

By: Coleman

H.B. No. 3470

A BILL TO BE ENTITLED

AN ACT

relating to the administration and funding of and eligibility for the child health plan, medical assistance, and other programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 531.021(e), Government Code, is amended to read as follows:

(e) Notwithstanding any other provision of Chapter 32, Human Resources Code, Chapter 533, or this chapter, the commission:

(1) may adjust the fees, charges, and rates paid to Medicaid providers as necessary to achieve the objectives of the Medicaid program in a manner consistent with the considerations described by Subsection (d); and

(2) shall adjust the fees, charges, and rates paid for primary care and nursing home services annually to, at a minimum, account for inflation.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.02417, 531.02418, 531.02419, and 531.02420 to read as follows:

Sec. 531.02417. ENROLLMENT AND RETENTION MODIFICATIONS FOR RECEIPT OF FEDERAL BONUS PAYMENTS. (a) Notwithstanding any other provision of this chapter, Chapter 62, Health and Safety Code, Chapter 32, Human Resources Code, or any other law, the commission shall take all necessary actions to modify enrollment and retention processes employed in the child health plan and Medicaid programs

1 to ensure that this state receives federal performance bonus
2 payments made available under Section 2105(a)(3), Social Security
3 Act (42 U.S.C. Section 1397ee(a)(3)), or, if an enrollment and
4 retention process employed in those programs does not require a
5 modification, maintain the process to ensure receipt of those
6 payments.

7 (b) Actions the commission is required to take under
8 Subsection (a) include implementing or maintaining the following
9 with respect to children younger than 19 years of age:

10 (1) a 12-month period of continuous eligibility for
11 the child health plan and Medicaid programs, as required by Section
12 62.102, Health and Safety Code, and Section 32.0261, Human
13 Resources Code, respectively;

14 (2) liberalizing asset test requirements for
15 eligibility determinations for the child health plan and Medicaid
16 programs, which may include:

17 (A) eliminating the asset test regardless of
18 whether the test is specifically authorized by statute; or

19 (B) permitting an applicant, or the applicant's
20 parent or guardian, to certify under penalty of perjury information
21 relating to assets or using an asset verification process that does
22 not require an applicant, or the applicant's parent or guardian, to
23 provide documentation except when discrepancies are discovered or
24 under other circumstances that justify requiring documentation, as
25 determined by the executive commissioner in accordance with federal
26 law;

27 (3) eliminating any personal interview requirements

1 for determining eligibility for the child health plan or Medicaid
2 programs, notwithstanding any other law;

3 (4) using the same application, set of supplemental
4 forms, if applicable, and information verification process for
5 determining eligibility for the child health plan and Medicaid
6 programs; and

7 (5) using automatic, administrative processes for
8 recertifying eligibility for the child health plan and Medicaid
9 programs that comply with the requirements specified by Section
10 2105(a)(4)(E), Social Security Act (42 U.S.C. Section
11 1397ee(a)(4)(E)), including:

12 (A) providing a preprinted form completed by the
13 commission or a person contracting with the commission to perform
14 eligibility and enrollment functions that is based on available
15 information, unless other information is provided or obtained
16 through verification; and

17 (B) using an ex parte process under which no
18 personal interview is required unless the commission, or the person
19 contracting with the commission to perform eligibility and
20 enrollment functions, does not have sufficient information to
21 recertify eligibility and that information cannot be acquired from
22 other sources without the participation of an applicant or the
23 applicant's parent or guardian.

24 Sec. 531.02418. RECEIPT OF TEMPORARY INCREASED MEDICAID
25 FMAP AND DSH ALLOTMENT. (a) In this section:

26 (1) "DSH allotment" means the federal funding
27 allotment provided under the disproportionate share hospital

1 supplemental payment program.

2 (2) "Medicaid FMAP" means the federal medical
3 assistance percentage by which state Medicaid expenditures are
4 matched with federal funds.

5 (b) The commission shall take all actions necessary to
6 qualify this state for the temporary increase in the Medicaid FMAP
7 authorized by Section 5001, American Recovery and Reinvestment Act
8 of 2009 (Pub. L. No. 111-5), and for the temporary increase in this
9 state's DSH allotment authorized by Section 5002, American Recovery
10 and Reinvestment Act of 2009 (Pub. L. No. 111-5). If necessary, the
11 commission shall, with assistance from the Texas Workforce
12 Commission, monitor the state unemployment increase percentage as
13 defined by Section 5001(c)(4), American Recovery and Reinvestment
14 Act of 2009 (Pub. L. No. 111-5), and assist in providing accurate
15 data regarding that percentage to the federal government for
16 purposes of ensuring receipt of the additional Medicaid FMAP
17 increase authorized by Section 5001(c) of that Act, if applicable.

18 (c) This section expires September 2, 2011.

19 Sec. 531.02419. MAINTENANCE OF ELIGIBILITY; PROMPT PAYMENT
20 REQUIREMENTS. (a) In this section, "Medicaid FMAP" has the meaning
21 assigned by Section 531.02418.

22 (b) Notwithstanding any other law, including any Act of the
23 81st Legislature that is enacted and becomes law, the commission
24 may not implement any eligibility standard, methodology, or
25 procedure under the Medicaid program, including a Medicaid waiver
26 program, that is more restrictive than the corresponding
27 eligibility standard, methodology, or procedure in effect on July

1 1, 2008, if the implementation of the standard, methodology, or
2 procedure would result in this state's ineligibility under Section
3 5001(f), American Recovery and Reinvestment Act of 2009 (Pub. L.
4 No. 111-5), for an increase in the Medicaid FMAP.

5 (c) The commission and any person under contract with the
6 commission shall comply with the prompt payment requirements with
7 respect to claims subject to Section 1902(a)(37)(A), Social
8 Security Act (42 U.S.C. Section 1396a(a)(37)(A)), to ensure this
9 state's eligibility for an increased Medicaid FMAP. The commission
10 shall report to the United States secretary of health and human
11 services on a quarterly basis as required by Section
12 5001(f)(2)(A)(ii), American Recovery and Reinvestment Act of 2009
13 (Pub. L. No. 111-5), regarding compliance with those requirements
14 by the commission and persons under contract with the commission.

15 (d) This section expires September 2, 2011.

16 Sec. 531.02420. USE OF ADDITIONAL FEDERAL FUNDS; REPORT TO
17 FEDERAL GOVERNMENT. (a) Notwithstanding any other law, funds
18 received as a result of the increased Medicaid FMAP, as defined by
19 Section 531.02418, and any other federal funds received for
20 purposes of the Medicaid program as a result of the enactment of the
21 American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5),
22 shall be credited to the general revenue fund and may not be
23 credited to the economic stabilization fund established under
24 Section 3.49-g, Article III, Texas Constitution, or another similar
25 fund established as a reserve fund for the future needs of this
26 state.

27 (b) Not later than September 30, 2011, the commission shall

1 submit a report to the United States secretary of health and human
2 services in the form and manner required by the secretary regarding
3 the use of additional Medicaid FMAP funds received by this state
4 resulting from the American Recovery and Reinvestment Act of 2009
5 (Pub. L. No. 111-5).

6 (c) This section expires December 1, 2011.

7 SECTION 3. Section 531.02444(a), Government Code, is
8 amended to read as follows:

9 (a) The executive commissioner shall develop and implement
10 a Medicaid buy-in program for persons with disabilities as
11 authorized by the Ticket to Work and Work Incentives Improvement
12 Act of 1999 (Pub. L. No. 106-170) or the Balanced Budget Act of 1997
13 (Pub. L. No. 105-33). The commission may conduct a community
14 outreach campaign to provide information relating to the
15 availability of Medicaid coverage through the buy-in program and to
16 promote enrollment of eligible persons in the program.

17 SECTION 4. Section 32.0261, Human Resources Code, is
18 amended to read as follows:

19 Sec. 32.0261. CONTINUOUS ELIGIBILITY. The department
20 shall adopt rules in accordance with 42 U.S.C. Section
21 1396a(e)(12), as amended, to provide for a period of continuous
22 eligibility for a child under 19 years of age who is determined to
23 be eligible for medical assistance under this chapter. The rules
24 shall provide that the child remains eligible for medical
25 assistance, without additional review by the department and
26 regardless of changes in the child's resources or income, until the
27 earlier of:

1 (1) the first anniversary of [~~end of the six-month~~
2 ~~period following~~] the date on which the child's eligibility was
3 determined; or

4 (2) the child's 19th birthday.

5 SECTION 5. (a) In this section:

6 (1) "Benefits program" means any program operated by
7 the Health and Human Services Commission or a health and human
8 services agency, as defined by Section 531.001, Government Code,
9 that provides benefits to persons whose eligibility for the program
10 is determined using TIERS, including:

11 (A) the child health plan program under Chapter
12 62, Health and Safety Code;

13 (B) the financial assistance program under
14 Chapter 31, Human Resources Code;

15 (C) the medical assistance program under Chapter
16 32, Human Resources Code; and

17 (D) the food stamp program under Chapter 33,
18 Human Resources Code.

19 (2) "TIERS" means the Texas Integrated Eligibility
20 Redesign System.

21 (b) The Health and Human Services Commission shall develop
22 and implement reforms to:

23 (1) improve the operation of TIERS and the accuracy of
24 eligibility determinations for benefits programs made through
25 TIERS; and

26 (2) ensure that eligibility determinations for
27 benefits programs made through TIERS are made within the timelines

1 required under state and federal law.

2 (c) Reforms the commission may consider implementing
3 include establishing minimum staffing levels for the operation of
4 TIERS, qualifications and training for TIERS staff, and maximum
5 caseloads per staff person.

6 SECTION 6. The changes in law made by this Act apply to an
7 initial determination of eligibility or a recertification of
8 eligibility for the child health plan program under Chapter 62,
9 Health and Safety Code, or the medical assistance program under
10 Chapter 32, Human Resources Code, made on or after September 1,
11 2009.

12 SECTION 7. If before implementing any provision of this Act
13 a state agency determines that a waiver or authorization from a
14 federal agency is necessary for implementation of that provision,
15 the agency affected by the provision shall request the waiver or
16 authorization and may delay implementing that provision until the
17 waiver or authorization is granted.

18 SECTION 8. In the event of a conflict between a provision of
19 this Act and another Act passed by the 81st Legislature, Regular
20 Session, 2009, that becomes law, this Act prevails regardless of
21 the relative dates of enactment.

22 SECTION 9. This Act takes effect immediately if it receives
23 a vote of two-thirds of all the members elected to each house, as
24 provided by Section 39, Article III, Texas Constitution. If this
25 Act does not receive the vote necessary for immediate effect, this
26 Act takes effect September 1, 2009.