

SUBJECT: Medicaid and CHIP eligibility for a child in a juvenile justice facility

COMMITTEE: Public Health — committee substitute recommended

VOTE: 10 ayes — Crossover, Naishtat, Blanco, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

1 absent — Coleman

WITNESSES: For — Katharine Ligon, Center for Public Policy Priorities; Katherine Barillas, One Voice Texas; Lauren Rose, Texans Care for Children; Lindsey Linder, Texas Criminal Justice Coalition; Ryan Van Ramshorst, Texas Pediatric Society, Texas Medical Association; (*Registered, but did not testify*: Laura Guerra-Cardus, Children’s Defense Fund-TX; Kathryn Lewis, Disability Rights Texas; Claire Bocchini, Doctors for Change; Neftali Partida, Houston Methodist Hospital; Jane McFarland, League of Women Voters Texas; Shannon Lucas, March of Dimes; Cate Graziani, Mental Health America of Texas; Miryam Bujanda, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Will Francis, National Association of Social Workers-Texas Chapter; Mariah Ramon, Teaching Hospitals of Texas; Sarah Crockett, Texas CASA; Jennifer Allmon, The Texas Catholic Conference of Bishops; Chris Hubner, Travis County Juvenile Probation Dept.; Julie Wheeler, Travis County Commissioners Court; Casey Smith, United Ways of Texas; Caroline Kaufman; Daniel Leeman; Marian Rain; Courtney Shipman)

Against — None

On — (*Registered, but did not testify*: Lisa Carruth, Michael Ghasemi, and Gina Perez, Health and Human Services Commission; Carolyn Beck, Texas Juvenile Justice Department)

BACKGROUND: Individuals under age 19 who are eligible for Medicaid or the Children's

Health Insurance Program (CHIP) may have their Medicaid or CHIP benefits terminated when they are committed to a juvenile justice facility in Texas, which can cause a gap in coverage and an inability to access mental health care when these individuals are released from detention. Some have called for these individuals to be considered presumptively eligible for Medicaid and CHIP to avoid this gap in coverage after their release from a juvenile justice facility.

DIGEST:

CSHB 839 would require the executive commissioner of the Health and Human Services Commission to adopt rules by January 1, 2016, that would provide for the determination and certification of presumptive eligibility for a child under the age of 19 who applied for and met the basic eligibility requirements for Medicaid or Children's Health Insurance Program (CHIP). The bill would exempt from the Medicaid or CHIP waiting period a child who was certified as presumptively eligible for Medicaid or CHIP under rules developed by the executive commissioner.

Regarding CHIP, the executive commissioner's rules under the bill would:

- allow only a juvenile facility for the placement, detention, or commitment of a child under the Juvenile Justice Code to serve as a qualified entity and make a presumptive eligibility determination for a child to be eligible for CHIP; and
- identify the services and benefits, including mental health and substance abuse services, prescription drug benefits, and primary care services, that a child who was presumptively eligible for CHIP could receive under the program.

Regarding Medicaid alone, the executive commissioner's rules under the bill would:

- allow only a juvenile justice facility for the placement, detention, or commitment of a child under the Juvenile Justice Code to serve as a qualified entity and make a presumptive eligibility determination for Medicaid for a child, unless the presumptive eligibility determination was made in accordance with eligibility

rules adopted regarding Medicaid for a pregnant woman, treatment for breast and cervical cancer, or ambulatory prenatal care;

- identify the services and benefits, which would have to include mental health and substance abuse services, that a child who was presumptively eligible for medical assistance could receive under Medicaid; and
- not affect the presumptive eligibility of a person applying for Medicaid during a pregnancy, for treatment of breast and cervical cancer, or ambulatory prenatal care.

If, before implementing any provision of the bill, a state agency determined that a waiver or authorization from a federal agency was necessary for implementing that provision, the bill would direct the agency affected by the provision to request the waiver or authorization and would allow the agency to delay implementing that provision until the waiver or authorization was granted.

This 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, 2015.