

## **BILL ANALYSIS**

C.S.H.B. 3292  
By: Klick  
Human Services  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Concerned parties note that the temporary loss of Medicaid eligibility for certain individuals causes disenrollment from the person's managed care plan, which the parties assert deprives these individuals of essential medical services. C.S.H.B. 3292 seeks to address this issue by providing for the continued Medicaid eligibility of certain individuals who experience a temporary income increase and the recertification of an individual's Medicaid eligibility under certain conditions.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 3292 amends the Human Resources Code to establish that an individual who is automatically eligible for Medicaid because the individual is a recipient of benefits under the temporary assistance for needy families program or a recipient of federal supplemental security income continues to be eligible for Medicaid if the individual experiences a temporary increase in income of a duration of one month or less. The bill requires the Health and Human Services Commission to recertify such an individual as eligible for Medicaid who was automatically eligible for Medicaid and determined ineligible because of an error by the state or federal government or because the individual experienced a temporary increase in income of a duration of one month or less provided the individual is otherwise eligible for Medicaid not later than the 90th day after the date on which the individual is determined ineligible or, if appropriate, the error is discovered.

### **EFFECTIVE DATE**

September 1, 2017.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 3292 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0256 to read as follows:

Sec. 32.0256. TEMPORARY CONTINUATION OF MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES.

(a) The commission shall continue to provide medical assistance to an individual with an intellectual or developmental disability after the expiration of the period for which the individual was certified as eligible for medical assistance if the individual:

(1) receives services through a program authorized under Section 1915(c), Social Security Act (42 U.S.C. Section 1396n(c));

(2) receives basic attendant and habilitation services under the STAR + PLUS Medicaid managed care program; or

(3) resides in an ICF-IID facility.

(b) The commission shall continue to provide medical assistance under Subsection (a) until the earlier of:

(1) the end of the 90-day period following the date on which the individual's eligibility period expired; or

(2) the date the individual is otherwise recertified as eligible or determined ineligible for medical assistance after having reapplied for the assistance.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0256 to read as follows:

Sec. 32.0256. CONTINUATION AND REINSTATEMENT OF MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS.

(a) A recipient described by Section 32.025(a) continues to be eligible for medical assistance if the individual experiences a temporary increase in income of a duration of one month or less.

(b) If an individual who was automatically eligible for medical assistance under Section 32.025(a) is determined ineligible because of an error by the state or federal government or because the individual experienced a temporary increase in income of a duration of one month or less, the commission shall recertify the individual as eligible for medical assistance provided the individual is otherwise eligible for medical assistance not later than the 90th day after the date on which the individual is determined ineligible or, if appropriate, the error is discovered.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2017.

SECTION 2. Same as introduced version.

SECTION 3. Same as introduced version.