

BILL ANALYSIS

C.S.H.B. 2474
By: Guillen
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There are concerns that certain of the most vulnerable Medicaid recipients may become ineligible for continued Medicaid coverage that they desperately need due to a minor or technical clerical error committed on or with respect to a renewal application or other required document for coverage renewal. C.S.H.B. 2474 seeks to assuage those concerns by establishing that certain Medicaid recipients continue to be eligible for Medicaid coverage despite an event or circumstance that would normally result in the recipient being determined ineligible for Medicaid.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2474 repeals a session law provision making the implementation of provisions providing for the continuation of Medicaid benefits for certain recipients who receive services or reside in a facility for individuals with an intellectual or developmental disability and who experience a temporary increase in income of a duration of one month or less that would result in ineligibility for Medicaid contingent on a specific legislative appropriation for that purpose. The bill amends the Human Resources Code to revise and expand the scope of those provisions to provide for the continuation of benefits for any Medicaid recipient who receives those services or resides in such a facility and who experiences an event or circumstance, including such a temporary increase in income or a minor technical or clerical error committed on or with respect to the recipient's renewal application or other document required for benefits renewal, that would normally result in the recipient being determined ineligible for Medicaid coverage. The bill specifies that the program through which such an eligible individual receives services is either the home and community-based services (HCS) waiver program or the Texas home living (TxHmL) waiver program.

C.S.H.B. 2474 specifies that the requirement for such a recipient, to continue to be eligible for Medicaid, to submit an application by a specified deadline after being determined ineligible applies to such a recipient determined ineligible because of an event or circumstance caused wholly by the action or inaction of the recipient or the recipient's parent or guardian. The bill prohibits the Health and Human Services Commission (HHSC) from suspending or terminating a recipient's eligibility if the ineligibility is caused partly or wholly by a technical or clerical error committed by HHSC or an HHSC agent. The bill requires HHSC to coordinate with and inform

relevant health care providers if a recipient for whom the bill provides a continuation of benefits is at risk of being determined ineligible for the benefits or is determined ineligible for the benefits and to make reasonable efforts to ensure the benefits are not suspended or terminated.

C.S.H.B. 2474 requires HHSC, not later than December 31 of each year, to prepare and submit a report to the legislature regarding the suspension or termination of Medicaid benefits for recipients for whom the bill provides a continuation of benefits that occurred during the preceding state fiscal year. The bill sets out the required contents of the report and requires HHSC to ensure that the initial report includes a description of the number of such recipients who are living in a community-based, residential setting and whose eligibility for benefits was suspended or terminated during each month of the 2016, 2017, and 2018 state fiscal years.

C.S.H.B. 2474 repeals Section 3, Chapter 1072 (H.B. 3292), Acts of the 85th Legislature, Regular Session, 2017.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2474 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes the repeal of the session law provision and includes provisions:

- expanding the Medicaid recipients for whom Medicaid benefits are continued under the applicable circumstances;
- specifying the programs under which certain recipients must be receiving services to qualify for that continuation;
- limiting the applicability of the requirement for certain recipients determined to be ineligible to submit an application by a certain date for continuation purposes;
- prohibiting HHSC from suspending or terminating a recipient's eligibility due to certain error committed by HHSC or an HHSC agent;
- requiring HHSC to make reasonable efforts to coordinate with and inform relevant health care providers if an applicable recipient is at risk of or is determined to be ineligible and to ensure the recipient's benefits are not suspended or terminated; and
- requiring HHSC to submit an annual report to the legislature.

The substitute changes the bill's effective date.