

SUBJECT: CHIP, Medicaid application for children leaving juvenile justice facilities

COMMITTEE: Human Services — favorable, without amendment

VOTE: 7 ayes — Rose, Herrero, Darby, Hernandez, Legler, Naishtat, Walle

0 nays

2 absent — Elkins, Hughes

WITNESSES: For — Jodie Smith, Texans Care For Children; Monica Thyssen, Advocacy, Inc.; (*Registered, but did not testify*: Dawn Choate, The ARC of Texas; Eileen Garcia-Matthews, Texans Care For Children; Isela Gutierrez, Texas Criminal Justice Coalition; Maria Huemmer, Texas Catholic Conference, Roman Catholic Bishops of Texas; Denise Rose, Texas Hospital Association; Gabriela Saenz, CHRISTUS Health; Bryan Sperry, Children's Hospital Association of Texas; Randy Turner, Tarrant County Juvenile Services; Gyl Wadge, Mental Health America of Texas)

Against — None

BACKGROUND: The Texas Youth Commission (TYC) operates Texas juvenile correctional facilities. The Texas Juvenile Probation Commission (TJPC) partners with local juvenile boards and juvenile probation departments to support juvenile probation services.

The Health and Human Services Commission administers the CHIP and Medicaid health care programs.

DIGEST: (*The author intends to offer a floor substitute for HB 1630. The following analysis is of the floor substitute.*)

HB 1630 would require HHSC to enter into memorandums of understanding (MOUs) with TYC by October 1, 2009, and with TJPC by February 1, 2010, to ensure that children in juvenile justice facilities would be assessed for CHIP and Medicaid eligibility before release from commitment, placement, or detention. Local juvenile probation departments would be subject to the requirements of the MOU.

Each MOU would have to specify:

- the information that would be provided to HHSC;
- the process by which and time frame within which the information would be provided; and
- the roles and responsibilities of all parties to the MOU.

HHSC would pursue actions to complete eligibility determination, as necessary. Each MOU would be tailored to ensure that former juvenile justice offenders who were determined eligible for CHIP or Medicaid were enrolled in the appropriate program and could begin receiving services on the date of release or as soon as possible thereafter.

If federal law, regulations, rules, or other administrative guidelines were adopted authorizing streamlined eligibility determination for CHIP and Medicaid applications for juvenile justice offenders about to be released, HHSC would implement those procedures as soon as was practicable.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2009.

**SUPPORTERS
SAY:**

CSHB 1630 would ensure that more eligible children had immediate CHIP or Medicaid coverage upon release from the state juvenile justice system. Due to federal law, children in juvenile justice facilities cannot be enrolled in CHIP or Medicaid. While some states only suspend coverage under these programs, meaning coverage immediately may be reinstated when a child is released, HHSC disenrolls children from these programs and requires them to reapply. Federal guidance encourages states to set up simplified redetermination procedures to ensure that former juvenile offenders immediately are re-enrolled in state health coverage, yet current Texas policies allow many children to go without the CHIP and Medicaid coverage for which they are eligible.

While it would be prohibitively expensive for Texas to amend its current benefit eligibility system to allow for suspension rather than termination of CHIP and Medicaid coverage, CSHB 1630 would establish the best alternative process. The use of MOUs to accomplish the goals of this bill would provide the agencies more flexibility to determine the best process both to re-enroll quickly former juvenile offenders in health care and to save costs. The agencies also could amend the MOUs to incorporate new

and beneficial processes or technology resources as they became available. The MOUs would require establishment of the process by which and timeframe within which the application information would be provided.

Children released from a juvenile justice facility are especially in need of immediate health coverage to ensure the smoothest possible transition back to the community. Many of these children are at higher risk of mental health and behavioral problems that require ongoing medication. If not immediately re-enrolled in health coverage, it is likely they will not receive the medications or other treatment they need. In addition, poor health has been associated with higher rates of behavioral problems. Former juvenile offenders are most likely to reoffend in the first year after release. This bill would ensure that lack of health care did not provide another barrier to a juvenile's successful transition to the community.

Nothing in CSHB 1630 would prevent TJPC from making stronger requirements for local juvenile probation departments to adhere to the terms of the MOU or to have the Medicaid and CHIP applications processed through expedited procedures in HHSC's Central Processing Unit.

**OPPONENTS
SAY:**

CSHB 1630 would make great strides in ensuring that more eligible children immediately had CHIP or Medicaid upon release from juvenile justice facilities, but the bill could be improved to specify that the eligibility for these children should be processed through HHSC's Central Processing Unit. This unit would provide the most expedited processing for applications in alignment with the goal of ensuring that former juvenile offenders have continuous health coverage upon release.

The bill also should specify that adherence to the requirements of the MOU with TJPC would be required in TJPC's contracts with local juvenile probation departments. These departments are the least effective entities in preparing for juveniles' reapplication for Medicaid or CHIP and require higher accountability standards.

Finally, the bill should establish goals to work towards centralization of information on juveniles being released by a juvenile justice facility so that HHSC would have a mechanism to anticipate release dates if they were not informed of a release date by the appropriate entity.

NOTES: The companion bill, SB 2031 by Watson, was heard on April 28 in the Senate Health and Human Services Committee.