

BILL ANALYSIS

Senate Research Center

H.B. 3292
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, individuals with intellectual and developmental disabilities (IDD) receiving services through a 1915c waiver, STAR+PLUS CFC, or in an intermediate care facility have a variety of reasons for temporarily falling off Medicaid. Most often the cause is a temporary income discrepancy, a paperwork error, or a Supplemental Security Income (SSI) renewal error or delay.

Since these services have transitioned to managed care, these lapses also result in disenrollment from their managed care plan. This can have devastating consequences as these individuals are deprived of medical services during that gap.

H.B. 3292 requires the Health and Human Services Commission to continue to provide medical assistance to individuals with IDD for up to ninety days following a lapse in coverage or the date the individual is otherwise recertified as eligible or determined ineligible for medical assistance after having reapplied for this assistance.

H.B. 3292 amends current law relating to the continuation of medical assistance for certain individuals.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.0256, as follows:

Sec. 32.0256. CONTINUATION OF MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS. (a) Provides that a recipient described by Section 32.025(a) (relating to recipients of certain benefits being automatically eligible for medical assistance and applying for medical assistance) who experiences a temporary increase in income of a duration of one month or less that would result in the recipient being ineligible for medical assistance continues to be eligible for that assistance if the individual:

(1) either receives services through a program for individuals with an intellectual or developmental disability authorized under Section 1915(c), Social Security Act (42 U.S.C. Section 1396n(c)) or resides in an ICF-IID facility; and

(2) continues to meet the functional and diagnostic criteria for the receipt of services under a program described by Subdivision (1)(A) or for residency in an ICF-IID facility.

(b) Requires a recipient described by Subsection (a), to continue to be eligible for medical assistance, to submit an application for medical assistance in accordance with Section 32.025(b) (relating to the executive commissioner of the Health and Human Services Commission prescribing application forms for medical benefits

and adopting rules for processing applications) not later than the 90th day after the date on which the recipient is determined ineligible.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2017.