By:GuillenH.B. No. 2474Substitute the following for H.B. No. 2474:Example 100 C.S.H.B. No. 2474

## A BILL TO BE ENTITLED

AN ACT

2 relating to the continuation of medical assistance for certain 3 individuals.

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

5 SECTION 1. Section 32.0256, Human Resources Code, is 6 amended to read as follows:

Sec. 32.0256. CONTINUATION OF MEDICAL 7 ASSISTANCE FOR CERTAIN INDIVIDUALS; ANNUAL REPORT. (a) A recipient [described by 8 Section 32.025(a)] who experiences an event or circumstance, 9 including a temporary increase in income of a duration of one month 10 or less or a minor technical or clerical error committed on or with 11 12 respect to the recipient's renewal application or other document required for benefits renewal, that would normally result in the 13 recipient being determined ineligible for medical assistance 14 continues to be eligible for that assistance if the individual: 15

(1) either:

(A) receives services through <u>one of the</u>
<u>following programs that serve</u> [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)):
(i) the home and community-based services
(HCS) waiver program; or
(ii) the Texas home living (TxHmL) waiver

24 program; or

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1	(B) resides in an ICF-IID facility; and
2	(2) continues to meet the functional and diagnostic
3	criteria for the receipt of services under a program described by
4	Subdivision (1)(A) or for residency in an ICF-IID facility.
5	(b) To continue to be eligible for medical assistance, a
6	recipient described by Subsection (a) who is determined ineligible
7	for medical assistance because of an event or circumstance caused
8	wholly by the action or inaction of the recipient or the recipient's
9	parent or guardian must submit an application for medical
10	assistance in accordance with Section 32.025(b) not later than the
11	90th day after the date on which the recipient is determined
12	ineligible.
13	(c) The commission may not suspend or terminate the
14	eligibility of a recipient for medical assistance benefits if the
15	recipient's ineligibility is caused partly or wholly by a technical
16	or clerical error committed by the commission or an agent of the
17	commission.
18	(d) The commission shall:
19	(1) coordinate with and inform relevant health care
20	providers if a recipient described by Subsection (a) is at risk of
21	being determined ineligible for medical assistance benefits or is
22	determined ineligible for those benefits; and
23	(2) make reasonable efforts to ensure the medical
24	assistance benefits of a recipient described by Subsection (a) are
25	not suspended or terminated.
26	(e) Not later than December 31 of each year, the commission
27	shall prepare and submit a report to the legislature regarding the

suspension or termination of medical assistance benefits of 1 recipients described by Subsection (a) that occurred during the 2 preceding state fiscal year. The report must include: 3 4 (1) the number of recipients who are living in a 5 community-based, residential setting whose eligibility for benefits was suspended or terminated during each month of the 6 fiscal year; 7 8 (2) if the commission reinstated the benefits of a recipient, the average, median, shortest, and longest length of 9 time the commission took to reinstate those benefits; 10 (3) the number of recipients whose benefits were not 11 12 reinstated by the commission; (4) the specific reason for the suspension or 13 14 termination of benefits of a recipient, including an analysis of 15 the percentage of suspensions or terminations related to: 16 (A) an increase in the recipient's income; 17 (B) a failure by the recipient or the recipient's parent or guardian to properly submit a renewal application or 18 19 other document required for benefits renewal; (C) a change in the recipient's condition that 20 results in the recipient no longer meeting the functional or 21 diagnostic criteria necessary to establish the recipient's 22 eligibility for services under a program described by Subsection 23 24 (a)(1)(A) or for residency in an ICF-IID facility; 25 (D) a technical or clerical error committed by 26 the commission or an agent of the commission; and 27 (E) any other reason that occurs with enough

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1 <u>frequency to warrant its inclusion in the analysis, as determined</u>
2 by the commission; and

3 (5) a statement of the amount of retroactive 4 reimbursements paid to health care providers for the provision of 5 services to a recipient during the time the recipient's eligibility 6 for benefits was suspended or terminated.

SECTION 2. Section 3, Chapter 1072 (H.B. 3292), Acts of the
8 85th Legislature, Regular Session, 2017, is repealed.

9 SECTION 3. Notwithstanding Section 32.0256(e), Human 10 Resources Code, as added by this Act, the Health and Human Services Commission shall ensure that the initial report required under that 11 12 subsection includes a description of the number of recipients described by Section 32.0256(a), Human Resources Code, as amended 13 14 by this Act, who are living in a community-based, residential 15 setting and whose eligibility for benefits was suspended or terminated during each month of the state fiscal years ending 16 17 August 31, 2016, August 31, 2017, and August 31, 2018.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this

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1 Act takes effect September 1, 2019.