2015 denials include only annual renewals for the FFCC recipients who were enrolled from January to August 2014 (not a full year).
17 The percentage of denials due to being unable to locate compared with the average monthly enrollment changed when the average monthly enrollment data was updated. (See footnote 5)
Table 8. Status of Strategies to Increase Continuous Medicaid Coverage

<table>
<thead>
<tr>
<th>Background/Issue</th>
<th>Strategy</th>
<th>Agency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth may find the FFCC Medicaid renewal application confusing, especially if the form asks for information that is not needed to renew their Medicaid. Removing unnecessary fields may make the form easier to understand and complete.</td>
<td>HHSC will review Form H1206-FFCC, Health-Care Benefits Renewal,(^{18}) to determine if any fields can be removed.</td>
<td>HHSC</td>
<td>HHSC staff met with DFPS staff and stakeholders to review Form 1206-FFCC, Health-Care Benefits Renewal. Several changes were proposed that should make the form easier for youth to understand and complete. The information technology (IT) project needed to implement the updates to the form has not yet been prioritized due to competing projects related to the COVID-19 public health emergency. This strategy will continue into fiscal year 2021. Once approved and prioritized, the system changes needed to implement the updates to the form will take between three and five months to complete.</td>
</tr>
</tbody>
</table>

\(^{18}\) Appendix C provides a sample of the Form H1206-FFCC, Health-Care Benefits Renewal.
<table>
<thead>
<tr>
<th><strong>Background/Issue</strong></th>
<th><strong>Strategy</strong></th>
<th><strong>Agency</strong></th>
<th><strong>Status</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Texas Youth Leadership Council is a DFPS advisory committee that was established in 1995 as a forum to address issues that affect children and youth who are currently or formerly in foster care. Because these youths have experienced some of the same challenges faced by other FFCC recipients, they may be able to identify challenges and strategies that HHSC has not yet considered.</td>
<td>HHSC will present information about FFCC Medicaid to the council and seek their feedback about additional strategies HHSC can implement to support youth with maintaining their Medicaid coverage until age 26.</td>
<td>HHSC</td>
<td>HHSC staff presented information about FFCC Medicaid to the Texas Youth Leadership Council at its February 8, 2020, meeting. HHSC staff also obtained the council’s recommendations for strategies that would assist youth to maintain their continuous Medicaid coverage. The council members suggested using social media, text, and email to send reminders to youth to submit their renewal packet and to inform HHSC when their addresses change. HHSC staff informed the council that youth can receive a text or email reminder about their renewal packet if they set up a YourTexasBenefits.com online account. By having an account, youth can opt to receive electronic notices from HHSC and will receive a text or email reminder when a notice is posted to their account. If requested, HHSC staff will make a presentation to the Texas Youth Leadership Council about FFCC Medicaid again in fiscal year 2021.</td>
</tr>
<tr>
<td><strong>Background/Issue</strong></td>
<td><strong>Strategy</strong></td>
<td><strong>Agency</strong></td>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Youth may be more likely to report an address change if they see a reminder through social media.</td>
<td>HHSC will increase its social media footprint by posting reminders on Twitter and Facebook about how to report an address change.</td>
<td>HHSC and DFPS</td>
<td>HHSC posted a reminder&lt;sup&gt;19&lt;/sup&gt; about updating case information on its Facebook and Twitter accounts in January 2020. DFPS posted the same reminder on its Youth Take Flight Instagram account. HHSC did not post additional reminders during fiscal year 2020 because of the COVID-19 public health emergency. This strategy will continue in fiscal year 2021.</td>
</tr>
<tr>
<td>The Texas Youth Connection website, which is designed for youth currently and formerly in foster care, provides information on topics, including education, jobs, housing, finances, and health and safety. Currently, information about the FFCC program is posted on this website, but youth must click through two layers of web pages to find the information. Youth may be more likely to use the FFCC Medicaid flyer as a resource if it is easily accessible.</td>
<td>DFPS will post the FFCC Medicaid flyer in a more visible location on the website. Additionally, DFPS plans to post the FFCC Medicaid flyer to the Texas Youth Instagram account on a quarterly basis.</td>
<td>DFPS</td>
<td>DFPS continues to post critical information to the Youth Take Flight Instagram account, including information about health care benefits and resources. Changes to the Texas Youth Connections website are scheduled for this fall. This strategy will continue in fiscal year 2021.</td>
</tr>
</tbody>
</table>

<sup>19</sup> An example social media post is in Appendix B.
<table>
<thead>
<tr>
<th>Background/Issue</th>
<th>Strategy</th>
<th>Agency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before transitioning from DFPS care, DFPS staff provides youth a USB drive to store their important documents.</td>
<td>DFPS will upload a few important documents, including the FFCC Medicaid flyer, to the USB drive before giving it to youth.</td>
<td>DFPS</td>
<td>Encrypted USB bands have been ordered. Bands are used as part of the Youth Take Flight (Aging-Out) Seminars provided to youth three to six months before their 18th birthday. This strategy will continue in fiscal year 2021.</td>
</tr>
<tr>
<td><strong>Background/Issue</strong></td>
<td><strong>Strategy</strong></td>
<td><strong>Agency</strong></td>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Because of the youth’s previous life experiences, they may need additional support and guidance to help them understand the importance of maintaining health care coverage and the steps they need to complete to maintain their FFCC Medicaid. To provide this additional support, it is critical that DFPS staff, volunteers, and caregivers who work with youth are knowledgeable about FFCC Medicaid, including eligibility criteria, the renewal requirements, and the importance of reporting address changes. For people who are unaware of the FFCC program, education can be provided through the FFCC Medicaid flyer.</td>
<td>DFPS will provide the FFCC Medicaid flyer to staff and volunteers who interact with youth.</td>
<td>DFPS and HHSC</td>
<td>DFPS staff presented information and provided handouts on the FFCC Medicaid program and on Medicaid for Transitioning Foster Care Youth to Supervised Independent Living (SIL) providers. SIL is a type of voluntary extended foster care placement where young adults can live on their own, while still getting casework and support services to help them become independent and self-sufficient. DFPS plans to periodically provide FFCC Medicaid information to Child Protective Services (CPS) staff, the 18 transition centers across Texas, and PAL aftercare providers. HHSC developed an informational flyer about FFCC Medicaid and how to help youth maintain continuous Medicaid coverage for the Youth Liaisons who provide support to youth enrolled at Texas universities and community colleges. Based on stakeholder feedback, this flyer was also made available to DFPS, CASA, and the Texas Foster Youth Justice Project of Texas Rio Grande Legal Aid to post to their websites. This flyer was used as a reference by the Texas Foster Youth Justice Project when developing its FFCC informational document for judges and attorneys handling CPS cases. This strategy will continue in fiscal year 2021.</td>
</tr>
</tbody>
</table>

---

20 A copy of the flyer is in Appendix B.
**Strategies for Fiscal Year 2021**

In addition to continuing to implement most of the strategies from fiscal year 2020, HHSC will help more youth maintain continuous Medicaid coverage with the following actions.

- HHSC will consider adding a requirement in the STAR Health contract that the managed care organization (MCO) must remind youth about their upcoming renewal and must provide assistance if a youth needs assistance with submitting the renewal packet or requested information. A similar requirement already exists for other managed care programs in which FFCC Medicaid members can enroll.

- HHSC will collect data on the age of the youth who were denied FFCC Medicaid and the managed care program that the member was in at the time of their denial. HHSC will analyze the data to determine if there is a need to add other requirements to MCO contracts to assist youth in maintaining Medicaid coverage, including providing more education about the renewal process.

- HHSC will review the training plan for 2-1-1 staff to ensure staff are receiving information about FFCC Medicaid on an appropriate frequency. HHSC will increase the frequency if youth continue to report difficulty accessing FFCC Medicaid specialists when they call 2-1-1.

HHSC will continue to have quarterly meetings with DFPS to discuss the progress of these strategies, and the continuing strategies from fiscal year 2020, and to identify any other strategies that may increase the number of youth formerly in foster care who maintain continuous health coverage until age 26.

**Requirements to Maintain Continuous Medicaid Coverage During the COVID-19 Public Health Emergency**

The United States Secretary of Health and Human Services declared on January 31, 2020, that due to confirmed cases of 2019 novel coronavirus (COVID-19) a public health emergency had existed since January 27, 2020. As COVID-19 cases continued to increase, Congress passed the Families First Coronavirus Response Act (House Resolution 6201, 116th Congress (2019-2020)) which requires that, for a state to receive an increase in the percentage of federal matching funds for Medicaid, the state must maintain continuous Medicaid coverage for individuals who were receiving Medicaid as of March 18, 2020, and those determined eligible after this date, through the end of the month when the public health emergency ends.
Medicaid can only be denied if the certified individual dies, voluntarily withdraws from the program, or moves out of state.

Because of this requirement, youth who were receiving FFCC Medicaid in March 2020 and those certified after this date have maintained their Medicaid eligibility even if they turned 26 years of age, did not return their renewal packet, or if HHSC received their returned mail. Although annual renewals are being completed, the outcome of the youth’s renewal will not affect their Medicaid eligibility until the public health emergency ends.

For youth who no longer qualify for FFCC when the public health emergency ends (e.g. youth who do not meet the age requirement), HHSC will provide notice that their Medicaid will be ending and will provide information on how to apply for other Medicaid programs for which they may qualify.
4. Conclusion

Youth who age out of foster care in Texas at age 18 or older and who were receiving federally funded Medicaid when they aged out are eligible to receive Medicaid through the FFCC program until age 26. However, due to the unique challenges these youth face, many have difficulty maintaining continuous Medicaid coverage until they age out of the FFCC program.

In addition to the changes implemented in fiscal year 2016 and fiscal year 2017, HHSC and DFPS implemented the following strategies in fiscal year 2020 to assist youth with maintaining their continuous Medicaid coverage.

- HHSC, DFPS, and stakeholders made recommendations to streamline Form H1206-FFCC, Health-Care Benefits Renewal, to make the form easier for youth to understand and complete.
- HHSC staff presented information about the FFCC program to the Texas Youth Leadership Council and obtained recommendations from the council on how to assist youth with maintaining their Medicaid coverage;
- HHSC and DFPS posted a reminder on their social media accounts about informing HHSC of address changes and other case updates; and
- DFPS ensured staff and volunteers who work with youth have access to information about the FFCC program.

Medicaid is a critical component in supporting the physical and mental health of youth formerly in foster care. HHSC leadership is committed to working with DFPS to increase the number of youth who maintain continuous Medicaid coverage until age 26. This goal will be furthered by:

- Continuing to increase stakeholder awareness of the FFCC eligibility requirements and processes;
- Simplifying the FFCC renewal form;
- Continuing to increase HHSC’s social media footprint; and
- Providing youth additional information regarding FFCC and the importance of maintaining coverage when they age out of foster care.
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>Affordable Care Act</td>
</tr>
<tr>
<td>CASA</td>
<td>Court Appointed Special Advocates</td>
</tr>
<tr>
<td>CPS</td>
<td>Child Protective Services</td>
</tr>
<tr>
<td>DFPS</td>
<td>Texas Department of Family and Protective Services</td>
</tr>
<tr>
<td>FFCC</td>
<td>Former Foster Care Children</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>PAL</td>
<td>Preparation for Adult Living</td>
</tr>
<tr>
<td>SIL</td>
<td>Supervised Independent Living</td>
</tr>
<tr>
<td>TLS</td>
<td>Transitional Living Services</td>
</tr>
</tbody>
</table>
Appendix A. FFCC Data

Table A-1. Total FFCC Recipients Denied by Fiscal Year

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCC Recipients</td>
<td>100</td>
<td>1,386</td>
<td>1,361</td>
<td>1,264</td>
<td>1,042</td>
<td>944</td>
<td>6,097</td>
</tr>
</tbody>
</table>

Table A-2. Total FFCC Recipients Denied for Aging out of the Program

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFCC Recipients</td>
<td>1</td>
<td>37</td>
<td>135</td>
<td>196</td>
<td>235</td>
<td>196</td>
<td>800</td>
</tr>
</tbody>
</table>

Table A-3. Other Denials

<table>
<thead>
<tr>
<th>Denial Reason</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary withdrawal from program</td>
<td>1</td>
<td>26</td>
<td>22</td>
<td>8</td>
<td>9</td>
<td>19</td>
<td>85</td>
</tr>
<tr>
<td>Individual is deceased</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Failure to return renewal packet</td>
<td>0</td>
<td>889</td>
<td>762</td>
<td>665</td>
<td>411</td>
<td>328</td>
<td>3,055</td>
</tr>
<tr>
<td>Failure to return requested information</td>
<td>3</td>
<td>95</td>
<td>15</td>
<td>46</td>
<td>35</td>
<td>30</td>
<td>224</td>
</tr>
<tr>
<td>Unable to locate</td>
<td>51</td>
<td>132</td>
<td>287</td>
<td>162</td>
<td>191</td>
<td>220</td>
<td>1,043</td>
</tr>
<tr>
<td>No eligible members (generic denial)</td>
<td>44</td>
<td>207</td>
<td>140</td>
<td>185</td>
<td>161</td>
<td>151</td>
<td>888</td>
</tr>
</tbody>
</table>

21 The FFCC program was implemented on January 1, 2014. This number only represents eight months of data and does not include annual renewals.

22 Fiscal year 2014 did not include annual renewals because the program started in the middle of the fiscal year. Youth who were certified in fiscal year 2014 did not have an annual renewal until fiscal year 2015.
Appendix B. Strategies to Increase Continuous Medicaid Coverage

Table B-1. Strategies to Increase Continuous Medicaid Coverage

<table>
<thead>
<tr>
<th>HHSC</th>
<th>DFPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review Form H1206-FFCC, <em>Health-Care Benefits Renewal</em>. Remove any fields not needed to renew the youth’s Medicaid. If approved, the IT project to implement the recommended updates will be prioritized in fiscal year 2021.</td>
<td>Post Medicaid information in a more visible location on the Texas Youth Connection website.</td>
</tr>
<tr>
<td>Present to the Texas Youth Leadership Council about FFCC Medicaid and seek feedback about additional strategies HHSC can implement to support youth with maintaining Medicaid coverage until age 26. If invited, HHSC will make a presentation to the Texas Youth Leadership Council about FFCC Medicaid in fiscal year 2021.</td>
<td>Post information about the FFCC program to the Texas Youth Connection Instagram account on a quarterly basis.</td>
</tr>
<tr>
<td>Increase HHSC social media footprint by posting reminders on Twitter and Facebook about how to report an address change. This strategy will continue in fiscal year 2021.</td>
<td>Add the FFCC Medicaid information flyer to the pre-populated “important documents” section of the USB drives that DFPS staff provide youth when they transition from DFPS care.</td>
</tr>
<tr>
<td>Consider including a requirement in the STAR Health contract that the MCO must remind youth about their upcoming renewal and must provide assistance if the youth needs assistance with submitting the renewal packet or requested information.</td>
<td>Provide the FFCC Medicaid flyer to staff and volunteers who interact with youth.</td>
</tr>
<tr>
<td>HHSC will collect data about the age of the youth who were denied FFCC Medicaid and the managed care program that the member was in at the time of their denial. HHSC will analyze the data to determine if there is a need to add other requirements to MCO contracts to assist youth in maintaining Medicaid coverage, including providing more education about the renewal process.</td>
<td></td>
</tr>
</tbody>
</table>
Review the training plan for 2-1-1 staff to ensure staff are receiving information about FFCC Medicaid on an appropriate frequency. Increase the frequency if youth continue to report challenges with accessing FFCC Medicaid specialists when they call 2-1-1.

**Figure B-1. Example of HHSC’s Social Media Post**

![Image of HHSC's Social Media Post](image-url)
Help Youth Formerly in Foster Care Maintain Their Medicaid

Youth who age out of foster care in Texas at age 18 or older, and who were receiving federally funded Medicaid when they aged out, are eligible to receive Medicaid until age 26 through Former Foster Care Children Medicaid. This is due to the implementation of the Affordable Care Act. Youth are automatically enrolled in FFCC Medicaid when they age out the Department of Family and Protective Services’ care. More information about FFCC Medicaid is at: www.dfas.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/documents/Medicaid_Benefits_Handout.pdf

All Medicaid recipients, including youth formerly in foster care, must renew their Medicaid eligibility once every 12 months. This is a federal requirement. Unfortunately, youth sometimes lose their FFCC Medicaid coverage because they don’t complete their annual renewal requirements. To ensure continuous Medicaid coverage until age 26 youth must:

1. Provide their current mailing address to HHSC.
   
   If HHSC receives returned mail and cannot locate the youth, the youth’s Medicaid benefits will be denied. Youth can report their address change to HHSC in the following ways:
   - Online through YourTexasBenefits.com
   - Via the Your Texas Benefits mobile app
   - By calling 2-1-1
   - In person at a local eligibility office
   - In writing by mail or fax

2. Respond to requests for information from HHSC.
   
   To maintain FFCC Medicaid coverage, HHSC must verify that the youth is a Texas resident and the youth’s current immigration status if applicable. If HHSC requests verification for either of these eligibility criteria and the request is ignored, the youth’s Medicaid will be denied.

Other Tips for Maintaining Continuous Medicaid Coverage

- If youth have questions about their FFCC Medicaid, they can call 2-1-1 and ask to speak to a FFCC Medicaid Specialist.
Figure B-3. Continuation of FFCC Informational Flyer

- After transitioning from DFPS care, youth are encouraged to set up their own YourTexasBenefits.com online and mobile accounts. Directions for setting up an account are at: yourtexasbenefits.com/Learn/Help/Section?z=8AF703E2BF59CC9742B03AE7F4CB0E58.

  By setting up an online account, youth can apply for benefits, upload requested documents, and elect to receive electronic notices. If youth receive electronic notices, they can also opt to receive a text or email reminder letting them know a notice was posted in their account.

- If youth have lost their FFCC Medicaid coverage, they can reapply using Form H1205 Texas Streamlined Application or Form H1010 Texas Works Application for Assistance -Your Texas Benefits. Youth can apply through their online account or can get an application at: yourtexasbenefits.com/Learn/GetPaperForm. Submit applications:
  - By mail or fax
  - Online through YourTexasBenefits.com
  - By calling 2-1-1 and applying over the phone with a telephonic signature.

- Youth can follow HHSC’s Facebook (www.facebook.com/TexasHHSC) or Twitter (@TexasHHSC) accounts and the DFPS Youth Take Flight Instagram (@youthtakeflight) account to receive important announcements.

Direct questions about FFCC Medicaid policy to AES_PSADQ@hhsc.state.tx.us. Youth should call 2-1-1 and ask to speak to a FFCC Medicaid Specialist if they have questions about their benefits.
Appendix C. Renewal Notices and Forms

Figure C-1. Form H1211, It’s Time to Renew Your Health-Care Benefits Cover Letter

It is time to renew your Health Care Benefits
You now have 30 days to renew your health-care benefits.

ACTION REQUIRED: Check your renewal form – make sure facts are correct.

<table>
<thead>
<tr>
<th>Program</th>
<th>Name</th>
<th>EDG Number</th>
</tr>
</thead>
</table>

You need to check your renewal form. Look it over and make sure the facts we have about you are correct. To find out how, see below — “How to fill out or check your renewal form”.

- If some of the facts about you are not correct: You must update your renewal form.
- If all the facts we have about you are correct: You need to only check your renewal form — you don't need to send it back to us.
Figure C-2. Continuation of Form H1211

How to fill out or check your renewal form

If you get Medicaid and (1) are age 65 or older, or (2) have a disability: You can use the paper form sent with this letter.

If you get other health-care benefits: You can renew online or ask for a paper form.

To fill out or check your renewal form online:
1. Go to www.YourTexasBenefits.com and log in. (If you don’t have an account click ‘Log in’ and then ‘Create a new account’.)
2. Click ‘Manage’. Find the case that says ‘Ready for renewal’ and click ‘Details’.
3. Click ‘Renew Benefits’ to begin.
4. You can add, update, or remove information about your case. If you don’t have any changes, click the ‘No Changes’ button.

To renew with a paper form do one of the following:
If you didn’t get a paper form, but you want one, you can:
   • Call us: Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
   • Go to a benefits office: To find an office near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1).
   • Print a form from the website: Go to YourTexasBenefits.com and log in. Click ‘Message Center’, then ‘My Letters and Forms’.

You must report changes within 10 days of knowing about the change.

☐ The following is needed only if you get FFCC.

You must tell us about changes to your case. Listed here are the changes we need to know about.
Tell us about changes to:
   • Where you live.
      • If there is an address change.
      • If you no longer live in Texas or are planning to leave Texas.
   • Health insurance.
      • If there is a change in getting health insurance.
   • Immigration status.
      • If there is a change in immigration status.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

☒ The following is needed only if you get Medicaid and: (1) are 65 or older or (2) have a disability.

You must tell us about changes to your case. Listed here are some of the changes we need to know about.
Tell us about changes to:
   • Where you live and who lives with you.

T-H1211-0502992750
Figure C-3. Continuation of Form H1211

- A household member’s pregnancy.
  - If a household member becomes pregnant.
  - If a pregnancy ends by birth or miscarriage.
- Other changes that should be reported.
  - If the job or address changes for a parent not living in the home of a child who gets benefits.
  - If there is a change in tax payers or dependents on your next tax return.
  - If there is a change on the expenses you have claimed on your tax return.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

Your Rights
- We will let you know if you can get benefits within 30 days or by the agency review date. See below for the program's agency review date:
  - Medicaid - Middle of the last month of your benefit period
  - CHIP - Middle of the 11th month of the child’s 12-month benefit period
- You can ask to talk with a supervisor about your case.
- If you don’t agree with an action HHSC took or didn’t take, you can ask for a fair hearing for Medicaid or a case review for CHIP.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 368-6332.
**Figure C-4. Form H1206-FFCC, Health-Care Benefits Renewal**

### How to Renew

1. **Review and Update the Form**
   - If any of the facts printed on this form are not correct, you must cross out the information and write in the correct information.
   - If you have any new facts you must write them in. This includes but is not limited to: income, health insurance, individuals living in your home and expenses. If you update any information you must sign and return the renewal form to HHSC.

2. **Submit Form**
   - **There are five ways to renew your benefits. Pick only one:**
     - YourTexasBenefits.com: You can update the facts we have about you and upload your items online.
     - Mail: Mail the renewal form with all the correct facts about you and the items we need from you to:
       
       TEXAS HEALTH AND HUMAN SERVICES COMMISSION
       P.O. BOX 149024
       AUSTIN, TEXAS 78714-9024
     - Fax: Fax the renewal form with all the correct facts about you and the items we need from you packet to 1-877-447-2839. If your form is 2-sided, fax both sides.
     - Phone: Call 2-1-1 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
     - In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).

### Questions about this form

- Online: YourTexasBenefits.com
- Phone: Call us at 2-1-1. After you pick a language, press 2.
- In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).
Figure C-5. Continuation of Form H1206-FFCC

<table>
<thead>
<tr>
<th>Case Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Number:</td>
</tr>
</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>Phone</th>
<th>Home</th>
<th>Office</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Name</th>
<th>Apt #</th>
<th>City</th>
<th>Home Address</th>
<th>State</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Apt #</td>
<td>City</td>
<td>State</td>
<td>County</td>
<td></td>
</tr>
</tbody>
</table>

### Individuals Ready For Renewal

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship to Head of Household</th>
<th>This Person Lives in Texas</th>
<th>U.S. Citizen</th>
<th>Lives in Texas</th>
<th>Plans to Stay in Texas</th>
</tr>
</thead>
</table>

### Immigration Status

Has immigration status changed? [ ] Yes [ ] No
### Figure C-6. Continuation of Form H1206-FFCC

<table>
<thead>
<tr>
<th>If yes, complete the following:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigration Registration Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your Family's Health Coverage**

<table>
<thead>
<tr>
<th>Policy Holder's Name</th>
<th>Insurance Company</th>
<th>Effective Date</th>
</tr>
</thead>
</table>

**More Facts about the People included on this Form**

- **Is anyone pregnant?**
  - a) if yes who is pregnant?
  - b) is this your first pregnancy?
  - c) how many babies are expected during this pregnancy?
  - d) due date (mm/dd/yyyy):

- **Does a child applying for health care travel with a family member who is a migrant farm worker?**
  - if yes, who?

- **Is anyone who is applying for health coverage in jail (incarcerated)?**
  - if yes, who?
Figure C-7. Continuation of Form H1206-FFCC

Do you want to give someone the right to act for you - to be your authorized representative?  
☐ Yes  ☐ No

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 to enroll in Medicaid or CHIP. This includes picking a health plan;
- take any action needed to get benefits. This includes reporting changes and renewing benefits.

By agreeing to act as your authorized representative, I agree to:
- fulfill all your responsibilities related to Medicaid;
- keep information about you private;
- obey state and federal laws about conflict of interest and keeping information private, including:
  - laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F);
  - laws about the privacy and safety of personally identifiable information (46 CFR §155.260(f)); and
  - laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10).

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative, (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with the application.

Authorized Representative's Name: __________________________
Organization: ___________________________________________
Address: ________________________________________________
Phone Number: ________________________________

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

For pregnant individuals only

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

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

☐ By telephone
   Telephone number: ____________________________
   (If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)

☐ By text message
   Cellular telephone number: __________________________
   (Carrier message and data rates may apply)

☐ By e-mail
   E-mail Address: ____________________________
### 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

### Agency Use Only: Voter Registration Status

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency registered</td>
</tr>
<tr>
<td>Client declined</td>
</tr>
<tr>
<td>Agency transmitted</td>
</tr>
<tr>
<td>Client to mail</td>
</tr>
<tr>
<td>Mailed to client</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Agency staff signature

---

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 12000,
- Austin, TX 78711.
- Phone: 1-800-252-8883

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### Important Information for Former Military Service Members

Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at [https://veterans.portal.texas.gov](https://veterans.portal.texas.gov).

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### Read & sign this application

I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information.

- I know that I must tell the Texas Health and Human Services Commission (HHSC) if anything changes (and is different than what I wrote on this application). To report changes, I can go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7900. I understand that a change in my information could affect the eligibility for member(s) of my household.

- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/ffe](http://www.hhs.gov/ocr/office/ffe)
We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

Renewal of coverage in future years
To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the agency to use income data, including information from tax returns. The agency will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next
☐ 5 years (the maximum number of years allowed), or for a shorter number of years:
☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don’t use information from tax returns to renew my coverage.

If anyone on this application is eligible for Medicaid
I am giving HHSC the rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving HHSC rights to pursue and get medical support.

My right to appeal
If I think HHSC has made a mistake, I can appeal its decision. To appeal means to tell someone at HHSC that I think the action is wrong and ask for a fair review of the action. I know that I can find out how to appeal by contacting HHSC at 2-1-1 or 1-877-641-7665 (after you pick a language, press 2). I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 388-6332.

Sign this application

| Signature | Date (mm/dd/yyyy) |

The person who filled out the form or their authorized representative should sign.