Congress of the United States

Washington, DC 20515

November 5, 2026

Stephanie Muth
Commissioner
Texas Health and Human Services Commission
1100 West 49th St.
Austin, TX 78756

Dear Commissioner Muth,

We write to seek clarity and action to reduce the number of our constituents and all Texans who are experiencing delays in the processing of their applications for food assistance under the Supplemental Nutrition Assistance Program (SNAP) and health care access under Medicaid. Texans are suffering under policy changes passed into law by our Congressional Republican colleagues, particularly in the 2025 budget reconciliation bill, Public Law 119-21, the One Big, Beautiful Bill Act (OBBBA), which has already taken health care access and food assistance from countless Texans. Since the passage of that bill, over 635,000 Texans have lost SNAP food benefits,[1] over 280,000 Texans have lost Medicaid,[2] and over 850,000 Texans did not activate the Marketplace health insurance plans that became too expensive after Congressional Republicans failed to pass an extension of Marketplace enhanced premium tax credits.[3]

As representatives of Texas Congressional Districts, we represent the interests of approximately ten million Texans. Nearly four million Texans are enrolled in Medicaid or the Children's Health Insurance Program, and at least one member of approximately 20 percent of Texas households are enrolled in SNAP.[4] Thousands more Texas constituents are eligible for those programs but are not enrolled. Given Texans' reliance on these essential programs, you must recognize the urgency of ensuring that the state can process applications in a timely and effective manner. Yet despite this critical need, Texas is now facing an unprecedented surge in unprocessed benefits applications. According to recent reports, Texas' Medicaid application backlog rose from 1,671 pending applications in January 2026 to a staggering 237,505 by early September 2026.[5] At the same time, SNAP application backlog rose from approximately 3,700 pending applications in January 2026 to more than 175,000 by early September 2026.[6]

Due to the increasing backlog of unprocessed Medicaid and SNAP applications at HHSC,[7] Texans enrolled in those benefits programs are concerned about their ability to remain enrolled when their renewal periods arrive. Additionally, many constituents who are eligible for those programs but not enrolled in them are avoiding the application and enrollment process because of the likelihood of a months-long exchange of documents, verification, and communication between their households and HHSC staff that will result in an inaccurate denial.

---

[1] *Texas Tribune*. (September 10, 2026). "More than 200,000 Texans are waiting for Medicaid approval as enrollment declines." https://www.texastribune.org/2026/09/10/texas-medicaid-snap-food-stamps-approval-delay/

[2] LBB Quality Assurance Team Dashboard (2026). HHSC Projects and Performance. https://qat-dashboard.lbb.texas.gov/

[3] HHSC Legislative Appropriations Request for Fiscal Year 2026 and 2027. 4.A. Page 6 of 134. https://www.hhs.texas.gov/sites/default/files/documents/hhsc-legislative-appropriations-request-2026-2027.pdf

[4] 42 CFR Part 435, Subpart J.

[5] HHSC Legislative Appropriations Request for Fiscal Year 2026 and 2027. 4.A. Page 5 of 134. https://www.hhs.texas.gov/sites/default/files/documents/hhsc-legislative-appropriations-request-2026-2027.pdf

[6] Center on Budget and Policy Priorities. SNAP Tracker (2026). https://www.cbpp.org/research/food-assistance/snap-tracker-people-are-losing-food-assistance-as-the-harmful-2025

[7] 42 CFR 433 Subpart C, §433.112.

One Texan woman received no update from HHSC for more than four months after applying for Medicaid for Pregnant Women—a program she qualified for and that would have helped her access and afford essential prenatal care earlier in her pregnancy.[8]

Direct service providers, who help Texans fill out Medicaid and SNAP applications, and use those programs when enrolled, report confusing and inaccurate interactions with Maximus, the HHSC contractor, that staffs the HHSC call center. Application assistants, who are experts in eligibility and enrollment, report Maximus contractors have shared inaccurate information about eligibility and procedures, such as telling applicants to reapply for Medicaid instead of requesting document review by HHSC staff. Inaccurate communications and reapplications are part of the reason the Medicaid backlog has grown so extensively, and they create additional administrative burdens for applicants who are already waiting months for health coverage. We understand that due to the passage and ongoing implementation deadlines related to the OBBBA, HHSC staff and eligibility systems are negotiating new eligibility standards and increased interactions with other agencies like the Texas Workforce Commission.

First, we ask HHSC to request emergency funding from state administration and lawmakers to use funds from the Texas Economic Stabilization Fund to hire temporary workers to reduce the current backlog and assure eligible Texans are able to enroll in the programs for which they are entitled to. Those enrollments will also decrease Texas' uninsurance rate among vulnerable populations—children, pregnant women, disabled people, and seniors—and decrease health care costs for all Texans.

Second, the 89th Texas Legislature approved HHSC's exceptional item request to fund system improvements for the Texas Integrated Eligibility Redesign System (TIERS) and included over $240 million into the 2026-2027 biennial base budget for TIERS Capital Projects.[9] Since those system improvement costs are shared with federal agencies[10] and draw down federal matching funds at 75 percent or 90 percent, depending on operating or capital expenditures, planning and reporting conditions accompany to that funding.[11] We request that HHSC make public and available on the HHSC website the Advance Planning Documents required to receive federal financial participation for automated eligibility systems regarding Planning and Implementation, plus any updates as they become available, and at least annually by statute.[12] These documents should lay out scope, budget, schedule, cost allocation, and procurement plans of the TIERS system improvements.

While we understand that these transparency measures will not reduce the current Medicaid and SNAP application backlogs, we request that HHSC make this information public in the interests of transparency and accountability. Texans deserve to know where over $200 million of their tax dollars are going, especially when the results of past investments in the eligibility system have led to the situation where we currently stand.

As of writing this letter on October 30, 2026, we do not see the TIERS Capital Improvements indicated on the Legislative Budget Board's Quality Assurance Team (QAT) Major Information System Projects Dashboard, which outlines nineteen HHSC information technology projects.[13] Currently, the QAT dashboard includes a

---

[8] General Appropriations Act for the 2026–27 Biennium. Eighty-ninth Texas Legislature Regular Session, 2025 Article II, Strategy I.3.2, page II-38. https://www.lbb.texas.gov/Documents/GAA/General_Appropriations_Act_2026_2027.pdf

[9] Congressional District Health Dashboard (2026). Snapshot of Texas's 20th Congressional District. https://www.congressionaldistricthealthdashboard.org/snapshots/district/4820

[10] Texas Health and Human Services Commission. (2026). Healthcare Statistics. https://www.hhs.texas.gov/about/records-statistics/data-statistics/healthcare-statistics

[11] 45 CFR Part 95, Subpart F; 7 CFR 277.

[12] *Cover Texas Now*. (2026). "Nearly a Million Texans Are No Longer Enrolled in the ACA Health Plans They Chose for 2026." https://covertexasnow.org/posts/2026/7/21/nearly-a-million-texans-are-no-longer-enrolled-in-the-aca-health-plans-they-chose-for-2026

[13] Texas Health and Human Services Commission, *HHSC Data on Medicaid Backlog: September 2026* (Texas Children's, September 2026), PDF.

Texas Eligibility Determination System (TEDS) project described only insofar as the project affects Electronic Benefits Transfer (EBT) of the Texas Women, Infants, and Children (WIC) system, but that project does not include any of the following Information Technology Components enumerated in HHSC's 2026-2027 Legislative Appropriations Request for the TIERS funding:

- Ongoing funding for continuous improvements to the integrated eligibility system (TIERS) to reduce service times for staff to accurately complete eligibility tasks and maintain operational effectiveness;
- Changes to YourTexasBenefits.com, the Your Texas Benefits mobile app, and other client interfaces to improve efficiency in the user experience during the eligibility determination and renewal processes; and
- Workforce or technology enhancements to maintain timeliness standards and meet projected workload needs. Technology enhancements may include new data sources or process changes to reduce workload through increased automation.[14]

We request that HHSC make available to the public Advance Planning Documents and a dashboard in plain language allowing elected officials, stakeholders, and constituents to follow and give feedback on implementation of funds for TIERS improvements, which when completed, will alleviate much of the backlog under which Texas applicants are currently suffering. In addition, we request that HHSC make available any recommendations made by HHSC-contracted "national organizations to identify best practices and additional strategies to improve timeliness."[15]

Finally, we request written responses to the following questions on HHSC's contract with Maximus:

1. How does HHSC verify the accuracy of information Maximus staff give callers and of the documents they process? Please describe who conducts the reviews, the sample size, and how often they occur, and provide the results for the past two years.
2. How does HHSC track documents that applicants submitted but that were lost, misindexed, or not linked to their case? Over the past two years, how many procedural denials involved documents the applicant says they submitted?
3. When an audit, fair hearing, or complaint (including those received by the Ombudsman's office) identifies a Maximus error, how is it recorded and traced to the contractor? How many such errors were reported in the past two years, and what are the most common procedural and communication errors? How do HHSC and Maximus correct them for the affected individuals and address them through training?
4. Do error rates differ by language, disability status, or region? If so, please provide the data.
5. Which HHSC office is responsible for monitoring the Maximus contracts, and how many full-time staff are assigned? Since the September 2022 OIG audit (AUD-23-001), has HHSC issued corrective action plans, assessed liquidated damages, or withheld payments from Maximus? If so, please identify the amounts and the failures involved.
6. How does HHSC confirm that corrective actions resolved the underlying problem, and how does it respond if they do not?

[14] Ibid.
[15] Ibid.

7. When a Maximus error causes someone to lose or miss coverage, how is coverage restored, and is it made retroactive? Has HHSC reported concerns about Maximus's performance to CMS, or has CMS raised any with HHSC?
8. How many hours of initial and ongoing training do Maximus call center and document processing staff receive? Who designs and approves the curriculum, HHSC or Maximus? Please provide a copy of the current curriculum.
9. How does HHSC confirm that Maximus staff are trained on policy changes before they take effect, including the federal changes under OBBBA? What training do staff receive on language access, disability accommodations, and working with callers who have limited literacy or unstable housing?
10. Does HHSC require or review competency testing before staff take live calls or handle cases? If so, please provide the standards and pass rates for the past two years.
11. Which Maximus contracts currently support Texas Medicaid and CHIP (e.g., enrollment broker, eligibility support, document processing)? For each, please provide the contract number, term, value, and any amendments since 2023.
12. What specific tasks do Maximus staff perform in the application and renewal process, and which are reserved for HHSC merit-system eligibility staff? Can Maximus staff enter, change, or close actions in TIERS that affect eligibility outcomes? If so, which actions, and how does HHSC ensure they do not involve discretion? Please provide the written policy that defines where Maximus' role ends and HHSC's begins, and state whether it has been shared with CMS.
13. What share of each contract's cost does HHSC claim for federal matching funds, and at what rate?
14. What minimum staffing levels does the contract require, and how often has Maximus met them over the past 24 months? What are the current turnover and vacancy rates, and how are they reported to HHSC?
15. How many bilingual staff answer the Spanish queue and other language queues, and how are calls in other languages handled? Please include wait times and abandonment rates by language for the past 24 months.
16. What performance standards does HHSC's contract with Maximus set (e.g., speed to answer, abandonment rate, accuracy, and transaction or document processing time)? How are they defined, including when the wait clock starts and whether calls dropped or abandoned in the automated phone menu (IVR) before reaching an agent are counted?
17. Are metrics reported by queue, language, program, time of day, and region? Please provide monthly data for the past two years, along with Maximus's performance against each standard.
18. Does HHSC measure whether callers' issues were resolved, not just answered? If so, what share of callers contact Maximus more than once about the same issue?

While HHSC's eligibility workers and Community Partner Programs around the state support Texans through the current backlog and application process, we look forward to working with your office to monitor the systems improvements to assure Texans' access to these life-saving programs is timely and in compliance with federal processing requirements.[16]

Please let us know how we can support your efforts to ensure access to food and health care for all Texans. Thank you for your time.

[16] Ibid.

Sincerely,

Joaquin Castro
Member of Congress

Lloyd Doggett
Member of Congress

Jasmine Crockett
Member of Congress

Sylvia R. Garcia
Member of Congress

Greg Casar
Member of Congress

Christian D. Menefee
Member of Congress

Veronica Escobar
Member of Congress

Al Green
Member of Congress

Julie Johnson
Member of Congress

Marc A. Veasey
Member of Congress

Lizzie Fletcher
Member of Congress