

Amend **CSHB 2474** (house committee printing) by adding the following appropriately numbered SECTION to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION _____. (a) As soon as practicable after the effective date of this Act, the Health and Human Services Commission shall conduct a review of the commission's policies and processes relating to the renewal of Medicaid benefits for the following Medicaid recipients:

(1) persons receiving services through one of the following Medicaid programs authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n(c)) that provide services to persons with an intellectual or developmental disability:

(A) the home and community-based services (HCS) waiver program; or

(B) the Texas home living (TxHmL) waiver program; and

(2) persons residing in an ICF-IID facility.

(b) In conducting the review under this section, the Health and Human Services Commission shall:

(1) analyze existing data relating to:

(A) the number of Medicaid recipients who lost eligibility for Medicaid benefits during each month of the state fiscal years ending August 31, 2016, August 31, 2017, and August 31, 2018; and

(B) the reasons for those recipients' loss of eligibility, including because of minor technical or clerical errors made on or with respect to a renewal application or other document required to renew eligibility for the benefits;

(2) evaluate the impact recipients' temporary loss of benefits has on the recipients and health care providers; and

(3) identify best practices for the commission, recipients and their legally authorized representatives, and health care providers to minimize recipients' loss of eligibility for the benefits because of:

(A) minor technical or clerical errors made on or with respect to a renewal application or other document required to

renew eligibility for the benefits; or

(B) the recipient's failure to provide information necessary to renew eligibility for the benefits.

(c) Based on the findings of the review conducted under this section, the Health and Human Services Commission shall, in consultation with relevant stakeholders, develop a plan to implement best practices and address barriers to timely renewal of eligibility for Medicaid benefits and continuation of services for Medicaid recipients described by Subsection (a) of this section. The plan must specifically identify best practices for avoiding loss of eligibility for Medicaid benefits by those recipients because of minor technical or clerical errors made on or with respect to a renewal application or other document required to renew eligibility for the benefits.

(d) Not later than November 1, 2020, the Health and Human Services Commission shall submit to the legislature the plan developed under Subsection (c) of this section. The plan must include:

(1) a summary of issues identified by the commission's review of policies and processes under this section;

(2) a timeline for the commission's implementation of the best practices identified for implementation in the review; and

(3) recommendations for potential legislation if the commission determines that changes in statute are required to address issues identified in the review.

(e) This section expires September 1, 2021.