TEXANS CARE for CHILDREN

November 19, 2021

# Input on Texas Health and Human Services Commission Legislative Appropriations Request for FY 2024-2025

Thank you for the opportunity to provide input into the development of the Fiscal Year 2024-2025 Legislative Appropriations Request (LAR) for the Health and Human Services Commission (HHSC). As HHSC prepares its FY 2024-2025 LAR, we respectfully offer the following recommendations in the areas of children's health, maternal and infant health, Early Childhood Intervention, children's mental health, and safety and quality for children in foster care.

For additional information or questions, please contact Adriana Kohler, Policy Director, at akohler@txchildren.org; Kate Murphy, Senior Child Welfare Policy Associate, at kmurphy@txchildren.org; and Josette Saxton, Director of Mental Health Policy, at jsaxton@txchildren.org.

## Recommendations to Improve Maternal and Children's Health

1. **Recommendation: Request funding to revitalize the state's marketing, outreach, and application assistance efforts with the goal to increase the number of eligible Texas kids connected to health care, inform more Texas families about their health coverage options, and educate Medicaid clients and other stakeholders about what the end of the Public Health Emergency (PHE) means for accessing health programs.**

**Rationale:** During the PHE, Texans have been able to maintain coverage in Medicaid programs without having to renew their eligibility. This includes Medicaid for Pregnant Women, Children's Medicaid, and Healthy Texas Women (HTW). As conditions restabilize and the PHE ends, Texans will again be required to renew their eligibility. As Texas returns to normal operations, there is great potential for *many* eligible Texans to lose health coverage they are eligible for simply over paperwork or confusion. And, while some postpartum moms may no longer be eligible for Medicaid for Pregnant Women, they will very likely be eligible for HTW and need to know about these options. HHSC needs a strong plan to work with health plans and community-based organizations to do focused marketing,

outreach, and application assistance so that Texas kids and families are aware of available healthcare options and renewal processes after the PHE ends.

**A strong outreach plan is critical now and in the coming years because many Texas children are eligible for Medicaid or CHIP but not enrolled.** In 2019, more than 660,000 uninsured Texans were eligible for Medicaid but uninsured. Of that, nearly 560,000 — or 85% of those eligible but uninsured Texans — were children.[1] For years, Texas has had the worst uninsured rate for children in the country, and simultaneously, the number of eligible children enrolled in Medicaid has declined.[2] From 2016 to 2019, Texas experienced by far the greatest coverage loss in the nation, with an estimated 243,000 children losing health coverage.[3] During that same time, as shown in the chart below, enrollment of children in Medicaid began declining in December 2017 and continued to decline until the Public Health Emergency in March 2020.[4]

**We urge HHSC to build a strong outreach and application assistance campaign — in coordination with health plans, providers, and community-based groups — to ensure eligible uninsured children get connected to health care and Texans are informed about available healthcare options. This includes:**

- A campaign to provide clear, meaningful communication for health providers and clients so they understand what healthcare options are available (e.g. HTW, Medicaid, and CHIP, Marketplace) and how to best support clients as they transition programs;
- Partnering with Medicaid health plans to (a) boost enrollees' use of YourTexasBenefits.com online accounts and text notifications, (b) inform clients of what to expect when the PHE ends, and (c) educate clients on what they need to do to stay enrolled in coverage they are eligible for;
- Partnering with community-based groups to reach historically uninsured children, including:
    - Increasing outreach funding for community-based organizations (CBOs) to perform outreach and enrollment assistance activities at the community level;
    - Increasing the number and capacity of outstationed eligibility workers at FQHCs and hospitals;
    - Working with schools, child care centers, and public schools to systematically identify uninsured children and connect them with outreach assistance; and
    - Working with businesses who don't traditionally offer health insurance, to reach working parents who may assume that their children don't qualify for Medicaid or CHIP.

**Expected Outcome of Funding**: If the state revitalizes its outreach and application assistance efforts:

- More eligible Texas children, pregnant women, people with disabilities, and other eligible Texans can stay connected to health coverage and get the medical care they need.

- Postpartum moms losing Medicaid coverage at the end of the PHE will stay connected to women's preventive and postpartum services in HTW, leading to fewer postpartum complications and better continuity of care for new mothers during a pivotal time in a mom's health and her baby's healthy development.

2. **<u>Recommendation</u>: Request funding needed for strong implementation of Medicaid postpartum coverage under HB 133, including technology changes needed, staff resources at HHSC, and resources to promote provider and client awareness of extended coverage.**

**Rationale:** One in four women of childbearing age do not have health insurance (26%),[5] which Texas' own data show contributes to maternal deaths and severe complications for postpartum women. For women who do not get health insurance through their job or their spouse, many times the only coverage option is Medicaid, which is available to low-income women while they are pregnant. The Texas Maternal Mortality & Morbidity Review Committee found that one-third of maternal deaths in Texas occur between 43 days and one year after pregnancy. And the vast majority (about 89%) of maternal deaths are preventable.[6] Texas has taken a significant step with HB 133 by allowing new moms to keep Medicaid for six months postpartum rather than just two months — a key step towards improving access to health care and combating maternal deaths and pregnancy complications.

Over the next few years, HHSC will have to work with federal Centers for Medicaid and Medicare Services (CMS) to secure federal matching funds before this extended postpartum benefit is available to new mothers. It is critical HHSC has the resources needed in FY 2024 and 2025 to ensure successful implementation of postpartum coverage, including:

- Funding needed for IT changes in the Medicaid eligibility system;
- Staff resources needed at HHSC for successful negotiations with CMS; and
- Resources needed for a dedicated public awareness campaign to inform Texas women and health and mental health providers about the new extended postpartum benefit (i.e. when it goes into effect, what it means, and what providers and clients have to do).

**Expected Outcome of Funding:**

- With effective implementation of HB 133's postpartum coverage extension, more Texas moms will have health insurance at a pivotal time for a mom's health and her baby's healthy development.
- More Texas mothers will be able to see a health or mental health professional to detect and manage medical issues and complications before they get worse — such as postpartum depression, cardiac arrest, infection, and extreme blood loss or hemorrhage.

3. **<u>Recommendation</u>: Request funding needed to cover anticipated caseload for Medicaid and CHIP health insurance while maintaining eligibility, benefits, and provider rates.**

**Rationale:** Strong investment in Medicaid and CHIP health insurance is vital for Texas' continued efforts to improve maternal and child health. Three out of four enrollees in Texas Medicaid are children. Medicaid and CHIP insurance help children get checkups, asthma medications, dental care, speech and physical therapies, and other health services to make sure they stay healthy and are ready to learn in school. Costs are reduced in the health care system and other programs like special education if children get needed services and interventions early on.[7]

Likewise, Medicaid for Pregnant Women and CHIP Perinatal is a cost effective tool that helps avoid bad outcomes, such as premature birth and maternal death, by managing pregnancy complications early. Medicaid covers more than half the births in Texas, providing prenatal and postpartum care to ensure healthy pregnancies and births. Texas has learned from experience that cutting women's health actually increases costs to the state in the short term and beyond. Texas lawmakers cut eligibility for Pregnant Women's Medicaid in 2003 only to reverse course the next biennium because the cut harmed women's health and resulted in higher Medicaid maternal and neonatal costs.[8]

**Expected Outcome of Funding:** With strong investment in the Medicaid and CHIP — including funding for a realistic caseload growth and cost growth in FY 2024-2025 — Medicaid coverage for children and pregnant women improves children's health well into adulthood:

- Medicaid for children and pregnant women is associated with healthier birthweight for babies and fewer chronic conditions such as high blood pressure, heart disease, obesity, and diabetes;
- Medicaid for children and pregnant women is associated with higher educational achievement, including greater likelihood of high school graduation, decreased high school dropout rate, and higher rates of college attendance and graduation;
- Medicaid coverage is shown to increase children's income earnings in adulthood and lead to higher total tax payments across the lifespan; and
- Medicaid coverage during pregnancy and in the first year of life was linked to increased economic mobility and financial security.[9]


4. **<u>Recommendation</u>: Maintain strong funding for Texas' women's health programs — including Healthy Texas Women and Family Planning Program — and mitigate policy changes that would**

**impact cost savings and harm women's health. In particular, HHSC should request increased funding for the Family Planning Program (FPP) to allow Texans access to life-saving preventive care as the state continues to navigate the fiscal and health impacts of the pandemic.**

**Rationale:** Continued investment in Texas' women's health programs is critical for rebuilding our state's family planning network and providing vital services such as health screenings, contraception, and well-woman exams to Texas women. FPP is a vital preventive healthcare program for Texans who do not qualify for health coverage options. FPP providers can determine client eligibility onsite and get people in the door for same day services. This flexibility and responsiveness is a key asset to FPP, and **participating providers throughout the state report that FPP is consistently in high demand and program funds routinely run out before the end of the funding cycle.** HHSC should increase FPP funding to better support and meet the demand for affordable preventive healthcare for Texas communities.

Increased support for FPP is even more critical now considering the landscape of the women's health programs in Texas. HHSC has announced several significant policy changes to HTW as part of the HTW 1115 demonstration waiver — changes that may have detrimental effects on women's access to care and ability for Texas to achieve critical cost savings in the program. Specifically, three critical HTW components have been eliminated:

- Auto-enrollment of new mothers from Pregnant Women's Medicaid into HTW;
- Adjunctive eligibility for women applying for HTW that are already enrolled in WIC, have a child in Medicaid, or in a household that receives SNAP or TANF; and
- The Simplified HTW Application Form (Form H1867).

New mothers have been able to keep their Medicaid coverage during the Public Health Emergency, which means that the effects of ending auto-enrollment of new moms from Medicaid into HTW have not been seen yet. **Eliminating the three components above not only will erode Texas' progress to improve postpartum care and women's health, but also reduce enrollment in HTW and decrease future cost savings of HTW**. Constructing barriers to enrollment and disrupting the efficiency of the current women's health programs will result in fewer women served, increasing unintended pregnancies and Medicaid births — thereby increasing Medicaid costs to the state.

Specifically, the HTW changes listed above are leading to an increased demand on FPP. Removal of the simplified form is a disincentive to providers from engaging in HTW application assistance. The longer applications takes 45 minutes to complete in the waiting room, and may be an obstacle to client enrollment in HTW. This extra time and administrative burden limits a provider's capacity to provide direct services to women. We fear many clients will not complete the longer application and preventive health services provided will be funded through FPP (which is all state General Revenue) instead of through HTW, which is primarily a 90 percent federal match.

**Expected Outcome of Funding:** With strong investment in HTW and FPP, including funding to meet anticipated caseload and increased demand for FPP:

- Texas will see stability in the HTW and FPP provider network, which is critical for the programs' future.
- More Texas women will be able to plan and space their pregnancies, which in turn will lower abortion rates, improve maternal and infant health, and reduce the number of premature deliveries and low-birth weight infants funded through Medicaid.[10]
- Every dollar spent on contraceptive care leads to savings of $6.[11] Based on the number of clients served in HTW and FPP in fiscal year 2019 alone, the state a combined $140 million in General Revenue.[12] After accounting for the annual cost of administering HTW and FPP, these programs generated a net savings of $20 million in General Revenue and $236 million in state and federal savings in 2019 alone.[13]
- Increasing HTW client enrollment and increasing access to women's health and family planning services will enable Texas to achieve cost savings targets in the state's 1115 HTW waiver. Eliminating the above three policies could drastically decrease enrollment in HTW and access to women's preventive care — which presents a serious risk to Texas's ability to achieve the budget neutrality expenditure targets and ensure continued federal funding.

# Recommendations to Enhance Early Childhood Intervention

5. **Recommendation: We urge HHSC to conduct a comprehensive analysis of projected caseloads for FY 2024 and FY 2025 with special consideration for new federally-mandated Child Find activities pertaining to Texas' Corrective Action Plan and for increased demands for services due to Covid-19. ECI funding should reflect the entire projected number of Texas children eligible for services in the next biennium.**

**Rationale:** Texas ECI has under-enrolled infants and toddlers with disabilities and developmental delays for decades. Texas serves a significantly lower percentage of young kids through ECI compared to other states. In FY 2019, Texas served 2.52 percent of children under age three, compared to the national average of 3.70 percent, ranking Texas 45th among states and Washington DC.[14]

In October 2020, the U.S. Department of Education sent a letter to HHSC stating that Texas falls short of its federal obligation to ensure access to ECI services for eligible children. According to federal investigators, Texas fails to adequately fund and deliver ECI and must take corrective action to ensure access for all eligible children.[15]

In response to federal demands, Texas ECI has initiated multiple new Child Find activities, including (1) the OSEP Child Find Self-Assessment (CSFA) project, which includes an upcoming statewide

improvement plan, (2) installation of new Child Find Dashboards for each Texas ECI contractor and subsequent corrective action plans, and (3) a public awareness media campaign for Texas ECI. Contracted ECI programs across Texas are expected to increase enrollment, particularly enrollment of underserved eligible children.

Even before the above Child Find activities launch, ECI referrals are rapidly increasing. Based on the most recent quarterly report (Q4 of SFY 2021), ECI referrals have increased 37 percent since the first months of the COVID pandemic (Q3 of SFY 2020). During the last two quarters, in particular, referrals to ECI increased beyond pre-COVID referral numbers.[16] ECI programs across the state are seeing these increases: **in a recent survey of contractors, 64 percent of responding programs said they are currently serving above their contract numbers.[17]**

There is significant pent-up demand and need for early intervention services for families across Texas. Babies and toddlers with disabilities and developmental delays have suffered tremendously during the COVID pandemic, having missed doctor's appointments, preschool, and social services. As families emerge from the pandemic, the need for ECI across Texas is greater and more widespread than ever before.

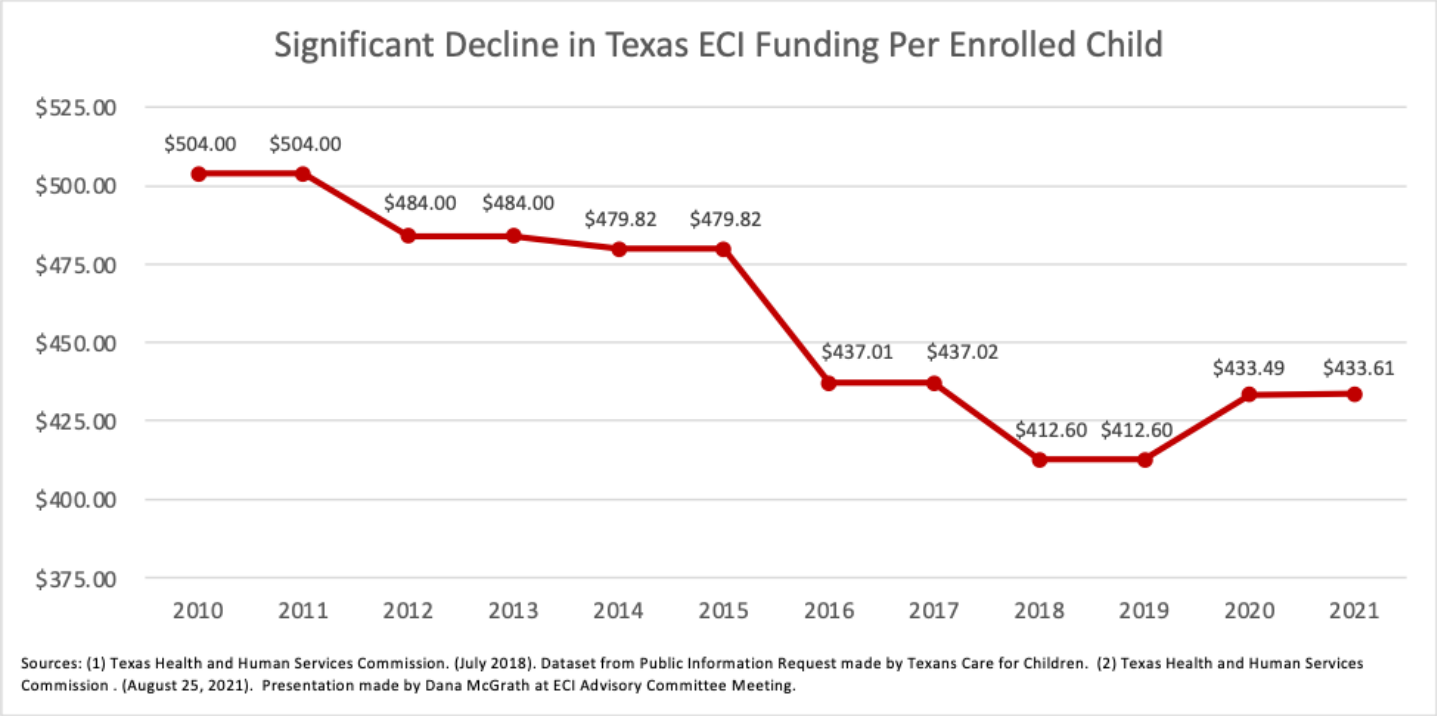
**Expected Outcome:** Accurate Child Find projections accompanied by per-child funding for each and every projected child, would result in:

- Decreased racial and ethnic disparities among ECI kids served;
- Increased capability of ECI contractors to meet the community demands for services resulting from new Child Find activities and COVID-19 demands;
- Increased ability of contractors to reach their target per-child monthly services hours, which have been significantly lower throughout the COVID pandemic;
- More stable, sustainable ECI contractors across Texas;
- Increased state adherence to federal guidelines and corrective action plans; and
- More life-changing services and service hours delivered to vulnerable Texas babies and children, preparing them for school success.

6. **<u>Recommendation</u>: HHSC should conduct a comprehensive assessment of per-child ECI funding needed to provide required services to enrolled infants and toddlers <u>and</u> the agency should request increased per-child funding from the current $433 per-child to $500 per-child because current per-child funding is insufficient to meet the needs of Texas infants and toddlers.**

**Rationale:** While ECI per-child funding has rebounded slightly in recent years, ECI programs across Texas continue to report that the current $433 per-child funding is not sufficient to provide the required services for enrolled children. In fact, this current funding per child is approximately the same as FY 2016 and FY 2017 levels, when five ECI programs ended their ECI contracts with the state due largely to funding challenges, catapulting the state into a federal investigation.

Texas is long-overdue in assessing the cost of ECI services for the average enrolled child. In 2011, Texas ECI narrowed eligibility into the program to include only the most significantly delayed children. As a result, the average enrollee has more severe needs for services and therapies. However, the average costs associated with these needs have never increased nor been assessed. In fact, ECI funding per-child decreased alongside eligibility changes, requiring ECI contractors to do more with less funds.




Sources: (1) Texas Health and Human Services Commission. (July 2018). Dataset from Public Information Request made by Texans Care for Children. (2) Texas Health and Human Services Commission . (August 25, 2021). Presentation made by Dana McGrath at ECI Advisory Committee Meeting.

Moreover, a critical ECI staffing shortage has emerged, intensifying the need for increased per-child funds. We greatly appreciate the state ECI office's continuous efforts to ensure a steady influx of qualified ECI staff persons through letters of collaboration with local colleges and universities and through personnel retention activities. However, despite these efforts, a recent survey of Texas ECI programs revealed that 78% of responding programs are understaffed, with staffing shortages largely including speech therapists, early intervention therapists, occupational therapists, and other key direct-service personnel. Increased funds may be required to support a sustainable ECI workforce and avoid service delays and potential subsequent lawsuits.[18]

**Expected Outcome:** Accurate per-child funding, would result in:

- Restoration of ECI staff persons across Texas;
- Increased capability of ECI contractors to meet the community demands for services;
- Increased ability of contractors to reach their target per-child monthly services hours, which have been significantly lower throughout the COVID pandemic;

- More stable, sustainable ECI contractors across Texas;
- Increased state adherence to federal guidelines and corrective action plans; and
- More life-changing services and service hours delivered to vulnerable Texas babies and children, preparing them for school success.

# Recommendations to Improve Children's Access to Mental Health Services

7. **<u>Recommendation</u>: Increase funding for community-based children's mental health services to ensure children and youth with complex mental health concerns and their families receive services that enable children/youth to be successful within their families and schools as they receive treatment**.

We urge HHSC to dedicate additional funding to:

- Eliminate the number of children who are "underserved" by Local Mental Health Authorities (LMHAs) due to resource limitations;
- Expand access to intensive case management services (wraparound facilitation) to include families of children/youth involved in multiple systems but are not yet at imminent risk of being removed from their home, school, or community; and
- Expand access to peer support for youth and parent/caregivers by (1) including family partner and youth peer support services as a Medicaid benefit to the extent permitted by federal law and (2) increasing the rate for family partner peer support services in the YES Waiver program.

**Rationale:** Many children and youth with complex mental health needs do not have access to intensive community-based services that can significantly improve their psychological well-being, their relationships, and their ability to be successful in their homes, schools, and communities.[19] In each quarter FY2021, an average of 170 children were "underserved" by Local Mental/Behavioral Health Authorities (LMHA/LBHAs) due to resource limitations.[20] Without access to services like counseling, skills training, parent and youth peer support, respite services, and intensive "wraparound" case management when needed, children's mental health problems can escalate, become more disruptive, and harder and costlier to treat.

Young people in Texas have called for increased access to peer support that is provided by persons closer to their own age (young adults under the age of 30 years old).[21] Youth and young adults are the least likely age group to receive peer services and support. Of those who do receive services, many quickly disengage because the services were developed for older adults and are not developmentally and culturally appropriate. Youth peer support services can fill this gap and improve outcomes not only for the young people involved, but also for the service delivery system itself.

**Expected Outcome of Funding:**

- More youth with serious emotional disturbance and their families receive the services they need, not just the ones that are available.
- Families will be able access intensive case management services without having to wait for their child with complex needs to be at imminent risk of being removed from their home or community
- More parents and caregivers will feel confident in their abilities to care for their child, actively participate in their children's treatment, and be able to navigate systems more effectively to better support their child's treatment goals.[22]
- Youth and young adults with mental health concerns will be able to benefit from peer support services that meet their developmental needs.
- Increasing access to an array of community mental health services and support before will prevent families from having children with unmet mental health entering inpatient or residential treatment or being placed in child welfare or juvenile justice facilities.

# Recommendations to Improve Quality and Safety of Foster Care Provider Placements

8. **<u>Recommendation</u>: Add funding to support robust technical assistance for foster care providers who are the subject of a voluntary enforcement action, corrective action, monetary action, adverse action, judicial action, or Heightened Monitoring in the foster care litigation.**

**Rationale:** There is a crisis facing a small but important segment of children in the Texas foster care system with complex needs. The state has failed to find safe, appropriate placements for many of these children. Instead of providing homes or other specialized care, DFPS sometimes places children in office space supervised by under-trained staff, relies on hyper-short-term emergency placements, puts them in out-of-state facilities, or allows children to languish in large, institutional facilities where kids too often experience more neglect and trauma, including physical or sexual abuse.

The federal lawsuit against the state's foster care system has been cited as a factor contributing to the lack of homes for children. For the 2022-23 biennium, HHSC received funding to support *the agency's* compliance with requirements imposed by the federal litigation against the Texas foster care system, which the legislature funded. However, providers who are struggling to comply with court orders did not receive similar financial assistance or support. Further, most foster care providers who are on heightened monitoring have been the subject of enforcement action prior to being placed on Heightened Monitoring, and should receive support to prevent the need for Heightened Monitoring altogether.

According to the Court Monitors' report filed on September 13, 2021:

> **"There is no question that the operations that qualified for Heightened Monitoring had serious child safety problems**: the 127 operations that qualified for Heightened Monitoring in either 2020 or 2021 accounted for a total of **631 substantiated allegations of abuse, neglect, or exploitation** of children entrusted to their care over the five-year period included in the analyses, and 14,227 minimum standards violations, of which **12,558 (88%) were for minimum standards ranked high, medium-high, or medium**. Texas's response to its closure of unsafe, regulated placements for PMC children has been an ever-growing dependence on unsafe, unregulated placements for PMC children, many of which now pose an unreasonable risk of serious harm to children." [Emphasis added]

The report also highlights communications from the DFPS Commissioner stating that foster care providers have complained that "there are not sufficient technical assistance or opportunities for understanding correction." DFPS also noted that "the state must improve its efforts to provide technical assistance and additional resources to help the operation quickly come into compliance without compromising child safety."

Technical assistance to help providers resolve serious child safety problems is essential to ensure that all children in the Texas foster care system will have safe, appropriate placements. In July 2021, the number of children without placement in foster care reached a record high number of 416.[23] Although the number of children without placement is declining, DFPS is relying on Temporary Emergency Placements (TEPs)[24] that are time-limited to two weeks and has nearly doubled the number of children placed out of state.[25] Neither of these is an optimal long-term solution. Texas should instead continue more robust oversight of safety concerns in foster care placements, rely less heavily on more institutional facility-based placements, and ensure that the congregate care providers the state contracts with are high quality and able to meet the unique needs of children in foster care. Funding technical assistance will support providers who want to improve by giving them more tools and resources to address ongoing, serious child safety concerns.

**Expected Outcome of Funding:** With funding for technical assistance for foster care providers:

- Fewer foster care providers will close because Texas failed to provide them with the support and resources they needed to safely care for vulnerable children in the state's foster care system; and
- Providers that remain open will have more tools, support, and resources to enhance the quality of care they provide.

[1] Analysis by Every Texan based on Kaiser Family Foundation and American Community Survey data. Kaiser Family Foundation, "Distribution of Eligibility for ACA Health Coverage Among those Remaining Uninsured as of 2019."
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[5] Georgetown University Center for Children and Families. Medicaid Expansion Narrows Maternal Health Coverage Gaps, But Racial Disparities Persist (Sept. 2021).
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[9] Center for Children and Families & Commonwealth Fund. "Jeopardizing a Sound Investment: Why short term cuts to Medicaid Coverage During Pregnancy and Childhood Could result in Long Term Harm." (Dec 2020).
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[14] U.S. Department of Education. (2020). IDEA Part C Child Count and Settings: Number of infants and toddlers ages birth through 2 and 3 and older, and percentage of population, receiving early intervention services under IDEA, Part C, by age and state 2019-20. Retrieved from https://www2.ed.gov/programs/osepidea/618-data/static-tables/2019-2020/part-c/child-count-and-settings/1920-cchildcountandsettings-4.xlsx.
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