



KYLE L. JANEK, M.D.
EXECUTIVE COMMISSIONER

Date: April 2, 2013

Texas Works Bulletin Number: #13-08

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

From: Todd Byrnes, Director Eligibility Services Support
State Office 2105
Stephanie Stephens, Director
Policy Strategy, Analysis, and Development
State Office 2115

Subject: 1. **New DataMart Report Instructions**
2. **Data Broker Alien Status Verification**
3. **Clarification – Identity Verification and Mail Issuance of EBT Cards**
4. **Updates to the Texas Works Manager’s Guide**
5. **Mileage Rate Increase**
6. **Medicaid for Inmates of a Public Institution**

This bulletin is being sent to supervisors and other regional managers. Supervisors must share this information with all Texas Works staff. Please ensure copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures. Active bulletins are posted on the Texas Works Handbook (TWH) website at <http://www.dads.state.tx.us/handbooks/TexasWorks/>.

1. New DataMart Report Instructions

Background

DataMart provides online reports accessible in the State Portal that are used to monitor activities related to Texas Works and Medicaid for the Elderly and People with Disabilities (MEPD) programs. DataMart instructions provide a detailed description of the elements contained in each report.

New Reports

DG-017 OES CBO Data Report

The DG-017 report provides management with the required Food and Nutrition Service (FNS) Community Partner (CP) reporting data. The report includes data that is used to identify and monitor the status of applications and redeterminations submitted by a community-based organization (CBO) for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Texas Works Medicaid, and MEPD programs on a daily basis. The report provides a summary of the:

- total number of applications and redeterminations submitted and pending,
- total number of application and redetermination EDGs disposed,
- total number of application and redetermination EDGs disposed as approved and as denied,
- percentage of applications and redeterminations processed within timeliness standards, and
- average number of days to process from file date to disposition.

DG-019 MEHIS Usage Summary Report

The DG-019 is a summary report that includes data on the daily usage of the Medicaid Eligibility Health Information Services (MEHIS) Client Portal accessed from the Self-Service Portal (SSP) and the total number of unique, successful, and denied attempts to access the MEHIS Client Portal from the SSP.

DG-020 Community Partner Case Action and Status View Report

The DG-020 report includes data used to identify and monitor client inquiries performed in the SSP by CBO/CP agents. The summary report also provides the following information:

- total number of SSP changes, applications, and redeterminations submitted by the CP to HHSC.
- total number of approved and denied SSP applications and redeterminations disposed for each program: SNAP, TANF, Texas Works Medicaid, and MEPD.

Report Instructions

Staff use the instructions as a reference tool to define any elements found in the reports. The new instructions are available on the Social Services Intranet at the following link:

<http://ofs.hhsc.state.tx.us/TWP/tw-DataMartet.aspx>

Handbook

An explanation of the new reports will be incorporated into the July 2013 TWH revision.

Training

There is no training required for the new instructions.

2. Data Broker Alien Status Verification

Background

HHSC must verify that non-citizen individuals applying for HHSC benefits are legally admitted by the U.S. Citizenship and Immigration Services (USCIS) to reside in the U.S. and meet the definition of a “qualified immigrant.”

The Systematic Alien Verification for Entitlements (SAVE) web-based system is operated by the Department of Homeland Security to provide immigration status on non-citizens applying for SNAP, TANF, and Medicaid benefits. SAVE is being integrated into Data Broker to enhance the report.

Policy

Staff must verify alien status:

- at application,
- when adding a new individual identified as a non-citizen, or
- when the USCIS document of an individual receiving SNAP, TANF, and Medicaid (except Emergency Medicaid) has expired.

Staff must obtain documentation of alien status from the applicant. Verify the USCIS documents by entering the applicant’s immigrant registration number in SAVE, and document the applicant’s immigration status in case comments.

Do not re-verify the non-citizen’s USCIS documents if they were previously verified and documented and the documents have not expired.

For sponsored non-citizens, use the additional verification option through SAVE if the household states there is a sponsor but the name and address of the sponsor are not provided.

Current Process

Staff accesses the USCIS SAVE Verification Information System (VIS) following the steps in TWH section A-355.2, How to Request an Initial Verification, and verifies the immigration status for all individuals included in the budget group.

New Process

The Data Broker report in the Texas Integrated Eligibility Redesign System (TIERS) has been updated to include information on “Alien Status.” There are no changes in how the Data Broker report is requested in TIERS. Once the advisor selects Individual ID, an “Alien Status” option appears at the top of the Data Broker TIERS Report page with two options:

1. **Verify SAVE Status** - Staff can submit a Request for Initial Verification and a Request for Additional Verification to the Department of Homeland Security.
2. **Verification History** - Displays prior SAVE inquiry responses.

Click on the “Verify SAVE Status” option. The last name, first name, and birthdate fields are pre-populated based on the information in TIERS Data Collection. Enter the Alien Registration Number according to the USCIS document. Data Broker reports should only be accessed for individuals age 16 and older. Staff must continue to use the stand alone SAVE web-based system for individuals under the age of 16.

Automation

The Data Broker report in TIERS has been updated to include verification of “Alien Status.”
Effective Date

The change is effective April 1, 2013.

Handbook

The handbook will be updated with the July 2013 revision.

Training

The information was included in the March 2013 stand down training.

3. Clarification – Identity Verification and Mail Issuance of EBT Cards

Background

Effective January 3, 2011, policy was changed to require mail issuance of EBT cards to households interviewed by phone, except when:

- households are certified for expedited SNAP benefits,
- the card must be issued in the local office to meet timeliness standards, or
- the card must be issued to an authorized representative for residents of drug and alcohol treatment centers and group living arrangement facilities.

Policy Clarification

Eligibility Operations field staff conduct the majority of SNAP interviews via telephone. Current policy does not require verification of identity when mailing an inactive EBT card. Verification of identity is only required when issuing an EBT card directly to the primary card holder in the local office.

Effective Date

The changes are effective April 1, 2013.

Handbook

The handbook will be updated with the July 2013 revision.

Forms

Form H1172, EBT Card, PIN and Data Entry Request, and instructions will be updated in the handbook.

Automation

No automation changes are required

Training

No additional training is required.

4. Updates to the Texas Works Manager's Guide

Background

The Texas Works Manager's Guide provides information on various processes such as office, program, and personnel management.

Current Process

In Part B, Office Management, of the Texas Works Manager's Guide, there are a series of sections on complaints filed by a member of the public with the federal government: Section 680, Food and Nutrition Service (FNS) or United States Department of Health and Human Services Referred Complaint (Whistleblower), through Section 681.3, OIG Action. The processes of assigning, tracking, gathering evidence, and responding to the complaints are discussed. Currently, the Office of the Ombudsman assigns and monitors the complaint. Field staff gather evidence, complete claim referrals, and respond to the Office of the Ombudsman. The Office of Inspector General (OIG) processes any overpayment claims.

New Process

Updates have been made to Section 680 of the Manager's Guide since FNS will now send all Whistleblower complaints directly to OIG. The section is updated to reflect the current workflow process.

Additional updates were made to change Office of Family Services references to Office of Social Services. The definition of Centralized Representation Services was also added to Part B, Office Management, Section 432.

Effective Date

Effective immediately, begin using the updated information in the Texas Works Manager's Guide located at the following website: <http://ofs.hhsc.state.tx.us/TWP/tw-handbooks.aspx>

5. Mileage Rate Increase

The mileage rate will increase from 55 cents a mile to 56.5 cents a mile. HHSC revises the mileage rate periodically based on the rate set by the Texas Comptroller of Public Accounts for state travel. The change will affect households claiming deductions for transportation expenses related to self-employment (A-1323.4.5) and medical costs (A-1428.1).

Automation

This change does not require any automation changes to TIERS. To use mileage as the method of determining the amount of an expense, the advisor must calculate it manually and enter the amount in TIERS.

Effective Date

Staff must apply this revised policy on any case action completed on or after May 1, 2013.

Handbook

Staff must follow policy released in this bulletin until it is incorporated into the July 2013 handbook revision.

6. Medicaid for Inmates of a Public Institution

Background

The Texas Department of Criminal Justice (TDCJ) currently pays for medical services provided to inmates using state general revenue funds. Federal law prohibits Medicaid federal funding for services provided to an inmate of a public institution, except when an inmate is a patient in a medical institution. Based on existing federal guidance, inmates must meet certain requirements to qualify for Medicaid services.

Current Policy

Inmates of a public institution are not eligible for Medicaid coverage at any time during their incarceration.

New Policy

An inmate of a public institution is eligible for Medicaid coverage if the following conditions are met:

- The inmate must meet Medicaid eligibility requirements. Inmates who are pregnant and children through age 18 could meet current Texas Medicaid eligibility requirements.
- The inmate received inpatient services. Only inpatient services are eligible for Medicaid federal funding.
- Inpatient services are provided by a hospital that is not on the premises of a prison, jail, detention center, or other penal setting, including a facility run by a private health care entity.

Process

These applications are processed only by HHSC's Centralized Benefit Services (CBS) and only as Prior Medicaid.

TDCJ will use a specific fax coversheet to identify the requests as an application for Medicaid for an inmate. If an application from TDCJ is inadvertently assigned to a location other than CBS, staff must not perform Application Registration. Staff must follow current instructions found in the Eligibility Services State Processes document for reassignment.

Staff must **not**:

- associate Medicaid cases for an inmate with any other case in TIERS or
- assign a new client number.

Note: The inmate will be the only individual in the budget and certified group.

The Medicaid coverage for the inmate appears in the Medicaid History as MA-Pregnant Woman or MA-Children 6-18. The Medicaid segment is only for the days of hospitalization. Inmates certified for Emergency Medicaid appear as MA-Children 6-18 Emergency or MA-Pregnant Woman Emergency and will only be for the dates of the emergency. Documentation in TIERS Case Comments will include the following statement: "Using CPM 296546 to certify Medicaid for <insert Individual ID> from [mm/dd/yyyy] – [mm/dd/yyyy]."

Automation

A modification has been requested to assist with the processing of these applications. A separate announcement will inform staff of the change when it is scheduled for release.

Effective Date

The policy is effective March 1, 2013.

Handbook

The handbook will be updated with the July 2013 revision.

Training

No training is required.