SENATE AMENDMENTS

2nd Printing

By: Klick, Guillen, Uresti, Anderson of McLennan, Collier

H.B. No. 3292

A BILL TO BE ENTITLED

1	AN ACT
2	relating to the continuation of medical assistance for certain
3	individuals.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subchapter B, Chapter 32, Human Resources Code,
6	is amended by adding Section 32.0256 to read as follows:
7	Sec. 32.0256. CONTINUATION OF MEDICAL ASSISTANCE FOR
8	CERTAIN INDIVIDUALS. (a) A recipient described by Section
9	32.025(a) who experiences a temporary increase in income of a
10	duration of one month or less that would result in the recipient
11	being ineligible for medical assistance continues to be eligible
12	for that assistance if the individual:
13	(1) either:
14	(A) receives services through a program for
15	individuals with an intellectual or developmental disability
16	authorized under Section 1915(c), Social Security Act (42 U.S.C.
17	Section 1396n(c)); or
18	(B) resides in an ICF-IID facility; and
19	(2) continues to meet the functional and diagnostic
20	criteria for the receipt of services under a program described by
21	Subdivision (1)(A) or for residency in an ICF-IID facility.
22	(b) To continue to be eligible for medical assistance, a
23	recipient described by Subsection (a) must submit an application
2/1	for medical assistance in accordance with Section 32 025(h) not

H.B. No. 3292

- 1 later than the 90th day after the date on which the recipient is
- 2 <u>determined ineligible</u>.
- 3 SECTION 2. If before implementing any provision of this Act
- 4 a state agency determines that a waiver or authorization from a
- 5 federal agency is necessary for implementation of that provision,
- 6 the agency affected by the provision shall request the waiver or
- 7 authorization and may delay implementing that provision until the
- 8 waiver or authorization is granted.
- 9 SECTION 3. This Act takes effect September 1, 2017.

ADOPTED

MAY 2 4 2017

Substitute the following for ___.B. No. ____:

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the continuation of medical assistance for certain

- 3 individuals.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- SECTION 1. Subchapter B, Chapter 32, Human Resources Code, 5
- 6 is amended by adding Section 32.0256 to read as follows:
- 7 Sec. 32.0256. CONTINUATION OF MEDICAL ASSISTANCE FOR
- CERTAIN INDIVIDUALS. (a) A recipient described by Section 8
- 32.025(a) who experiences a temporary increase in income of a 9
- duration of one month or less that would result in the recipient 10
- 11 being ineligible for medical assistance continues to be eligible
- 12 for that assistance if the individual:
- (1) either: 13
- 14 (A) receives services through a program for
- individuals with an intellectual or developmental disability 15
- 16 authorized under Section 1915(c), Social Security Act (42 U.S.C.
- Section 1396n(c)); or 17
- (B) resides in an ICF-IID facility; and 18
- 19 (2) continues to meet the functional and diagnostic
- 20 criteria for the receipt of services under a program described by
- Subdivision (1)(A) or for residency in an ICF-IID facility. 21
- (b) To continue to be eligible for medical assistance, a 22
- 23 recipient described by Subsection (a) must submit an application
- 24 for medical assistance in accordance with Section 32.025(b) not

- 1 later than the 90th day after the date on which the recipient is
- 2 determined ineligible.
- 3 SECTION 2. If before implementing any provision of this Act
- 4 a state agency determines that a waiver or authorization from a
- 5 federal agency is necessary for implementation of that provision,
- 6 the agency affected by the provision shall request the waiver or
- 7 authorization and may delay implementing that provision until the
- 8 waiver or authorization is granted.
- 9 SECTION 3. This Act takes effect only if a specific
- 10 appropriation for the implementation of the Act is provided in a
- 11 general appropriations act of the 85th Legislature.
- 12 SECTION 4. This Act takes effect September 1, 2017.

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 24, 2017

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3292 by Klick (Relating to the continuation of medical assistance for certain

individuals.), As Passed 2nd House

The fiscal implications of the bill cannot be determined at this time due to insufficient information regarding the client services impact related to implementing the provisions of the bill. The agency is not required to implement the legislation in the absence of a specific appropriation.

The bill would require that certain individuals with an intellectual or developmental disability continue to be eligible for Medicaid if the individual experiences a temporary increase in income for one month or less. To continue to be eligible for Medicaid, the recipient would be required to submit an application, no later than the 90th day after the date the individual was determined ineligible. The bill would only take effect if a specific appropriation is provided in a general appropriations act of the Eighty-fifth Legislature.

According to HHSC, there would be costs associated with system modifications and other administrative functions necessary to implement the provisions of the bill. Additionally, there would be a significant client services cost associated with implementing the provisions of the bill; however, due to insufficient information provided by HHSC, those costs cannot be determined at this time.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, SD, KCA, LR, RGU

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 22, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3292 by Klick (Relating to the continuation of medical assistance for certain individuals.), **Committee Report 2nd House, Substituted**

The fiscal implications of the bill cannot be determined at this time due to insufficient information regarding the client services impact related to implementing the provisions of the bill. The agency is not required to implement the legislation in the absence of a specific appropriation.

The bill would require that certain individuals with an intellectual or developmental disability continue to be eligible for Medicaid if the individual experiences a temporary increase in income for one month or less. To continue to be eligible for Medicaid, the recipient would be required to submit an application, no later than the 90th day after the date the individual was determined ineligible. The bill would only take effect if a specific appropriation is provided in a general appropriations act of the Eighty-fifth Legislature.

According to HHSC, there would be costs associated with system modifications and other administrative functions necessary to implement the provisions of the bill. Additionally, there would be a significant client services cost associated with implementing the provisions of the bill; however, due to insufficient information provided by HHSC, those costs cannot be determined at this time.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 16, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3292 by Klick (Relating to the continuation of medical assistance for certain individuals.), **As Engrossed**

The fiscal implications of the bill cannot be determined at this time due to insufficient information regarding the client services impact related to implementing the provisions of the bill.

The bill would require that certain individuals with an intellectual or developmental disability continue to be eligible for Medicaid if the individual experiences a temporary increase in income for one month or less. To continue to be eligible for Medicaid, the recipient would be required to submit an application, no later than the 90th day after the date the individual was determined ineligible.

According to HHSC, there would be costs associated with system modifications and other administrative functions necessary to implement the provisions of the bill. Additionally, there would be a significant client services cost associated with implementing the provisions of the bill; however, due to insufficient information provided by HHSC, those costs cannot be determined at this time.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU

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FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 3, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3292 by Klick (Relating to the continuation and reinstatement of medical assistance for certain individuals.), **Committee Report 1st House, Substituted**

The fiscal implications of the bill cannot be determined at this time due to insufficient information regarding the client services impact related to implementing the provisions of the bill.

The bill would require that Temporary Assistance for Needy Families (TANF) cash assistance and supplemental security income (SSI) recipients continue to be eligible for Medicaid if the individual experiences a temporary increase in income for one month or less. Additionally, the bill would require the Health and Human Services Commission (HHSC) to recertify these recipients as eligible for Medicaid if they were determined ineligible due to an error by the state or federal government or because the individual experienced a temporary increase in income for one month or less, provided they are otherwise eligible. HHSC would be required to recertify the individual no later than the 90th day after the individual is determined ineligible or the error is discovered.

According to HHSC, there would be costs associated with system modifications and other administrative functions necessary to implement the provisions of the bill. Additionally, there would be a significant client services cost associated with implementing the provisions of the bill; however, due to insufficient information provided by HHSC, those costs cannot be determined at this time.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 16, 2017

TO: Honorable Richard Peña Raymond, Chair, House Committee on Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB3292 by Klick (Relating to the temporary continuation of medical assistance for certain individuals with intellectual or developmental disabilities.), As Introduced

The fiscal implications of the bill cannot be determined at this time because the number of clients who would be eligible for continued medical assistance and the length of time assistance would be continued are unknown.

The bill would require the Health and Human Services Commission (HHSC) to continue to provide medical assistance for up to 90 days to individuals with an intellectual or developmental disability after the expiration of their certification for Medicaid eligibility in certain circumstances. HHSC does not have information on the number of individuals who would continue to receive assistance or the length of time assistance would be provided; therefore, the cost to implement the provisions of the bill cannot be determined. In fiscal year 2016, the average monthly cost to provide services to individuals who could continue to receive assistance under the provisions of the bill ranged from \$364.64 in STAR+PLUS to \$19,341.59 in a State Supported Living Center. The overall average monthly cost across clients in 1915(c) waivers, STAR+PLUS, and intermediate care facilities in fiscal year 2016 was \$3,435.44. Based on this average monthly cost, providing services to 100 clients each month would have a cost of \$4.1 million. The entire cost would need to be funded with General Revenue Funds because the clients would have lost eligibility under Medicaid resulting in a loss of federal matching funds. There would be additional costs associated with system modifications and other administrative functions necessary to implement the provisions of the bill.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, LR, RGU, TBo