

2007 Bills summarized -- Medicaid, TANF, food stamps
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Bill Number	Description	Effective Date
House Concurrent Resolution 35	Urges Congress to enact legislation to eliminate the 24-month Medicare waiting period for persons receiving Social Security Disability Benefits.	Immediate
House Bill 52	Amends Section 32.024(w), Human Resources Code, to require the Health and Human Services Commission to set a personal needs allowance of not less than \$60, rather than \$45, a month for a resident of a convalescent or nursing home or related institution licensed under Chapter 242 (Convalescent and Nursing Homes and Related Institutions), Health and Safety Code, personal care facility, ICF-MR (intermediate care facility for the mentally retarded) facility, or other similar long-term care facility who receives medical assistance.	Sept. 1, 2007
House Bill 75	Amends Texas Government Code §2001.223(1) to eliminate the exception from state court judicial review of Medicaid and food stamp final administrative decisions. Provides that a person who has exhausted the administrative decisionmaking process concerning Medicaid or food stamps and who is dissatisfied with the final administrative decision, can petition the court for on-the-record review, under the substantial evidence standard of review. Consistent with the usual venue of state court judicial review in Texas, the petition must be to the District Court of Travis County. The transcript of the administrative proceedings is to be prepared without cost to the appellant. Rulemaking is underway regarding HB 75.	Sept. 1, 2007
House Bill 1633	Requires the executive commissioner of the Health and Human Services Commission, in adopting rules under Texas Human Resources Code Chapter 32 relating to Certification of Eligibility and Need for Medical Assistance, to the extent allowed by federal law, to develop and implement an expedited process for determining eligibility for and enrollment in the medical assistance program for an active duty member of the United States armed forces, reserves, or National Guard or of the state military services, or the spouse or dependent of that person. HB 1633 will require rulemaking.	Sept. 1, 2007
House Bill 2256	This bill requires the Texas Health and Human Services Commission (HHSC) to eliminate the exemptions for prior authorized services from its fair hearing rules so that the rules comply with federal regulations. This will put an end to the HHSC practice of failing to continue Medicaid services (for which HHSC requires pre-authorization) pending a fair hearing decision when the fair hearing was requested within ten days before the end of the prior authorization. HB 2256 may require rulemaking.	Sept. 1, 2007
House Bill 3571	Adds Section 531.066 to the Texas Government Code, authorizing the Texas Health and Human Services Commission (HHSC) to implement a pilot program in South Texas to support outreach efforts and eligibility determination for food stamps. The pilot program will result in an agreement between HHSC and "a private retail business." This will result in HHSC staff, if available, being stationed in one or more HEB stores in the San Antonio area, for the purpose of assisting persons applying for food stamps.	Sept. 1, 2007

Senate Bill 10	<p>Note: This bill will require <u>extensive</u> rule-making and waivers from the federal government, for implementation.</p> <p>Requires the Texas Health and Human Services Commission (HHSC) to promote Medicaid recipient access to services of federally qualified health center services and rural health clinic services. Requires HHSC, if cost-effective, to adopt rules to avoid Medicaid payment when another program or insurer has primary responsibility for covering a service. (This is really already required by federal law, but Senate Bill 10 will give HHSC more impetus to make sure that Medicaid does not pay for a service which Medicare or other public or private insurance ought to cover as primary insurer.) Transfers back to HHSC from TXDOT the responsibility for the Medicaid transportation program, which the Legislature in 2003 had transferred to TXDOT. HHSC has the authority to contract with local transportation providers for the transportation services needed for clients to access Medicaid services. Requires HHSC to establish, in an unspecified area, a pilot program to promote healthy lifestyles for Medicaid recipients.</p> <p>Provides HHSC the authority to develop and implement incentives for timely EPSDT visits and allows HHSC to provide incentives to Medicaid managed care organizations to promote timely and complete EPSDT screenings. Authorizes HHSC to develop a “Medicaid Health Savings Account Pilot Program.” Only adults could be offered participation in this pilot and participation would be voluntary. An adult voluntary participant who decides to drop out and return to “traditional Medicaid” would forfeit any funds remaining in the individual’s “health savings account.”</p> <p>Authorizes HHSC to seek a waiver from the federal Centers for Medicare and Medicaid Services to develop “Tailored Benefits Packages” that target recipients’ particular needs. The “Tailored Benefit Packages” may not reduce the benefits available to any Medicaid “recipient population.”</p> <p>Allows HHSC to require Medicaid recipients to designate primary care providers for coordination of care, continuity of care, and initiation of referrals.</p> <p>Requires HHSC to provide Medicaid to persons who are 21 and 22 years of age who would receive Medicaid as independent foster care adolescents were they under 21 years of age, if they are enrolled in an institution of higher education and are making “satisfactory academic progress as determined by the institution.”</p> <p>Authorizes HHSC, if cost-effective and if permitted by the federal Centers for Medicare and Medicaid Services, to impose cost-sharing on Medicaid recipients who seek “high-cost medical service” through a hospital emergency room. The hospital must first perform an appropriate medical screening and inform the recipient that emergency services are not needed, and refer the recipient to a source of non-emergency care. Only if the recipient persists in obtaining emergency medical services after these steps have been taken, will the hospital be permitted to collect a copayment. Payments to hospitals are not allowed to be reduced by Medicaid for the potential copayment (which means hospitals have less incentive to deny care than they otherwise might).</p> <p>Provides that Medicaid recipients entitled to ophthalmology services are to have direct access to the services of an ophthalmologist, without the need for a referral.</p>	Sept. 1, 2007
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<p>Senate Bill 10, cont.</p>	<p>Creates the Medicaid Reform Legislative Oversight Committee to facilitate the reform efforts in Medicaid, the process of addressing the issues of uncompensated hospital care, and the establishment of programs addressing the uninsured. The Oversight Committee has three members appointed from each chamber of the Legislature.</p> <p>Requires the commission to implement any methods it and the inspector general determine are effective at strengthening fraud detection and deterrence.</p> <p>Requires HHSC and the Texas Department of Insurance (TDI) to jointly develop a premium payment assistance program designed to assist persons in obtaining and maintaining group health benefits coverage. The program may provide assistance in the form of payments for all or part of the premiums for that coverage. In developing the program, the executive commissioner of HHSC shall adopt rules establishing: (1) eligibility criteria for the program; (2) the amount of premium payment assistance that will be provided under the program; (3) the process by which that assistance will be paid; and (4) the mechanism for measuring and reporting the number of persons who obtained health insurance or other health benefits coverage as a result of the program.</p> <p>The bill also has provisions authorizing HHSC to obtain federal approval to establish a “Texas Health Opportunity Pool Trust Fund,” to pool state funds for health care to low-income persons in order to optimize the federal Medicaid match, and to improve the infrastructure of local health care provider networks.</p> <p>The bill requires HHSC to develop a standard definition of “uncompensated hospital care” and if hospitals fail to accurately report the cost of uncompensated care, authorizes HHSC to refer the matter to the attorney general for determination of the amount of an administrative penalty against the non-complying hospital, capped at \$10,000.00. The bill establishes a workgroup on uncompensated hospital care.</p> <p>The bill authorizes HHSC to develop a “physician-centered nursing facility model demonstration project.” Such a project would provide “continuous on-site oversight of residents by physicians specializing in geriatric medicine.” The purpose is to determine if paying an enhanced Medicaid reimbursement rate to such a facility results in improved overall health of residents and cost savings from reduced acute care hospitalization and pharmaceutical costs.</p> <p>The bill requires HHSC to include in each contract with a health maintenance organization and HHSC “performance measures and incentives for value-based” services to “facilitate and increase recipients’ access to appropriate health care services.”</p>	
<p>Senate Bill 589</p>	<p>This bill will affect households in which an adult, who has “timed-out” of Temporary Assistance for needy Families (TANF) due to the state time-limit (which may be one, two, or three years, depending on the educational level and job history of the adult) is living with the child of the adult, the child being a recipient of TANF. (Children, whose parent(s) has/have reached the state time limit but not the federal five-year time-limit can continue to receive TANF without having to relocate from the house of the parent.) These “nonrecipient parents” who are targeted by SB 589 do not include parents who are not yet 18 years of age, parents whose immigration status makes them ineligible for TANF, nor parents caring for a disabled family member if the disabled family member does not attend school full-time and the need for care is supported by medical documentation.</p>	<p>Immediate</p>

<p>Senate Bill 589, cont.</p>	<p>The bill requires that nonrecipient parents who are referred to the workforce contractor participate in the so-called “Choices” program. If participation appears to not be occurring, the grant to the children can be cut off.</p> <p>The bill gives the Texas Health and Human Services Commission – and not the Texas Workforce Commission – the authority to establish the criteria as to which nonrecipient parents are required to participate, and as to who, being incapable of participation, is not required to participate.</p> <p>The bill requires that the Texas Workforce Commission “Ensure that an individual employment plan developed for a recipient of financial assistance or a nonrecipient parent participating in an employment program under [the TANF program] includes specific postemployment strategies to assist the recipient or the nonrecipient parent in making a transition to stable employment at a wage that enables the person and the person’s family to maintain self-sufficiency.”</p> <p>The individual employment plan must (1) consider the person’s individual circumstances and needs in determining the person’s initial job placement, (2) identify a target wage that enables the person and the person’s family to maintain self-sufficiency, (3) provide specific postemployment goals and include methods and time-frames by which the person is to achieve those goals, and (4) refer the person to additional educational and training opportunities.</p> <p>The bill requires the Texas Workforce Commission and the local workforce development boards to develop an employment services referral program for TANF recipients and nonrecipient parents who have, in comparison to other recipients and nonrecipient parents, higher levels of barriers to employment. The referral program must be designed to provide to a recipient or nonrecipient parent referrals to preemployment and postemployment services offered by community-based organizations.</p> <p>“To the extent funds are available,” the bill requires the Texas Workforce Commission and the local workforce development boards to provide transportation assistance to recipients of financial assistance and nonrecipient parents participating in employment programs to enable those persons to maintain a stable work history and attain financial stability and self-sufficiency.</p> <p>For recipients and nonrecipient parents required to participate in an employment program, the Texas Workforce Commission and the local workforce development boards are required to identify unmet housing needs and assess whether those needs are barriers to the person’s full participation in the workforce and attainment of financial stability and self-sufficiency, and develop a service plan that takes into consideration the person’s unmet housing needs.</p> <p>The Texas Workforce Commission is required to develop and implement a program through which a recipient or nonrecipient parent identified as having unmet housing needs is referred by the commission or local workforce development board to agencies and organizations that provide housing programs and services; the Texas Workforce Commission and the local workforce development boards are also required to connect recipients and nonrecipient parents with unmet housing needs to “other housing resources.” To provide these referrals and connections, the Texas Workforce Commission is required to establish collaborative partnerships between the commission, the local workforce development board, municipal, county, and regional housing authorities, and sponsors of local housing programs and resources.</p>	
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