SUBJECT: Preventing certain individuals from losing medical assistance eligibility

COMMITTEE: Human Services — committee substitute recommended

VOTE: 8 ayes — Frank, Hinojosa, Clardy, Deshotel, Klick, Meza, Miller, Noble

0 nays

1 absent — Rose

WITNESSES: For — Carole Smith, Private Providers Association of Texas; Sandra Frizzell Batton, Providers Alliance for Community Services of Texas; Ryan Clapp, ResCare; Ginger Mayeaux, The Arc of Texas; (*Registered, but did not testify*: Christine Yanas, Methodist Healthcare Ministries of South Texas Inc.; Alissa Sughrue and Greg Hansch, National Alliance on Mental Illness-Texas; Eric Kunish, National Alliance on Mental Illness-Austin; Terri Carriker, Protect Texas Fragile Kids; Nancy Walker, ResCare; Millie Cordaro, TCA; Laurie Vangoose, Texas Association of Health Plans; Kathryn Freeman, Texas Baptist Christian Life Commission; Isabel Casas, Texas Council of Community Centers; Michelle Romero, Texas Medical Association; Linda Litzinger, Texas Parent to Parent; Jennifer Allmon, The Texas Catholic Conference of Bishops)

Against — (*Registered, but did not testify*: Bill Kelberlau)

On — Susan Murphree, Disability Rights Texas; Janice Quertermous, Texas Health and Human Services Commission

BACKGROUND: Human Resources Code sec. 32.0256 allows certain people eligible for medical assistance due to an intellectual or developmental disability to remain eligible if they experience a temporary increase in income of a duration of one month or less that would make them ineligible for assistance.

Interested parties note that people with intellectual or developmental

disabilities who are eligible for medical services sometimes lose eligibility due to minor clerical or technical errors in renewal paperwork.

DIGEST:

CSHB 2474 would continue eligibility of medical assistance for an individual who experienced an event or circumstance, including a minor technical or clerical error in the recipient's required renewal documentation, if the individual met certain criteria.

Eligibility. A recipient determined ineligible for assistance because of an event or circumstance caused wholly by the action or inaction of the recipient or the recipient's parent or guardian would be required to submit an application for medical assistance by the 90th day after being determined ineligible.

The bill would prohibit the Health and Human Services Commission (HHSC) from suspending or terminating the eligibility of certain recipients of medical assistance benefits if the recipient's ineligibility was caused by a technical or clerical error committed by HHSC.

HHSC would be required to coordinate with and inform relevant health care providers if an eligible recipient was at risk of being determined ineligible for medical assistance benefits or was determined ineligible for those benefits and to make reasonable efforts to ensure the medical assistance benefits of an eligible recipient were not suspended or terminated.

Report. HHSC would be required to submit a report to the Legislature by December 31 of each year regarding the suspension or termination of medical assistance benefits of eligible recipients that occurred during the preceding fiscal year. The report would have to include:

- the number of recipients living in a community-based, residential setting whose eligibility for benefits was suspended or terminated during each month of the fiscal year;
- the average, median, shortest, and longest length of time HHSC took to reinstate benefits, as applicable;

- the number of recipients whose benefits were not reinstated by HHSC;
- the specific reason for the suspension or termination of benefits of a recipient, including an analysis of the percentage of suspensions or terminations related to increase in income, a failure to properly submit documents for benefit renewal, a change in condition, a technical or clerical error, and any other reason that occurs frequently; and
- a statement of the amount of retroactive reimbursements paid to health care providers for services to a recipient during the time the recipient's eligibility for benefits was suspended or terminated.

HHSC would be required to ensure that the initial report included a description of the number of suspensions or terminations of benefits during each month of the state fiscal years ending August 31, 2016, August 31, 2017, and August 31, 2018.

Applicability. The eligibility provisions of the bill would apply to continuously eligible recipients of medical assistance who were receiving services through the home and community-based services waiver program, the Texas home living waiver program, intermediate care facilities for individuals with intellectual disabilities, or certain federal programs for individuals with an intellectual or developmental disability.

Waivers or authorization. If a state agency determined that a waiver or authorization from a federal agency was necessary for implementation of any provision of the bill, the state agency would be required to request the waiver and would be permitted to delay implementation of the waiver or authorization until granted.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2019.