

Suspending limitations on conference committee
jurisdiction, H.B. No. 2658 (Frank/Kolkhorst)

By: Kolkhorst

S.R. No. 542

R E S O L U T I O N

1 BE IT RESOLVED by the Senate of the State of Texas, 87th
2 Legislature, Regular Session, 2021, That Senate Rule 12.03 be
3 suspended in part as provided by Senate Rule 12.08 to enable the
4 conference committee appointed to resolve the differences on House
5 Bill 2658 (the Medicaid program, including the administration and
6 operation of the Medicaid managed care program) to consider and
7 take action on the following matter:

8 Senate Rule 12.03(4) is suspended to permit the committee to
9 add text on a matter not included in either the house or senate
10 version of the bill by adding the following new SECTION to the bill:

11 SECTION 8. Section [32.0261](#), Human Resources Code, is
12 amended to read as follows:

13 Sec. 32.0261. CONTINUOUS ELIGIBILITY. (a) This section
14 applies only to a child younger than 19 years of age who is
15 determined eligible for medical assistance under this chapter.

16 (b) The executive commissioner shall adopt rules in
17 accordance with 42 U.S.C. Section 1396a(e)(12), as amended, to
18 provide for two consecutive periods of [a period of continuous]
19 eligibility for a child between each certification and
20 recertification of the child's eligibility, subject to Subsections
21 (f) and (h) [under 19 years of age who is determined to be eligible
22 for medical assistance under this chapter].

23 (c) The first of the two consecutive periods of eligibility
24 described by Subsection (b) must be continuous in accordance with

1 Subsection (d). The second of the two consecutive periods of
2 eligibility is not continuous and may be affected by changes in a
3 child's household income, regardless of whether those changes
4 occurred or whether the commission became aware of the changes
5 during the first or second of the two consecutive periods of
6 eligibility.

7 (d) A [The rules shall provide that the] child remains
8 eligible for medical assistance during the first of the two
9 consecutive periods of eligibility, without additional review by
10 the commission and regardless of changes in the child's household
11 [resources or] income, until [the earlier of:

12 (1) the end of the six-month period following the
13 date on which the child's eligibility was determined, except as
14 provided by Subsections (f)(1) and (h) [; or

15 (2) the child's 19th birthday].

16 (e) During the sixth month following the date on which a
17 child's eligibility for medical assistance is certified or
18 recertified, the commission shall, in a manner that complies with
19 federal law, including verification plan requirements under 42
20 C.F.R. Section 435.945(j), review the child's household income
21 using electronic income data available to the commission. The
22 commission may conduct this review only once during the child's two
23 consecutive periods of eligibility. Based on the review:

24 (1) the commission shall, if the review indicates that
25 the child's household income does not exceed the maximum income for
26 eligibility for the medical assistance program, provide for a
27 second consecutive period of eligibility for the child until the

1 child's required annual recertification, except as provided by
2 Subsection (h) and subject to Subsection (c); or

3 (2) the commission may, if the review indicates that
4 the child's household income exceeds the maximum income for
5 eligibility for the medical assistance program, request additional
6 documentation to verify the child's household income in a manner
7 that complies with federal law.

8 (f) If, after reviewing a child's household income under
9 Subsection (e), the commission determines that the household income
10 exceeds the maximum income for eligibility for the medical
11 assistance program, the commission shall continue to provide
12 medical assistance to the child until:

13 (1) the commission provides the child's parent or
14 guardian with a period of not less than 30 days to provide
15 documentation demonstrating that the child's household income does
16 not exceed the maximum income for eligibility; and

17 (2) the child's parent or guardian fails to provide the
18 documentation during the period described by Subdivision (1).

19 (g) If a child's parent or guardian provides to the
20 commission within the period described by Subsection (f)
21 documentation demonstrating that the child's household income does
22 not exceed the maximum income for eligibility for the medical
23 assistance program, the commission shall provide for a second
24 consecutive period of eligibility for the child until the child's
25 required annual recertification, except as provided by Subsection
26 (h) and subject to Subsection (c).

27 (h) Notwithstanding any other period prescribed by this

1 section, a child's eligibility for medical assistance ends on the
2 child's 19th birthday.

3 (i) The commission may not recertify a child's eligibility
4 for medical assistance more frequently than every 12 months as
5 required by federal law.

6 (j) If a child's parent or guardian fails to provide to the
7 commission within the period described by Subsection (f)
8 documentation demonstrating that the child's household income does
9 not exceed the maximum income for eligibility for the medical
10 assistance program, the commission shall provide the child's parent
11 or guardian with written notice of termination following that
12 period. The notice must include a statement that the child may be
13 eligible for enrollment in the child health plan under Chapter 62,
14 Health and Safety Code.

15 (k) In developing the notice, the commission shall consult
16 with health care providers, children's health care advocates,
17 family members of children enrolled in the medical assistance
18 program, and other stakeholders to determine the most user-friendly
19 method to provide the notice to a child's parent or guardian.

20 (l) The executive commissioner may adopt rules as necessary
21 to implement this section.

22 Explanation: This addition is necessary to provide for
23 continuous eligibility and a periodic eligibility review for a
24 child for Medicaid.