

**Presented:**

2022 CHANGES AND TRENDS AFFECTING SPECIAL NEEDS TRUSTS  
February 10-11, 2022  
Austin, Texas

**Protecting and Maximizing  
Public Benefits**

**H. Clyde Farrell &  
Christina Leshner**

Author contact information:  
H. Clyde Farrell  
Certified Elder Law Attorney  
Farrell & Johnson, PLLC  
1000 Mo-Pac Circle  
Austin, TX 78746

[cfarrell@txelderlaw.com](mailto:cfarrell@txelderlaw.com)  
512-323-2977

Co-author contact information:  
Christina Leshner  
Law Office of Christina Leshner, P.C.  
5615 Kirby Drive, Suite 412  
Houston, TX 77005

[clesher@lawlesher.com](mailto:clesher@lawlesher.com)  
713-529-5900

This outline presents the law as of this writing, with the warning that many public benefits in Texas are presently in a state of change. Nothing contained in this publication is to be considered as the rendering of legal advice for specific cases, and readers are responsible for obtaining such advice from their own legal counsel. This publication is intended for educational and informational purposes only.

Copyright 2022 by H. Clyde Farrell

<b>I.</b>	<b>OVERVIEW OF TEXAS HEALTH &amp; HUMAN SERVICE AGENCIES .....</b>	<b>1</b>
A.	TEXAS AGENCIES .....	1
B.	MEDICAID SERVICE DELIVERY MODELS.....	2
1.	<i>Historical Background in Texas</i> .....	2
2.	<i>Changes Should Not Adversely Affect Clients</i> .....	2
3.	<i>Changes in Program Names</i> .....	4
4.	<i>More Choices in Service Delivery</i> .....	6
5.	<i>Extension of Managed Care to Nursing Facilities</i> .....	7
C.	EQUAL PROTECTION FOR PARTNERS IN SAME-SEX MARRIAGES.....	9
<b>II.</b>	<b>SUPPLEMENTAL SECURITY INCOME (SSI).....</b>	<b>10</b>
A.	ELIGIBILITY .....	11
1.	<i>“Categorical” Requirements: Aged, Blind or Disabled</i> .....	11
2.	<i>Citizenship/Immigration/Residency Status</i> .....	13
3.	<i>Income</i> .....	14
B.	BENEFITS .....	24
1.	<i>Cash Benefits</i> .....	24
2.	<i>Medicaid Eligibility</i> .....	24
C.	TRUST RULES.....	24
1.	<i>Third-Party Settled Trusts</i> .....	25
2.	<i>Self-Settled Trusts</i> .....	25
3.	<i>Judicial Reformation of Wills</i> .....	33
4.	<i>Self-Settled Trusts-Key Provisions in 2018 POMS Revisions</i> .....	34
5.	<i>Restrictions on Early Termination Provisions in Self-Settled Trusts</i> .....	38
6.	<i>Factors Affecting Type of Trust and Selection of Trustee</i> .....	39
7.	<i>The Sole Benefit Rule</i> .....	42
8.	<i>Treatment of UTMA Accounts</i> .....	44
9.	<i>SSA’s System for Evaluating SSI Trusts</i> .....	44
10.	<i>Texas Implements the ABLE Act</i> .....	45
11.	<i>Child Support Paid from Self-Settled SNT is “Income” to the SNT Beneficiary</i> .....	48
12.	<i>Pooled Trust is Now an Alternative to a 142 Trust</i> .....	49
D.	TRANSFER RULES.....	49
E.	APPLICATION .....	51
F.	SSI SOURCES OF LAW .....	52
<b>III.</b>	<b>CHILDHOOD DISABILITY BENEFIT &amp; DISABLED ADULT CHILD MEDICAID .....</b>	<b>52</b>
<b>IV.</b>	<b>SOCIAL SECURITY DISABILITY INSURANCE (SSDI) .....</b>	<b>54</b>
A.	ELIGIBILITY .....	54
1.	<i>Work History</i> .....	54
2.	<i>Disability</i> .....	55
B.	BENEFITS .....	55
1.	<i>Cash Benefits</i> .....	55
2.	<i>Medicare Benefits</i> .....	56
C.	APPLICATION .....	56
<b>V.</b>	<b>REGULAR MEDICAID BENEFITS.....</b>	<b>56</b>
A.	ELIGIBILITY .....	56
B.	BENEFITS .....	57
1.	<i>General Scope of Benefits</i> .....	57
2.	<i>Texas Health Steps (THSteps)</i> .....	58
3.	<i>Prescription Medications</i> .....	59
C.	APPLICATION .....	60

<b>VI. MEDICARE</b> .....	<b>61</b>
A. ELIGIBILITY .....	61
1. Eligibility at Age 65.....	61
2. Work Requirements .....	61
3. Eligibility in Connection With Social Security and Railroad Retirement Disability Benefits .....	61
4. Medicare Premiums.....	61
5. Continuation of Medical Coverage After Total Disability Ends.....	62
B. BENEFITS .....	62
1. Hospital Services.....	63
2. Nursing Facility Services.....	63
3. Home Health Services .....	64
4. Hospice Services.....	64
5. Physician Services and Other “Part B” Benefits .....	65
6. Part B Deductibles and Co-Pays.....	65
7. Prescription Drugs .....	65
8. Medicare Improvement Standard Abrogated .....	67
C. APPLICATION .....	68
<b>VII. “LONG- TERM CARE” MEDICAID.....</b>	<b>69</b>
A. ELIGIBILITY .....	69
1. Income .....	70
2. Resources (Countable Assets) .....	71
3. Medical Need Requirements .....	76
4. Citizenship/Immigration/Residence Status .....	77
5. Age, Blindness or Disability .....	77
B. BENEFITS .....	77
1. Nursing Home Medicaid.....	77
2. Home Care Under the “Community Care” Programs .....	78
3. Home and Community Care under the Medicaid “Waiver” Programs .....	79
C. THE HCBS WAIVER “SPOUSAL PROTECTED RESOURCE AMOUNT” .....	83
1. Both Spouses at Home.....	83
2. One Spouse in a Nursing Home.....	85
D. ELIGIBILITY RULES WHEN BOTH SPOUSES APPLY .....	85
E. THE HCBS WAIVER PROGRAM INTEREST LISTS .....	88
1. Interest List Wait Times .....	88
2. Bypassing the Interest Lists with “Money Follows the Person” .....	89
F. TRUST RULES.....	90
1. Third-Party-Settled Trusts.....	90
2. Benefits of a Testamentary Trust for a Spouse .....	91
3. Self-Settled Trusts Generally.....	91
4. Rules applying to revocable trusts established by the client .....	91
5. Rules applying to irrevocable trusts established by the client.....	92
6. Exceptions to General Rules Governing Trusts “Established By” The Client.....	93
7. Exempt Assets Remain Exempt if Transferred to Revocable Trust—Except the Home .....	95
G. TRANSFER (“GIFTING”) RULES .....	96
1. Nature and Purpose.....	96
2. Rules for Calculating the Penalty Period .....	97
3. Treatment of Multiple Transfers .....	97
4. How to Determine the “Start Date” of the Penalty Period .....	98
5. Medicaid Programs Subject to the Transfer Penalty.....	99
6. Disclaimers as Transfers .....	99
7. What is “Compensation” Reducing a Transfer Penalty.....	99
8. Cash Compensation or Returns of Transferred Assets .....	101

9.	<i>Transfers by or to a Community Spouse</i> .....	104
10.	<i>Certain Transfers Excepted From Penalty</i> .....	105
11.	<i>Exception: Transfers Solely for Non-Medicaid Purpose</i> .....	107
12.	<i>Exception: Transfer Penalty Would Result in “Undue Hardship”</i> .....	107
13.	<i>Motor Vehicle Transfer on Death Avoids Transfer Penalty and MERP</i> .....	109
14.	<i>Gifting by Guardians</i> .....	110
15.	<i>Fees of Guardians Deductible From Copayment</i> .....	110
H.	APPLICATION .....	111
I.	AGREEMENTS OF EXCLUSIVITY BETWEEN ATTORNEYS AND SKILLED NURSING FACILITIES .....	111
J.	MEDICAID ESTATE RECOVERY PROGRAM.....	112
K.	LADY BIRD DEED.....	112
L.	TRANSFER ON DEATH DEED: THE NEW LADY BIRD DEED?.....	115
1.	<i>Features of the Transfer on Death Deed</i> .....	115
2.	<i>Comparison of TODD and LBD</i> .....	118
M.	ACA EXTENDS SPOUSAL IMPOVERISHMENT PROTECTIONS TO HCBS WAIVER PROGRAMS.....	123
N.	1915(C) IS NOW HCBS.....	125
O.	EFFECT OF COURT ORDERS TRANSFERRING ASSETS AND INCOME BETWEEN SPOUSES .....	125
P.	NON-WAIVER COMMUNITY-BASED LTC MEDICAID PROGRAMS .....	126
1.	<i>Community First Choice</i> .....	126
2.	<i>“Texas Dual Eligible Integrated Care Project” affects 6 counties</i> .....	127
<b>VIII.</b>	<b>CHILDREN’S MEDICAID</b> .....	<b>128</b>
A.	ELIGIBILITY .....	128
1.	<i>Residence and Citizenship</i> .....	128
2.	<i>Age 18 or Under</i> .....	128
3.	<i>Resources</i> .....	128
4.	<i>Income</i> .....	129
B.	BENEFITS .....	130
C.	TRUST AND TRANSFER RULES.....	130
<b>IX.</b>	<b>PREGNANT WOMEN’S MEDICAID</b> .....	<b>130</b>
A.	ELIGIBILITY .....	130
1.	<i>Residence and Citizenship</i> .....	130
2.	<i>Resources</i> .....	130
3.	<i>Income</i> .....	131
B.	BENEFITS .....	131
C.	TRUST AND TRANSFER RULES.....	131
<b>X.</b>	<b>PARENTS &amp; CARETAKER RELATIVES MEDICAID</b> .....	<b>131</b>
A.	HISTORY AND RELATION TO TANF .....	131
B.	ELIGIBILITY .....	132
1.	<i>Relationship to Dependent Child</i> .....	132
2.	<i>Resources</i> .....	132
3.	<i>Income</i> .....	132
C.	BENEFITS .....	133
D.	TRUST AND TRANSFER RULES.....	133
E.	APPLICATION .....	133
<b>XI.</b>	<b>MEDICALLY NEEDY PROGRAM</b> .....	<b>134</b>
A.	ELIGIBILITY .....	134
1.	<i>Age &amp; Gender</i> .....	134
2.	<i>Income</i> .....	134
3.	<i>Resources</i> .....	135

B.	BENEFITS .....	135
C.	TRUST RULES.....	135
D.	TRANSFER RULES.....	135
E.	APPLICATION .....	135
<b>XII.</b>	<b>THE TEXAS CHILDREN’S HEALTH INSURANCE (CHIP) PROGRAM.....</b>	<b>135</b>
A.	ELIGIBILITY .....	136
1.	<i>Age</i> .....	136
2.	<i>Residence/Citizenship</i> .....	136
3.	<i>Waiting Period</i> .....	136
4.	<i>Income</i> .....	136
5.	<i>Resources</i> .....	137
6.	<i>Exclusions</i> .....	137
B.	BENEFITS AND COSTS .....	137
C.	TRUST RULES.....	138
D.	TRANSFER RULES.....	138
E.	APPLICATION .....	138
<b>XIII.</b>	<b>THE AFFORDABLE CARE ACT .....</b>	<b>138</b>
A.	INTRODUCTION .....	138
B.	CHANGES PUT INTO EFFECT BEFORE 2013 .....	139
1.	<i>The “Federal Risk Pool”</i> .....	139
2.	<i>“Money Follows the Person”</i> .....	139
3.	<i>Coverage for Children With Pre-Existing Conditions</i> .....	139
4.	<i>Coverage for Children Until Age 26</i> .....	139
5.	<i>Medicare Part D “Donut Hole” Reduction</i> .....	139
6.	<i>Part D Cost-Sharing Eliminated for Waiver Program Beneficiaries</i> .....	140
7.	<i>Nursing Home Disclosures Required</i> .....	140
C.	CHANGES EFFECTIVE JANUARY 1, 2014.....	140
1.	<i>No Pre-Existing Condition Requirement</i> .....	140
2.	<i>Sliding-Scale Premiums Based on Income</i> .....	140
3.	<i>Sliding-Scale Cost Sharing Based on Income</i> .....	141
4.	<i>Spousal Impoverishment Rules Apply to Waiver Programs</i> .....	142
5.	<i>No Annual or Lifetime Caps</i> .....	142
6.	<i>Medicaid Coverage Based on Low-Income</i> .....	142
7.	<i>Effect of the ACA on Special Needs Practices</i> .....	143
<b>XIV.</b>	<b>EMERGENCY ASSISTANCE TO UNDOCUMENTED ALIENS .....</b>	<b>144</b>
A.	ELIGIBILITY .....	144
B.	BENEFITS .....	144
<b>XV.</b>	<b>QMB AND OTHER MEDICARE SAVINGS PROGRAMS .....</b>	<b>145</b>
A.	ELIGIBILITY AND BENEFITS.....	145
1.	<i>Qualified Medicare Beneficiaries (QMB)</i> .....	145
2.	<i>Specified Low-Income Medicare Beneficiaries (SLMB)</i> .....	146
3.	<i>Qualifying Individuals (QI)</i> .....	146
4.	<i>Qualified Disabled and Working Individuals (QDWI)</i> .....	146
5.	<i>Income &amp; Resource Methodology</i> .....	146
B.	TRUST AND TRANSFER RULES.....	147
C.	APPLICATION .....	147
<b>XVI.</b>	<b>MEDICAID BUY-IN PROGRAM.....</b>	<b>147</b>
A.	ELIGIBILITY .....	148

1.	<i>Disability</i> .....	148
2.	<i>Income</i> .....	148
3.	<i>Resources</i> .....	149
4.	<i>Calculation of Monthly Premium</i> .....	149
B.	BENEFITS .....	150
C.	APPLICATION.....	150
<b>XVII.</b>	<b>MEDICAID BUY-IN FOR CHILDREN PROGRAM</b> .....	<b>150</b>
A.	PROGRAM DESCRIPTION.....	150
B.	ENABLING STATUES.....	151
C.	ELIGIBILITY REQUIREMENTS.....	151
1.	<i>Financial requirements</i> .....	151
2.	<i>Non-financial requirements</i> .....	151
D.	MBIC PREMIUM AMOUNTS .....	152
1.	<i>No ESI</i> .....	152
2.	<i>ESI with State-Paid HIPP</i> .....	152
3.	<i>ESI and No State-Paid HIPP</i> .....	152
E.	EXEMPTIONS AND WAIVERS .....	152
<b>XVIII.</b>	<b>HELP WITH INSURANCE PREMIUMS—THE HIPP PROGRAM</b> .....	<b>153</b>
<b>XIX.</b>	<b>FOOD STAMPS (SNAP)</b> .....	<b>154</b>
A.	ELIGIBILITY .....	154
1.	<i>Resources</i> .....	154
2.	<i>Trust Rules</i> .....	155
3.	<i>Transfer Rules</i> .....	156
4.	<i>Income</i> .....	156
5.	<i>Citizenship/Immigration Status</i> .....	156
6.	<i>Work Requirements</i> .....	157
B.	BENEFITS .....	157
C.	APPLICATION .....	157
<b>XX.</b>	<b>TEXAS MENTAL HEALTH &amp; INTELLECTUAL DISABILITY PROGRAMS</b> .....	<b>158</b>
A.	ELIGIBILITY .....	159
1.	<i>Medicaid-Funded Services</i> .....	159
2.	<i>Non-Medicaid-Funded Services</i> .....	159
B.	BENEFITS .....	161
1.	<i>Mental Health Facilities</i> .....	161
2.	<i>Intellectual Disability Services</i> .....	161
3.	<i>Community Services</i> .....	162
4.	<i>Group Homes</i> .....	163
C.	TRUST RULES.....	163
D.	TRANSFER RULES.....	165
<b>XXI.</b>	<b>LOCAL MEDICAL ASSISTANCE PROGRAMS &amp; OTHER BENEFITS</b> .....	<b>166</b>
A.	LOCAL MEDICAL ASSISTANCE PROGRAMS .....	166
B.	EMERGENCY ROOM ASSISTANCE .....	166
C.	INDIGENT-CARE RESPONSIBILITIES OF HOSPITALS .....	167
D.	LOCAL NONPROFIT AGENCIES .....	167
E.	PROPERTY TAX EXEMPTIONS.....	167
F.	UNLISTED AGENCIES & BENEFITS .....	167
<b>XXII.</b>	<b>BREAST CANCER &amp; CANCER CONTROL SERVICES AND MEDICAID</b> .....	<b>167</b>
A.	THE BREAST & CERVICAL CANCER CONTROL SERVICES (BCCCS) .....	167

B.	MEDICAID FOR BREAST AND CERVICAL CANCER.....	168
<b>XXIII.</b>	<b>TIPS FOR NEW ELDER LAW &amp; SPECIAL NEEDS PRACTITIONERS.....</b>	<b>168</b>
A.	CONTACT INFORMATION FOR TEXAS HEALTH AND HUMAN SERVICES COMMISSION .....	168
B.	TIPS FOR A SUCCESSFUL MEDICAID APPLICATION - FREQUENTLY ASKED QUESTIONS.....	169
C.	QUALIFIED INCOME TRUST (QIT) CHECKLIST (MILLER TRUSTS) .....	171
<b>XXIV.</b>	<b>COVID-19-RELATED LEGISLATION.....</b>	<b>171</b>
A.	FISCAL RELIEF .....	171
B.	EXPANDED COVERAGE FOR COVID TESTING.....	172
C.	INCREASED CARE SETTING FLEXIBILITY.....	172
D.	MEDICAID DEMONSTRATION PROGRAM EXTENSION .....	173
<b>XXV.</b>	<b>COVID-19-RELATED MEDICAID POLICIES.....</b>	<b>173</b>
A.	MEDICAID COVERAGE MAY NOT BE TERMINATED .....	173
B.	MEDICAID ANNUAL RECERTIFICATIONS INVOLVE UNCERTAINTY .....	173
C.	STIMULUS PAYMENTS USUALLY DO NOT AFFECT BENEFITS.....	174
D.	“BEST AVAILABLE” INCOME VERIFICATION IS SOMETIMES GOOD ENOUGH.....	175
E.	SOURCES OF INFORMATION ON COVID-19 MEDICAID POLICY.....	175
F.	MEDICARE .....	176
G.	MEDICAID .....	177
<b>APPENDIX 1:</b>	<b>2022 BENEFIT ELIGIBILITY NUMBERS.....</b>	<b>178</b>
<b>APPENDIX 2:</b>	<b>HOW TO CALCULATE “PRO RATA SHARE” OF HOUSEHOLD EXPENSES.....</b>	<b>180</b>
<b>APPENDIX 3:</b>	<b>TRUST DISTRIBUTIONS WHERE BENEFICIARY IS ON SSI - SAMPLE INSTRUCTIONS .....</b>	<b>181</b>
<b>APPENDIX 4:</b>	<b>LIMITS ON ELIGIBILITY OF ALIENS FOR PUBLIC BENEFITS IN TEXAS.....</b>	<b>183</b>
<b>APPENDIX 5:</b>	<b>SOURCES OF FREE AND REDUCED PRICE PRESCRIPTION MEDICATIONS .....</b>	<b>185</b>
<b>APPENDIX 6:</b>	<b>SELECTED BIBLIOGRAPHY.....</b>	<b>186</b>
<b>APPENDIX 7:</b>	<b>HHSC REGIONAL DIRECTORS.....</b>	<b>190</b>
<b>APPENDIX 8:</b>	<b>HHSC ORGANIZATIONAL CHART .....</b>	<b>192</b>
<b>APPENDIX 9:</b>	<b>CHECKLIST FOR TERMINATION OF SPECIAL NEEDS TRUST WITH MEDICAID PAYBACK PROVISION .....</b>	<b>193</b>
<b>APPENDIX 10:</b>	<b>DRAFTING FOR USE OF POOLED TRUSTS .....</b>	<b>195</b>
<b>APPENDIX 11:</b>	<b>LIST OF MEANS-TESTED PUBLIC BENEFIT PROGRAMS IN TEXAS .....</b>	<b>197</b>
<b>APPENDIX 12:</b>	<b>SOCIAL SECURITY CLAIM NUMBER SUFFIXES .....</b>	<b>214</b>
<b>APPENDIX 13:</b>	<b>SOURCES OF LAW.....</b>	<b>215</b>



This overview of the most significant public benefits for persons with disabilities in Texas is intended to assist attorneys and other benefits counselors to identify the major benefits to which such clients may be entitled.

Its focus is primarily on the “means-tested” benefits, which are available only to persons with assets and income below certain limits. Therefore, particular attention is paid to rules relating to trusts and transfers of assets to assist attorneys and other professionals with estate planning for family members and with planning for dispositions of personal injury awards, inheritances and other assets of persons with disabilities.

Although much of the law discussed is federal law, many rules are state-specific. Accordingly, with regard to cases governed by the law of jurisdictions other than Texas, it must be used, if at all, with great caution.

This outline is intended as a “bridge” to help the practitioner better understand and use the voluminous statutes, rules, and agency operating instructions applying to each program. Therefore, although it seeks to cover the most important rules, it cannot include every benefit, exclusion, exemption, etc. contained in the numerous sources of law, which are cited for further reference.

## **I. OVERVIEW OF TEXAS HEALTH & HUMAN SERVICE AGENCIES**

### **A. TEXAS AGENCIES**

The Texas Health and Human Services Commission (HHSC) administers the government programs Special Needs Trust beneficiaries need the most often:

- Long-Term Care Medicaid (nursing home and home care programs)
- Medicaid for children and their caregivers
- SNAP (food stamps)
- TANF (cash assistance for families)
- Behavioral Health Services
- Intellectual Disability Services
- Women's Health Services

HHSC also licenses long-term care facilities, certifies certain nursing facilities as Medicaid providers.

Within HHSC, the Texas Department of State Health Services (DSHS) manages birth and death records, gathers and shares public health data, collects data to monitor for chronic and infectious disease, provides emergency response services for health emergencies, regulates producers of consumer health goods and service providers that pose potential danger to public health.

Other agencies that do not fall under HHSC’s umbrella but are still important to know include:

- Texas Department of Family and Protective Services (DFPS) - responsible for adult and child protective services.<sup>1</sup>
- Texas Workforce Commission (TWC) - responsible for workforce development including providing training and employment services to people with disabilities.<sup>2</sup>

## **B. MEDICAID SERVICE DELIVERY MODELS**

### **1. HISTORICAL BACKGROUND IN TEXAS**

Medicaid is funded by federal and state government but is administered by the state. Typically, a state provides through a fee-for-service model (“traditional” Medicaid) or a pay-per-patient model (“managed care” Medicaid). In 2011, the Texas Health & Human Services Commission applied for a new Medicaid waiver program that moved away from the “traditional model” towards the “managed care” model. The U.S. Centers for Medicare & Medicaid Services (CMS) approved the new waiver program on December 12, 2011. By that approval, CMS “waived” certain requirements of federal Medicaid law, most notably the prohibition on payment of certain Medicaid funds to hospitals serving large numbers of low-income patients, when the hospitals participate in Medicaid managed care.<sup>3</sup> This is a five-year “demonstration program,” scheduled to end in September 2016 but has been extended several times and is currently approved through September 2022.

Over the last 10 years, most Medicaid programs have been integrated into the STAR managed care model including long-term care recipients, children with intellectual and developmental disabilities, children in state conservatorships, and those receiving services under 1915(c) waiver programs.<sup>4</sup>

A few categories of individuals remain eligible for “traditional Medicaid” benefits, as discussed below. The switch to managed care does not affect (1) long-term care programs without comprehensive medical coverage, such as non-waiver home care programs like Community Attendant Services, or (2) Medicare Savings Programs (QMB, SLMB, QI-1).

### **2. CHANGES SHOULD NOT ADVERSELY AFFECT CLIENTS**

There is an inherent conflict when the delivery of a public benefits is entrusted to a for-profit organization that is paid a “capitated” rate per member.<sup>5</sup> There is an obvious financial incentive to

---

<sup>1</sup>TEXAS DEPARTMENT OF FAMILY AND CHILD PROTECTIVE SERVICES, *About DFPS*, [https://www.dfps.state.tx.us/About\\_DFPS/default.asp](https://www.dfps.state.tx.us/About_DFPS/default.asp).

<sup>2</sup> TEXAS WORKFORCE COMMISSION, *About Texas Workforce*, <https://www.twc.texas.gov/about-texas-workforce>.

<sup>3</sup> These “demonstration program” is sometimes referred to as the “1115 Transformation Waiver” because CMS’s authority derives from Social Security Act §1115, 42 U.S.C. §1315.

<sup>4</sup> See Tex. Health & Human Services Comm’n, *Demonstration Extension Application Section 1115(a), Appendices A-E*, (July 2021), available for download at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83231> (application pending approval as of January 11, 2022).

<sup>5</sup> “Capitated” managed care is required by Texas statute for acute-care Medicaid generally, unless the HHSC determines that another arrangement, including a traditional fee-for-service arrangement, would be “more cost-

Find the full text of this and thousands of other resources from leading experts in dozens of legal practice areas in the [UT Law CLE eLibrary \(utcle.org/elibrary\)](https://utcle.org/elibrary)

## Title search: Protecting and Maximizing Public Benefits

Also available as part of the eCourse

[2022 Special Needs Trusts eConference](#)

First appeared as part of the conference materials for the  
18<sup>th</sup> Annual Changes and Trends Affecting Special Needs Trusts session  
"Maximizing Public Benefits"