1	STATE OF OKLAHOMA
2	1st Session of the 60th Legislature (2025)
3	HOUSE BILL 1820 By: Newton
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6	AS INTRODUCED
7	An Act relating to poor persons; amending 56 O.S. 2021, Sections 246 and 247, which relate to the Act
8	to Restore Hope, Opportunity, and Prosperity for Everyone; removing language related to verifying
9	eligibility information; and providing an effective date.
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13	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
14	SECTION 1. AMENDATORY 56 O.S. 2021, Section 246, is
15	amended to read as follows:
16	Section 246. A. This act shall be known and may be cited as
17	the "Act to Restore Hope, Opportunity and Prosperity for Everyone"
18	or the "HOPE Act".
19	B. Prior to awarding assistance under Medicaid, the Oklahoma
20	Health Care Authority shall verify eligibility information of each
21	applicant, excluding those applicants who would be eligible under
22	the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and
23	excluding those applicants with intellectual disabilities receiving
2 /	Home and Community Daged Medicaid values and state funded services

- 1 C. The information verified by the Authority shall include, but
- 2 is not limited to:
- 3 1. Earned and unearned income;
- 4 2. Employment status and changes in employment;
- 5 3. Immigration status;
- 4. Residency status, including a nationwide best-address source to verify individuals are residents of the state;
- 8 5. Enrollment status in other state-administered public
  9 assistance programs;
- 10 6. Financial resources;
  - 7. Incarceration status;
- 12 | 8. Death records;

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- 9. Enrollment status in public assistance programs outside of this state; and
- 15 10. Potential identity fraud or identity theft.
- D. The Authority shall sign a memorandum of understanding with any department, agency or division for information detailed in subsection C of this section.
- 20 vendors to provide information detailed in subsection C of this
  21 section. Any contract entered under this subsection shall establish
  22 annualized savings that exceed the contract's total annual cost to
  23 the state.

- F. Nothing in this section shall preclude the Authority from receiving, reviewing or verifying additional information related to eligibility not detailed in this section or from contracting with one or more independent vendors to provide additional information
- 6 SECTION 2. AMENDATORY 56 O.S. 2021, Section 247, is 7 amended to read as follows:
- Section 247. A. On a quarterly basis, the Oklahoma Health
  Care Authority shall receive and review information concerning
  individuals enrolled in Medicaid that indicates a change in
  circumstances that may affect eligibility, excluding those
  individuals who would be eligible under the Tax Equity and Fiscal
  Responsibility Act of 1982 (TEFRA) and excluding those individuals
  with intellectual disabilities receiving Home and Community Based
  Medicaid waiver and state-funded services.
  - B. The information provided to the Authority shall include, but is not limited to:
    - 1. Earned and unearned income;
    - 2. Employment status and changes in employment;
  - Residency status;

not detailed in this section.

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- 4. Enrollment status in other state-administered public assistance programs;
- 5. Financial resources;
- 24 6. Incarceration status;

7. Death records;

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- 8. Lottery winnings; and
- 9. Enrollment status in public assistance programs outside of this state.
- C. The Authority shall sign a memorandum of understanding with any department, agency or division for information detailed in subsection B of this section.
- D. The Authority shall contract with one or more independent vendors to provide information detailed in subsection B of this section. Any contract entered under this subsection shall establish annualized savings that exceed the contract's total annual cost to the state.
- E. The Authority shall explore joining any multistate cooperative to identify individuals who are also enrolled in public assistance programs outside of this state, including the National Accuracy Clearinghouse.
- F. Nothing in this section shall preclude the Authority from receiving or reviewing additional information related to eligibility not detailed in this section or from contracting with one or more independent vendors to provide additional information not detailed in this section.
- G. If the Authority receives information concerning an individual enrolled in Medicaid that indicates a change in

circumstances that may affect eligibility, the Authority shall review the individual's case using the following procedures:

- 1. If the information does not result in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the Authority shall take no further action;
- 2. If the information results in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the Authority shall promptly redetermine eligibility after receiving such information;
- 3. If the information results in the Authority finding a discrepancy or change in an individual's circumstances that may affect eligibility, the individual shall be given an opportunity to explain the discrepancy; provided, however, that self-declarations by applicants or recipients shall not be accepted as verification;
- 4. The Authority shall provide notice to the individual which shall describe in sufficient detail the circumstances of the discrepancy or change, the manner in which the applicant or recipient may respond, and the consequences of failing to take action. The applicant or recipient shall have ten (10) business days to respond in an attempt to resolve the discrepancy or change. The explanation provided by the recipient or applicant shall be given in writing. After receiving the explanation, the Authority may request additional documentation if it determines that there is risk of fraud, misrepresentation or inadequate documentation;

5. If the individual does not respond to the notice, the Authority shall discontinue assistance for failure to cooperate, in which case the Authority shall provide notice of intent to discontinue assistance. Eligibility for assistance shall not be established or reestablished until the discrepancy or change has been resolved;

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- 6. If an individual responds to the notice and disagrees with the findings, the Authority shall reinvestigate the matter. If the Authority finds that there has been an error, the Authority shall take immediate action to correct it and no further action shall be taken. If, after an investigation, the Authority determines that there is no error, the Authority shall determine the effect on the individual's case and take appropriate action. Written notice of the Authority action shall be given to the individual; and
- 7. If the individual agrees with the findings, the Authority shall determine the effect on the individual's case and take appropriate action. Written notice of the Authority action shall be given to the individual. In no case shall the Authority discontinue assistance upon finding a discrepancy or change in circumstances until the individual has been given notice of the discrepancy and the opportunity to respond as required under the HOPE Act.
  - SECTION 3. This act shall become effective November 1, 2025.

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