



TEXAS  
Health and Human  
Services

# Connecting People, Services and Supports

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**Providing Access to Cash, Food  
and Health Care Benefits**

# Session Objectives

1. Review services provided within Access and Eligibility Services specific to Community Access. We will also review how the Community Partner Program helps Texans meet their basic needs.
  
2. Review the following HHSC benefits to help Texans access assistance and benefits.
  - a. Health Care (Medicaid)
  - b. Food Benefits (SNAP)
  - c. Cash Help (TANF)

# Health and Human Services Commission (HHSC)



- HHSC offers a variety of services to help low-income individuals and families meet their basic needs.
  - Medicaid for families and children
  - Long-term care
  - SNAP food benefits and TANF cash assistance
  - Behavioral health services
  - Services to help keep people who are older or who have disabilities in their homes and communities
  - Services for women and people with special health needs
- The agency also oversees regulatory functions:
  - Licensing and credentialing long-term care facilities
  - Licensing child care providers
  - Managing the day-to-day operations of state supported living centers and state hospitals

# AES Organizational Structure and Senior Leadership Team



## **Wayne Salter**

Deputy Executive Commissioner for Access and Eligibility Services

### **Elisa Manor-Hendricks**

Associate Commissioner for Community Access

### **Todd Byrnes**

Associate Commissioner for Eligibility Operations

### **Mary Wolfe**

Deputy Associate Commissioner for Disability Determination Services

### **Julie Beisert-Smith**

Director of Business Operations and Support

### **Kim Bazan**

Deputy Director of Cross Division Coordination and Improvement

# Access and Eligibility Services (AES)



## Mission

Connecting ***People, Services*** and ***Supports***

# Access and Eligibility Services (AES)



## Vision

Provide an integrated and streamlined approach to connect individuals to services and supports that reduce institutionalization, allow individuals to remain in their communities, and promote economic and personal self-sufficiency.

# Community Access

Community Access is comprised of various programs to:



Empower and strengthen individuals and families by partnering with community and faith-based organizations, public and private entities.



Provide information, resources, benefits, and services.

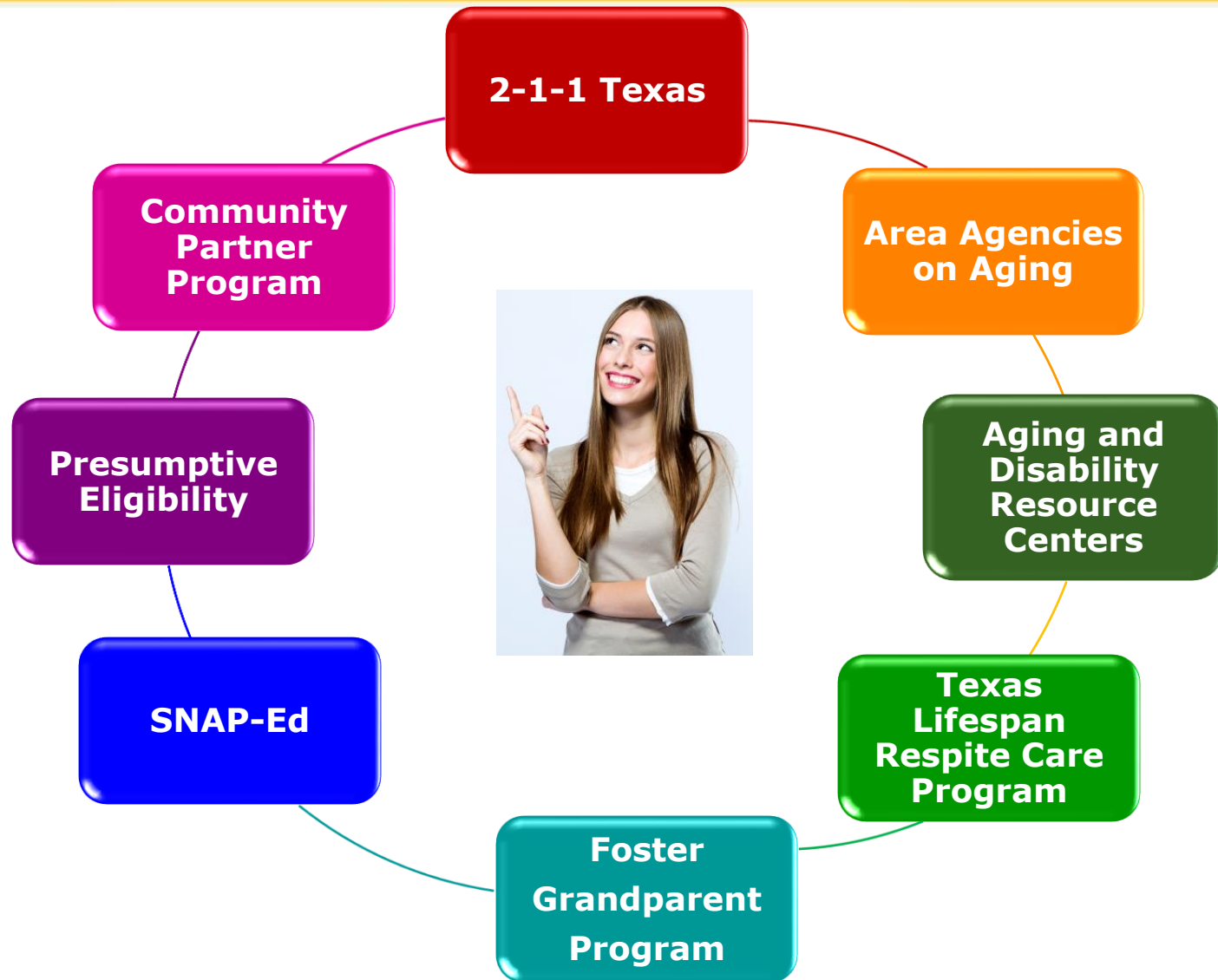


# Areas of Community Access

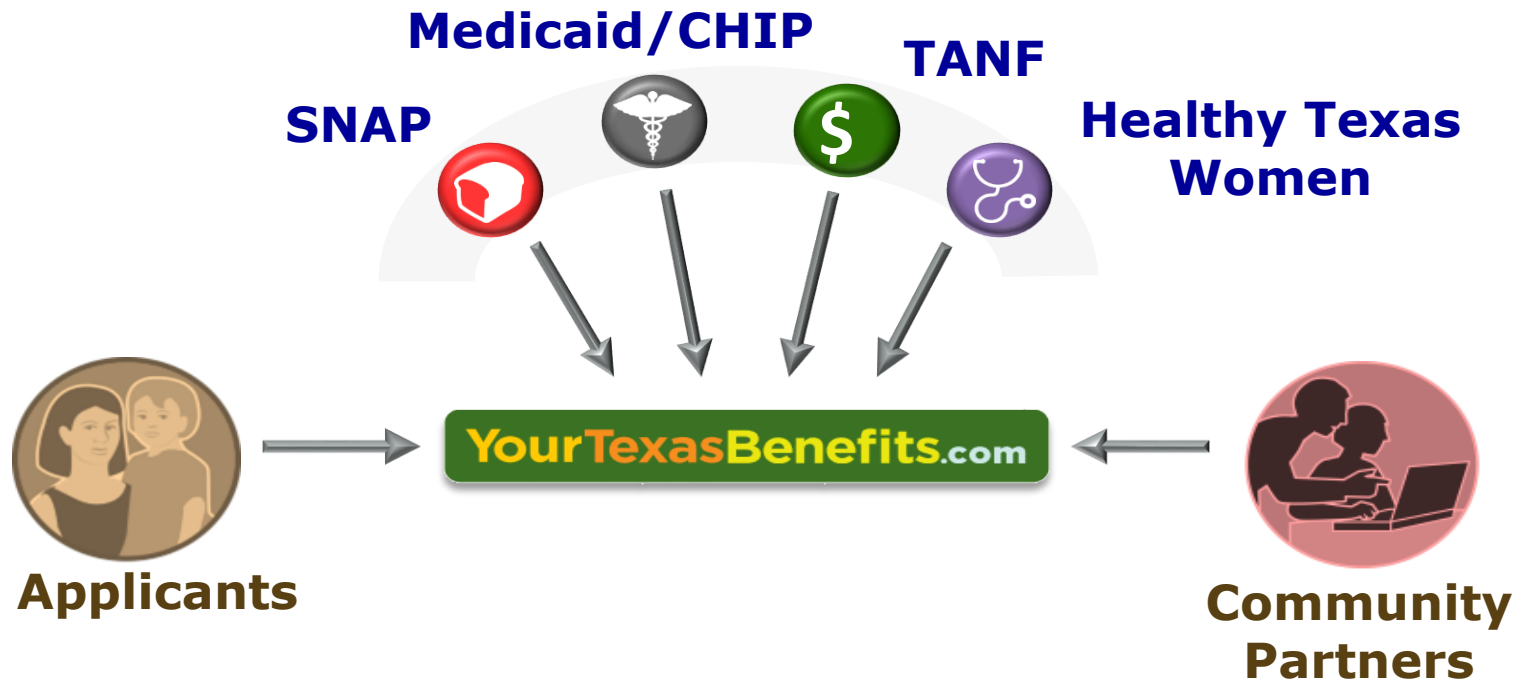




# Community Access Services



# Community Partner Program



- The application for benefits through [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com) is dynamic.

# The Next Section will focus on:

- Health Care
- Food Benefits and
- Cash Help





# Health Care

# Healthy Texas Women (HTW)

- HTW is for women ages 15 to 44 who have little or no money.
  - For individuals age 15 -17, a parent or legal guardian must apply on their behalf.
- Women are auto enrolled in the Healthy Texas Women program after their Pregnancy Medicaid coverage ends.
- Information regarding the program can be found at [www.HealthyTexasWomen.org](http://www.HealthyTexasWomen.org).

# Healthy Texas Women (HTW)



HTW may include the following services:

Pregnancy Testing

HIV Screening

Pelvic Examinations

Long-acting Reversible Contraceptives

Sexually Transmitted Infection Services

Oral Contraception Pills

Breast and Cervical Cancer Screenings

Other Contraceptive Methods

Screening and Treatment for cholesterol, diabetes, and high blood pressure

Screening and Treatment for Postpartum Depression

# Family Planning Program

## Family Planning Program – Who Can Apply

- Individuals may receive family planning benefits if they are:
  - Are a male or female.
  - Are a resident of Texas.
  - Are 64 or younger.
  - Meet income requirements.
- Find Family Planning Providers at [www.healthytexaswomen.org](http://www.healthytexaswomen.org).

# Family Planning Program

## Family Planning Benefits may include:

- Pregnancy testing
- Sexually transmitted infection services
- Clinical breast examination
- Other contraceptive methods such as condoms, diaphragm, vaginal spermicide, and injections
- Pelvic Examination
- Mammograms
- Breast and cervical cancer screenings
- HIV Screening
- Contraceptives
- Screening for cholesterol diabetes, and high blood pressure
- Natural family planning counseling
- Permanent sterilization



# Breast and Cervical Cancer Services (BCCS)

The Breast and Cervical Cancer Services program services include:

- Screening services:
  - Clinical breast examination
  - Mammogram
  - Pelvic examination and Pap test
- Diagnostic services.
- Cervical dysplasia management and treatment.
- Get help applying for Medicaid for Breast and Cervical Cancer and find list of providers at [www.healthytexaswomen.org](http://www.healthytexaswomen.org).

# Medicaid for Breast and Cervical Cancer (MBCC)

- MBCC provides full Medicaid benefits to uninsured women ages 18- 64 who are identified through HHSC's BCCS program and who are in need of treatment for breast or cervical cancer.
- There are no income or resource tests for this program.
- Must meet all other Medicaid eligibility criteria such as residency and citizenship/immigration status.
- Eligibility is reviewed every 6 months and a woman remains eligible through the duration of her cancer treatment or until she no longer meets the eligibility criteria, whichever is earlier.
- BCCS contractors assist women in applying for the program.
- Listing of BCCS contractors is located at <https://www.healthytexaswomen.org/bccs-program>

# Medicaid for the Elderly & People with Disabilities

Medicaid for certain low income elderly or disabled individuals.

To be eligible an individual must be:

- Aged - 65 years of age or older;
- Blind - considered “legally blind” as defined by the SSA; or
- Disabled - have a determination of a disability as defined by the SSA (A disability that is expected to last one year or longer.); and

Eligible individuals must:

- Meet all non-financial criteria; and
- Meet income and resource criteria.

# MEPD Non-Financial Criteria

Individuals must meet the following non-financial criteria for MEPD eligibility determinations.

- Reside in Texas.
- Be a U.S. citizen or a non-citizen with acceptable immigration status.
- Be age 65 or determined to meet the SSI requirements for blind or disability.
- Provide a social security number (SSN) or proof of application for an SSN.
- Provide assignment of rights to third party resources.

Additional eligibility factors may apply to certain programs.

## ***SSI Related Programs***

Individuals who have been denied SSI and continue to meet SSI eligibility criteria with the exclusion of increases in certain Social Security benefits.

- Disabled Adult Children (DAC) – Age 18 or older and denied SSI due to excess RSDI Disabled Adult Children's benefits.
- Pickle – Denied SSI due to an increase in RSDI benefits received while entitled to both SSI and RSDI benefits in the same month.
- Widow(er)s – Age 50 to 65, not eligible for Medicare, and denied SSI due to excess Widow/Widower's RSDI benefits.

## ***Institutional Based Programs***

Medicaid for individuals in Medicaid-approved long-term care facilities or applying for certain Home and Community-Based Services (HCBS) waiver programs. Individuals must:

- Reside in a long term care facility for at least 30 days or be receiving waiver services;
- Have income not more than 300% of the SSI limit. (\$2,250 individual/\$4,500 couple)
- Have resources not more than the SSI resource limit. (\$2000 individual/\$3000 couple)

# MEPD Buy-In Programs

Buy-in programs are for individuals who need health insurance but are working and make too much money. These individuals may have to pay a monthly premium.

## **Medicaid Buy-In for Children (MBIC)**

For children with disabilities:

- Under age 19 and not married.
- Gross family income up to 300% of the federal poverty income level (FPIL).
- No resource test.
- May have to pay a monthly premium based on the family's income.

# MEPD Buy-In Programs

## Medicaid Buy-In (MBI)

For individuals with disabilities who are working and earning more than the allowable limits for regular Medicaid.

- Must be working.
- Must have a disability determination regardless of age.
- Income must not be more than 250% FPIL.
- Countable resources must be equal to or less than \$2,000, after all special MBI Resource Exclusions.
- May have to pay a monthly premium based on both earned and unearned income.



# Medicare Savings Programs

Programs to assist low income Medicare beneficiaries with out-of-pocket Medicare expenses.

Benefits may include payment of:

- Medicare Part A and B Premiums;
- Medicare Deductibles; and
- Medicare Co-insurance.

Individuals must:

- Have Medicare Part A entitlement;
- Meet Medicaid non-financial criteria; and
- Meet the applicable income and resource limits.

# Medicare Savings Programs

## Qualified Medicare Beneficiary (QMB)

- Income < 100% FPIL;
- Pays Medicare Part A and Part B premiums, deductibles, and coinsurance.

## Specified Low-Income Medicare Beneficiaries (SLMB)

- Income < 120% FPIL;
- Pays the Medicare Part B premiums.

## Qualifying Individuals (QI-1)

- Income < 135% FPIL;
- Pays the Medicare Part B premiums;
- Cannot be eligible for regular Medicaid and QI-1 at the same time.

## Qualified Disabled Working Individuals (QDWI)

- Income < 200% FPIL;
- Pays the Medicare Part A premiums only;
- Cannot be eligible for regular Medicaid and QDWI at the same time.



# Questions?



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# Thank You

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## Community Partner Program