SENATE AMENDMENTS

2nd Printing

By: Thompson of Harris, Lalani, Davis, Rose, Morales of Harris, et al. H.B. No. 54

A BILL TO BE ENTITLED

AN ACT

relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.

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

SECTION 1. Section 32.024(w), Human Resources Code, is amended to read as follows:

(w) <u>Subject to Section 32.02411, the</u> [~~The~~] executive commissioner shall set a personal needs allowance of not less than <u>$85</u> [~~$60~~] a month for a resident of a convalescent or nursing facility or related institution licensed under Chapter 242, Health and Safety Code, assisted living facility, ICF-IID facility, or other similar long-term care facility who receives medical assistance. The commission may send the personal needs allowance directly to a resident who receives Supplemental Security Income (SSI) (42 U.S.C. Section 1381 et seq.). This subsection does not apply to a resident who is participating in a medical assistance waiver program administered by the commission.

SECTION 2. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.02411 to read as follows:

<u>Sec. 32.02411. BIENNIAL INFLATION ADJUSTMENT OF PERSONAL NEEDS ALLOWANCE. (a) Subject to Subsection (b), on January 1 of each odd-numbered year, the executive commissioner shall adjust for inflation the amount of the personal needs allowance set under Section 32.024(w).</u>

(b) Not later than November 1 of each even-numbered year, the executive commissioner shall by rule adjust the amount of the personal needs allowance under Section 32.024(w) for the following biennium that begins on January 1 to reflect the percentage increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) published by the Bureau of Labor Statistics of the United States Department of Labor or its successor index during the most recent 24-month period ending in August.

SECTION 3. The change in law made by this Act to Section 32.024(w), Human Resources Code, applies only to a personal needs allowance paid on or after the effective date of this Act.

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 September 1, 2023.

By: Zaffirini __.B. No. 54

Substitute the following for __.B. No. _____:

By: ______________ C.S.__.B. No. _____

ADOPTED

MAY 18 2023

Secretary of the Senate

A BILL TO BE ENTITLED

AN ACT

relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.

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

SECTION 1. Section 32.024(w), Human Resources Code, is amended to read as follows:

(w) The executive commissioner shall set a personal needs allowance of not less than $75 [~~$60~~] a month for a resident of a convalescent or nursing facility or related institution licensed under Chapter 242, Health and Safety Code, assisted living facility, ICF-IID facility, or other similar long-term care facility who receives medical assistance. The commission may send the personal needs allowance directly to a resident who receives Supplemental Security Income (SSI) (42 U.S.C. Section 1381 et seq.). This subsection does not apply to a resident who is participating in a medical assistance waiver program administered by the commission.

SECTION 2. The change in law made by this Act to Section 32.024(w), Human Resources Code, applies only to a personal needs allowance paid on or after the effective date of this Act.

SECTION 3. 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 4. This Act takes effect September 1, 2023.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 19, 2023

TO: Honorable Dade Phelan, Speaker of the House, House of Representatives

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB54 by Thompson, Senfronia (Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB54, As Passed 2nd House : a negative impact of ($9,875,213) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	**Probable Net Positive/(Negative) Impact to** *General Revenue Related Funds*
2024	($4,952,858)
2025	($4,922,355)
2026	($5,124,066)
2027	($5,200,287)
2028	($5,272,127)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** *General Revenue Fund* 1	**Probable Savings/(Cost) from** *GR Match For Medicaid* 758	**Probable Savings/(Cost) from** *Federal Funds* 555	**Probable Revenue Gain from** *General Revenue Fund* 1
2024	($1,339,920)	($3,739,613)	($5,778,362)	$95,006
2025	($1,359,900)	($3,884,400)	($5,797,554)	$241,459
2026	($1,377,540)	($3,943,632)	($5,885,958)	$147,830
2027	($1,395,540)	($4,003,885)	($5,975,889)	$149,354
2028	($1,396,800)	($4,008,178)	($5,982,296)	$99,638

Fiscal Year	**Probable Revenue Gain from** *Foundation School Fund* 193
2024	$31,669
2025	$80,486
2026	$49,276
2027	$49,784
2028	$33,213

Fiscal Analysis

The bill would increase the personal needs allowance for Medicaid-enrolled residents of nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or similar long-term care facilities, from a minimum of $60 per month to a minimum of $75 per month. There would be an additional cost to increase the monthly payment above the revised minimum.

Methodology

A projected 56,866 average monthly Medicaid recipients will reside in nursing facilities or ICFs/IID (including State Supported Living Centers) in fiscal year 2024, increasing each fiscal year to 59,620 by fiscal year 2028. An estimated 7,444 recipients in fiscal year 2024 and 7,555 recipients in fiscal year 2025 will have projected incomes of less than $75 per month. For these recipients, the $15 increase would be funded entirely with General Revenue Funds and would result in an assumed cost of $1.3 million in fiscal year 2024 and $1.4 million in fiscal year 2025.

The monthly increase for the remaining recipients would result in a reduction to applied income and would increase the average monthly cost of care for these clients. The increased costs would be matched with Federal Funds based on the Federal Medical Assistance Percentage (FMAP) at an estimated cost of $9.5 million in All Funds in fiscal year 2024 and $9.7 million in All Funds in fiscal year 2025.

In addition, the net increases in client services payments through managed care are assumed to result in an increase to insurance premium tax revenue, estimated as 1.75 percent of the increased managed care expenditures. Revenue is adjusted for assumed timing of payments and prepayments resulting in assumed increased collections of $0.2 million in fiscal year 2024, $0.3 million in fiscal year 2025, $0.2 million in fiscal year 2026, $0.2 million in fiscal year 2027, and $0.1 million in fiscal year 2028. Pursuant to Section 227.001(b), Insurance Code, 25 percent of the revenue is assumed to be deposited to the credit of the Foundation School Fund.

Technology

HHSC indicates that one-time system modifications will be required for the Texas Integrated Eligibility Redesign System (TIERS). It is assumed that any costs associated with the bill could be absorbed using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, SD, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 12, 2023

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: **HB54** by Thompson, Senfronia (Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.), **Committee Report 2nd House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB54, Committee Report 2nd House, Substituted : a negative impact of ($9,875,213) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	**Probable Net Positive/(Negative) Impact to** *General Revenue Related Funds*
2024	($4,952,858)
2025	($4,922,355)
2026	($5,124,066)
2027	($5,200,287)
2028	($5,272,127)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** *General Revenue Fund* **1**	**Probable Savings/(Cost) from** *GR Match For Medicaid* **758**	**Probable Savings/(Cost) from** *Federal Funds* **555**	**Probable Revenue Gain from** *General Revenue Fund* **1**
2024	($1,339,920)	($3,739,613)	($5,778,362)	$95,006
2025	($1,359,900)	($3,884,400)	($5,797,554)	$241,459
2026	($1,377,540)	($3,943,632)	($5,885,958)	$147,830
2027	($1,395,540)	($4,003,885)	($5,975,889)	$149,354
2028	($1,396,800)	($4,008,178)	($5,982,296)	$99,638

Fiscal Year	**Probable Revenue Gain from** *Foundation School Fund* **193**
2024	$31,669
2025	$80,486
2026	$49,276
2027	$49,784
2028	$33,213

The bill would increase the personal needs allowance (PNA) for Medicaid-enrolled residents of nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or similar long-term care facilities, from a minimum of $60 per month to a minimum of $85 per month.

The bill would require HHSC to adjust the personal needs allowance for inflation on January 1 of each odd-numbered year.

Methodology

In addition to increasing the PNA from $60 to $85, the bill would require HHSC to adjust the PNA each even-numbered year of the biennium to reflect the percentage increase in the Consumer Price Index (CPI) for Urban Wage Earners and Clerical workers with an effective date of January 1 in the odd-numbered year. Assuming a 4.96 percent increase to the CPI in 2025 and a 2.39 percent increase in 2027, the PNA would increase to $89 in January of 2025 and $91 in 2027. Currently, Assisted Living Facilities (ALF) clients have a PNA of $85. This analysis incorporates the PNA increase from $60 to $85 beginning September 1, 2023 and above $85 beginning January 1, 2025.

A projected 56,866 average monthly Medicaid recipients will reside in nursing facilities, ICFs/IID (including State Supported Living Centers), in fiscal year 2024, increasing each fiscal year to 61,143, including ALF clients, by fiscal year 2028. An estimated 7,444 recipients in fiscal year 2024 and 7,849 recipients, including 294 clients in ALFs, in fiscal year 2025 will have projected incomes less than the PNA. For these recipients, the increased PNA would be funded entirely with General Revenue Funds and would result in an assumed cost of $2.2 million in fiscal year 2024 and $2.5 million in fiscal year 2025.

The monthly increase for the remaining recipients would result in a reduction to applied income and would increase the average monthly cost of care for these clients. The increased costs would be matched with Federal Funds based on the Federal Medical Assistance Percentage (FMAP) at an estimated cost of $15.9 million in All Funds in fiscal year 2024 and $17.9 million in All Funds in fiscal year 2025.

In addition, the net increases in client services payments through managed care are assumed to result in an increase to insurance premium tax revenue, estimated as 1.75 percent of the increased managed care expenditures. Revenue is adjusted for assumed timing of payments and prepayments resulting in assumed increased collections of $0.2 million in fiscal year 2024, $0.6 million in fiscal year 2025, $0.4 million in fiscal year 2026, $0.4 million in fiscal year 2027, and $0.3 million in fiscal year 2028. Pursuant to Section 227.001(b), Insurance Code, 25 percent of the revenue is assumed to be deposited to the credit of the Foundation School Fund.

Technology

HHSC indicates that one-time system modifications will be required for the Texas Integrated Eligibility Redesign System (TIERS). It is assumed that any costs associated with the bill could be absorbed using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 1, 2023

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB54 by Thompson, Senfronia (Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for HB54, As Engrossed : a negative impact of ($17,365,464) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	**Probable Net Positive/(Negative) Impact to** *General Revenue Related Funds*
2024	($8,254,761)
2025	($9,110,703)
2026	($9,922,647)
2027	($10,547,992)
2028	($10,928,473)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** *General Revenue Fund* **1**	**Probable Savings/(Cost) from** *GR Match For Medicaid* **758**	**Probable Savings/(Cost) from** *Federal Funds* **555**	**Probable Revenue Gain from** *General Revenue Fund* **1**
2024	($2,233,200)	($6,232,687)	($9,630,604)	$158,345
2025	($2,517,668)	($7,182,556)	($10,720,126)	$442,141
2026	($2,677,164)	($7,633,234)	($11,392,773)	$290,813
2027	($2,840,396)	($8,114,281)	($12,110,747)	$305,014
2028	($2,907,096)	($8,296,552)	($12,382,788)	$206,381

Fiscal Year	**Probable Revenue Gain from** *Foundation School Fund* **193**
2024	$52,781
2025	$147,380
2026	$96,938
2027	$101,671
2028	$68,794

Fiscal Analysis

Fiscal Analysis

The bill would increase the personal needs allowance for Medicaid-enrolled residents of nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or similar long-term care facilities, from a minimum of $60 per month to a minimum of $75 per month. There would be an additional cost to increase the monthly payment above the revised minimum.

Methodology

A projected 56,866 average monthly Medicaid recipients will reside in nursing facilities or ICFs/IID (including State Supported Living Centers) in fiscal year 2024, increasing each fiscal year to 59,620 by fiscal year 2028. An estimated 7,444 recipients in fiscal year 2024 and 7,555 recipients in fiscal year 2025 will have projected incomes of less than $75 per month. For these recipients, the $15 increase would be funded entirely with General Revenue Funds and would result in an assumed cost of $1.3 million in fiscal year 2024 and $1.4 million in fiscal year 2025.

The monthly increase for the remaining recipients would result in a reduction to applied income and would increase the average monthly cost of care for these clients. The increased costs would be matched with Federal Funds based on the Federal Medical Assistance Percentage (FMAP) at an estimated cost of $9.5 million in All Funds in fiscal year 2024 and $9.7 million in All Funds in fiscal year 2025.

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Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 19, 2023

TO: Honorable James B. Frank, Chair, House Committee on Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: **HB54** by Thompson, Senfronia (Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for HB54, Committee Report 1st House, Substituted : a negative impact of ($17,365,464) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	**Probable Net Positive/(Negative) Impact to** ***General Revenue Related Funds***
2024	($8,254,761)
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2028	($10,928,473)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** ***General Revenue Fund*** **1**	**Probable Savings/(Cost) from** ***GR Match For Medicaid*** **758**	**Probable Savings/(Cost) from** ***Federal Funds*** **555**	**Probable Revenue Gain from** ***General Revenue Fund*** **1**
2024	($2,233,200)	($6,232,687)	($9,630,604)	$158,345
2025	($2,517,668)	($7,182,556)	($10,720,126)	$442,141
2026	($2,677,164)	($7,633,234)	($11,392,773)	$290,813
2027	($2,840,396)	($8,114,281)	($12,110,747)	$305,014
2028	($2,907,096)	($8,296,552)	($12,382,788)	$206,381

Fiscal Year	**Probable Revenue Gain from** ***Foundation School Fund*** **193**
2024	$52,781
2025	$147,380
2026	$96,938
2027	$101,671
2028	$68,794

Fiscal Analysis

The bill would increase the personal needs allowance (PNA) for Medicaid-enrolled residents of nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or similar long-term care facilities, from a minimum of $60 per month to a minimum of $85 per month.

The bill would require HHSC to adjust the personal needs allowance for inflation on January 1 of each odd-numbered year.

Methodology

In addition to increasing the PNA from $60 to $85, the bill would require HHSC to adjust the PNA each even-numbered year of the biennium to reflect the percentage increase in the Consumer Price Index (CPI) for Urban Wage Earners and Clerical workers with an effective date of January 1 in the odd-numbered year. Assuming a 4.96 percent increase to the CPI in 2025 and a 2.39 percent increase in 2027, the PNA would increase to $89 in January of 2025 and $91 in 2027. Currently, Assisted Living Facilities (ALF) clients have a PNA of $85. This analysis incorporates the PNA increase from $60 to $85 beginning September 1, 2023 and above $85 beginning January 1, 2025.

A projected 56,866 average monthly Medicaid recipients will reside in nursing facilities, ICFs/IID (including State Supported Living Centers), in fiscal year 2024, increasing each fiscal year to 61,143, including ALF clients, by fiscal year 2028. An estimated 7,444 recipients in fiscal year 2024 and 7,849 recipients, including 294 clients in ALFs, in fiscal year 2025 will have projected incomes less than the PNA. For these recipients, the increased PNA would be funded entirely with General Revenue Funds and would result in an assumed cost of $2.2 million in fiscal year 2024 and $2.5 million in fiscal year 2025.

The monthly increase for the remaining recipients would result in a reduction to applied income and would increase the average monthly cost of care for these clients. The increased costs would be matched with Federal Funds based on the Federal Medical Assistance Percentage (FMAP) at an estimated cost of $15.9 million in All Funds in fiscal year 2024 and $17.9 million in All Funds in fiscal year 2025.

In addition, the net increases in client services payments through managed care are assumed to result in an increase to insurance premium tax revenue, estimated as 1.75 percent of the increased managed care expenditures. Revenue is adjusted for assumed timing of payments and prepayments resulting in assumed increased collections of $0.2 million in fiscal year 2024, $0.6 million in fiscal year 2025, $0.4 million in fiscal year 2026, $0.4 million in fiscal year 2027, and $0.3 million in fiscal year 2028. Pursuant to Section 227.001(b), Insurance Code, 25 percent of the revenue is assumed to be deposited to the credit of the Foundation School Fund.

Technology

HHSC indicates that one-time system modifications will be required for the Texas Integrated Eligibility Redesign System (TIERS). It is assumed that any costs associated with the bill could be absorbed using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission
LBB Staff: JMc, NPe, ER, CST, NV

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

March 6, 2023

TO: Honorable James B. Frank, Chair, House Committee on Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB54 by Thompson, Senfronia (Relating to the personal needs allowance for certain Medicaid recipients who are residents of long-term care facilities.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB54, As Introduced : a negative impact of ($16,442,770) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

Fiscal Year	**Probable Net Positive/(Negative) Impact to** ***General Revenue Related Funds***
2024	($8,238,750)
2025	($8,204,020)
2026	($8,540,109)
2027	($8,667,145)
2028	($8,786,878)

All Funds, Five-Year Impact:

Fiscal Year	**Probable Savings/(Cost) from** ***General Revenue Fund*** **1**	**Probable Savings/(Cost) from** ***GR Match For Medicaid*** **758**	**Probable Savings/(Cost) from** ***Federal Funds*** **555**	**Probable Revenue Gain from** ***General Revenue Fund*** **1**
2024	($2,217,000)	($6,232,687)	($9,630,604)	$158,203
2025	($2,266,500)	($6,474,000)	($9,662,589)	$402,360
2026	($2,295,900)	($6,572,719)	($9,809,932)	$246,383
2027	($2,325,900)	($6,673,142)	($9,959,814)	$248,923
2028	($2,328,000)	($6,680,297)	($9,970,492)	$166,064

Fiscal Year	**Probable Revenue Gain from** ***Foundation School Fund*** **193**
2024	$52,734
2025	$134,120
2026	$82,127
2027	$82,974
2028	$55,355

Fiscal Analysis

The bill would increase the personal needs allowance for Medicaid-enrolled residents of nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), or similar long-term care facilities, from a minimum of $60 per month to a minimum of $85 per month. There would be an additional cost to increase the monthly payment above the revised minimum.

Methodology

A projected 56,812 average monthly Medicaid recipients will reside in nursing facilities or ICFs/IID (including State Supported Living Centers) in fiscal year 2024, increasing each fiscal year to 59,620 by fiscal year 2028. An estimated 7,390 recipients in fiscal year 2024 and 7,555 recipients in fiscal year 2025 will have projected incomes of less than $85 per month. For these recipients, the $25 increase would be funded entirely with General Revenue Funds and would result in an assumed cost of $2.2 million in fiscal year 2024 and $2.3 million in fiscal year 2025.

The monthly increase for the remaining recipients would result in a reduction to applied income and would increase the average monthly cost of care for these clients. The increased costs would be matched with Federal Funds based on the Federal Medical Assistance Percentage (FMAP) at an estimated cost of $12.9 million in All Funds in fiscal year 2024 and $13.1 million in All Funds in fiscal year 2025.

In addition, the net increases in client services payments through managed care are assumed to result in an increase to insurance premium tax revenue, estimated as 1.75 percent of the increased managed care expenditures. Revenue is adjusted for assumed timing of payments and prepayments resulting in assumed increased collections of $0.2 million in fiscal year 2024, $0.5 million in fiscal year 2025, $0.3 million in fiscal year 2026, $0.3 million in fiscal year 2027, and $0.2 million in fiscal year 2028. Pursuant to Section 227.001(b), Insurance Code, 25 percent of the revenue is assumed to be deposited to the credit of the Foundation School Fund.

Technology

HHSC indicates that one-time system modifications will be required for the Texas Integrated Eligibility Redesign System (TIERS). It is assumed that any costs associated with the bill could be absorbed using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission
LBB Staff: JMc, NPe, ER, CST, NV