

SUBJECT: Continuing Medicaid coverage for former foster children

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Frank, Hinojosa, Clardy, Deshotel, Klick, Meza, Miller, Noble

0 nays

1 absent — Rose

WITNESSES: For — Jon Mark McMullen, Arrow Child and Family Ministries; Bryan Mares, Texas CASA; Tammy Leger; Penny Wimberly (*Registered, but did not testify*: Will Francis, National Association of Social Workers-Texas Chapter; Joshua Houston, Texas Impact; Michelle Romero, Texas Medical Association; Kaitlyn Doerge, Texas Pediatric Society; Lee Nichols, TexProtects; Jennifer Allmon, The Texas Catholic Conference of Bishops; Nataly Saucedo, United Ways of Texas; Knox Kimberly, Upbring)

Against — None

On — Liz Kromrei, Department of Family and Protective Services; Meghan Young, Health and Human Services Commission (*Registered, but did not testify*: Tamela Griffin, Department of Family and Protective Services; Marisa Luera and Allison Lowery, Health and Human Services Commission)

BACKGROUND: Family Code sec. 162.304(b-1) requires the Department of Family and Protective Services (DFPS), subject to the availability of funds, to pay a \$150 monthly subsidy for the premiums for health benefits coverage for an adopted child under 18 years old who was in DFPS conservatorship at the time of adoption and is not eligible for state medical assistance.

Under sec. 162.304(f), DFPS is required to work with the Health and Human Services Commission and the federal government to develop a program to provide state medical assistance to children who were in DFPS

conservatorship at the time of adoption and need medical or rehabilitative care but do not qualify for adoption assistance.

Interested parties have noted that foster children who transition into adoptive placement often experience gaps in medical care, and these gaps can have serious negative health consequences for children with severe disabilities.

DIGEST:

CSHB 72 would require the Health and Human Services Commission to ensure that children who had been adopted out of the state foster care system received continuous medical care through STAR Health, STAR Kids, or Medicaid. Children could receive continued benefits if they resided in Texas and were eligible for adoption assistance or permanency care assistance.

Coverage for former foster children. HHSC would be required to ensure that each eligible child remained or was enrolled in the STAR Health program unless or until the child was enrolled in another Medicaid managed care program.

Under the bill, if a child received Supplemental Security Income or was receiving it before becoming eligible for adoption assistance or permanency care assistance, the child could receive Medicaid benefits. HHSC, in consultation with the Department of Family and Protective Services (DFPS), would be required to develop and implement a program that allowed the adoptive parent or permanent managing conservator of an eligible child to elect on behalf of the child to receive or continue receiving Medicaid benefits under the STAR Health program or the STAR Kids managed care program.

HHSC would have to protect the continuity of care for each eligible child and ensure coordination between the STAR Health program and any other Medicaid managed care program for each child who was transitioning between Medicaid managed care programs.

The executive commissioner of HHSC would have to adopt rules

necessary to implement the bill.

Monthly subsidy. The bill would also amend statute so that, subject to the availability of funds, DFPS would be required to pay a \$150 monthly subsidy for the premiums for health benefits coverage for any adopted child under 18 years old who had been in DFPS conservatorship at the time of adoption and was not receiving, rather than not eligible for, state medical assistance.

Federal authorization. HHSC would be required to apply for and actively pursue any federal waiver or authorization necessary to implement the bill as soon as possible after its effective date. HHSC could delay implementation until authorization was granted.

The bill would take effect September 1, 2019.

NOTES:

According to the Legislative Budget Board, the bill would have no significant fiscal implication to the state. Additional costs relating to a health benefit subsidy to be paid on behalf of certain adopted children who are eligible for Medicaid but not receiving benefits cannot be determined as the number of children eligible for, but not receiving, Medicaid is unknown.