

By: Kolkhorst
(Frank, Minjarez)

S.B. No. 1896

Substitute the following for S.B. No. 1896:

By: Klick

C.S.S.B. No. 1896

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the provision of health and human services by the
3 Department of Family and Protective Services and the Health and
4 Human Services Commission.

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

6 SECTION 1. Subchapter E, Chapter 263, Family Code, is
7 amended by adding Section 263.409 to read as follows:

8 Sec. 263.409. FINAL NOTIFICATION OF BENEFITS RELATED TO
9 KINSHIP VERIFICATION. Before a court enters a final order naming a
10 relative or another adult with a longstanding and significant
11 relationship with a foster child as the permanent managing
12 conservator for the child, the court shall verify that:

13 (1) the individual was offered the opportunity to
14 become verified by a licensed child-placing agency to qualify for
15 permanency care assistance benefits under Subchapter K, Chapter
16 264, and the individual declined the verification process and the
17 permanency care assistance benefits; and

18 (2) the child-placing agency conducting the
19 verification for the individual's permanency care assistance
20 benefits has been notified of the individual's decision to decline
21 the permanency care assistance benefits.

22 SECTION 2. Section 264.107(g), Family Code, is amended to
23 read as follows:

24 (g) If the department or single source continuum contractor

1 is unable to find an appropriate placement for a child, an employee
2 of the department or contractor who has on file with the department
3 or contractor, as applicable, a background and criminal history
4 check may provide temporary emergency care for the child. The [An]
5 employee may not provide emergency care under this subsection in
6 the employee's residence. The department or contractor shall
7 provide notice to the court for a child placed in temporary care
8 under this subsection not later than the next business day after the
9 date the child is placed in temporary care.

10 SECTION 3. Subchapter B, Chapter 264, Family Code, is
11 amended by adding Sections 264.1071 and 264.1073 to read as
12 follows:

13 Sec. 264.1071. OFFICE STAYS PROHIBITED. The department may
14 not allow a child to stay overnight in a department office.

15 Sec. 264.1073. TREATMENT FOSTER CARE. The department and
16 single source continuum contractors shall:

17 (1) lessen employment restrictions to allow single
18 parents to participate in treatment foster care, when quality care
19 is assured;

20 (2) expand the eligible age for treatment foster care
21 to include children 10 years of age or older;

22 (3) prepare and plan for the subsequent placement not
23 later than the 30th day after a child is placed in treatment foster
24 care to assist in the transition to the least restrictive
25 placement; and

26 (4) extend the length of time for a treatment foster
27 care placement.

1 SECTION 4. Subchapter B, Chapter 264, Family Code, is
2 amended by adding Section 264.117 to read as follows:

3 Sec. 264.117. MENTORS FOR FOSTER CHILDREN. (a) The
4 department and each single source continuum contractor in this
5 state, in collaboration with local governmental entities and
6 faith- and community-based organizations, shall examine the
7 feasibility of designing a volunteer mentor program for children in
8 congregate care settings.

9 (b) Not later than December 31, 2022, the department shall
10 report its findings and recommendations for establishing a mentor
11 program to the legislature.

12 (c) This section expires September 1, 2023.

13 SECTION 5. (a) Section 264.1261, Family Code, is amended by
14 adding Subsections (b-1), (b-2), (b-3), and (b-4) to read as
15 follows:

16 (b-1) Notwithstanding Section 264.0011, the Health and
17 Human Services Commission, in collaboration with the department and
18 each single source continuum contractor in this state, shall
19 develop a plan to increase the placement capacity in each catchment
20 area of the state with the goal of eliminating the need to place a
21 child outside of the child's community. In developing the plan, the
22 commission shall:

23 (1) evaluate whether contracting for additional
24 capacity at residential treatment centers, facilities that provide
25 mental inpatient or outpatient beds for crisis intervention and
26 stabilization purposes only for children with severe behavioral
27 health or mental health needs, and other potential temporary

1 placement options provides the best methods for meeting capacity
2 shortages; and

3 (2) make a recommendation to the department regarding
4 contracting for additional capacity.

5 (b-2) A plan developed under Subsection (b-1) that includes
6 the use of an inpatient or outpatient mental health facility must
7 require the facility to discharge a child placed in the facility not
8 later than 72 hours after the treating health care provider
9 determines it is not medically necessary for the child to remain in
10 the facility.

11 (b-3) The plan developed under Subsection (b-1) must
12 include information and contingency plans to ensure adequate
13 capacity in other facilities to meet placement needs when a
14 facility is placed on probation.

15 (b-4) The department and each single source continuum
16 contractor shall contract with facilities for reserve beds to
17 ensure the department may place each child in a facility if capacity
18 is otherwise unavailable.

19 (b) Sections 264.1261(a) and (b), Family Code, as added by
20 Chapter 822 (H.B. 1549), Acts of the 85th Legislature, Regular
21 Session, 2017, are repealed.

22 SECTION 6. Section 264.152(4), Family Code, is amended to
23 read as follows:

24 (4) "Community-based care" means the provision of
25 child welfare services in accordance with state and federal child
26 welfare goals by a community-based nonprofit or a local
27 governmental entity under a contract that includes direct case

1 management to:

2 (A) prevent entry into foster care;

3 (B) reunify and preserve families;

4 (C) ensure child safety, permanency, and
5 well-being; and

6 (D) reduce future referrals of children or
7 parents to the department [~~foster care redesign required by Chapter~~
8 ~~598 (S.B. 218), Acts of the 82nd Legislature, Regular Session,~~
9 ~~2011, as designed and implemented in accordance with the plan~~
10 ~~required by Section 264.153~~].

11 SECTION 7. Section 264.154, Family Code, is amended by
12 amending Subsection (a) and adding Subsection (c) to read as
13 follows:

14 (a) To enter into a contract with the commission or
15 department to serve as a single source continuum contractor to
16 provide services under this subchapter [~~foster care service~~
17 ~~delivery~~], an entity must be:

18 (1) a nonprofit entity that has:

19 (A) an organizational mission focused on child
20 welfare; and

21 (B) a majority of the entity's board members
22 residing in this state; or

23 (2) a governmental entity.

24 (c) The department shall request local stakeholders in a
25 catchment area, including those listed in Section 264.155(a)(8), to
26 provide any necessary information about the catchment area that
27 will assist the department in:

1 (1) preparing the department's request for bids,
2 proposals, or other applicable expressions of interest to provide
3 community-based care in the catchment area; and

4 (2) selecting a single source continuum contractor to
5 provide community-based care in the catchment area.

6 SECTION 8. Section 264.155, Family Code, is amended to read
7 as follows:

8 Sec. 264.155. REQUIRED CONTRACT PROVISIONS. (a) A
9 contract with a single source continuum contractor to provide
10 community-based care services in a catchment area must include
11 provisions that:

12 (1) establish a timeline for the implementation of
13 community-based care in the catchment area, including a timeline
14 for implementing:

15 (A) case management services for children,
16 families, and relative and kinship caregivers receiving services in
17 the catchment area; and

18 (B) family reunification support services to be
19 provided after a child receiving services from the contractor is
20 returned to the child's family;

21 (2) establish conditions for the single source
22 continuum contractor's access to relevant department data and
23 require the participation of the contractor in the data access and
24 standards governance council created under Section 264.159;

25 (3) require the single source continuum contractor to
26 create a single process for the training and use of alternative
27 caregivers for all child-placing agencies in the catchment area to

1 facilitate reciprocity of licenses for alternative caregivers
2 between agencies, including respite and overnight care providers,
3 as those terms are defined by department rule;

4 (4) require the single source continuum contractor to
5 maintain a diverse network of service providers that offer a range
6 of foster capacity options and that can accommodate children from
7 diverse cultural backgrounds;

8 (5) allow the department to conduct a performance
9 review of the contractor beginning 18 months after the contractor
10 has begun providing case management and family reunification
11 support services to all children and families in the catchment area
12 and determine if the contractor has achieved any performance
13 outcomes specified in the contract;

14 (6) following the review under Subdivision (5), allow
15 the department to:

16 (A) impose financial penalties on the contractor
17 for failing to meet any specified performance outcomes; or

18 (B) award financial incentives to the contractor
19 for exceeding any specified performance outcomes;

20 (7) require the contractor to give preference for
21 employment to employees of the department:

22 (A) whose position at the department is impacted
23 by the implementation of community-based care; and

24 (B) who are considered by the department to be
25 employees in good standing;

26 (8) require the contractor to provide preliminary and
27 ongoing community engagement plans to ensure communication and

1 collaboration with local stakeholders in the catchment area,
2 including any of the following:

- 3 (A) community faith-based entities;
- 4 (B) the judiciary;
- 5 (C) court-appointed special advocates;
- 6 (D) child advocacy centers;
- 7 (E) service providers;
- 8 (F) foster families;
- 9 (G) biological parents;
- 10 (H) foster youth and former foster youth;
- 11 (I) relative or kinship caregivers;
- 12 (J) child welfare boards, if applicable;
- 13 (K) attorneys ad litem;
- 14 (L) attorneys that represent parents involved in
15 suits filed by the department; and
- 16 (M) any other stakeholders, as determined by the
17 contractor; and

18 (9) require that the contractor comply with any
19 applicable court order issued by a court of competent jurisdiction
20 in the case of a child for whom the contractor has assumed case
21 management responsibilities or an order imposing a requirement on
22 the department that relates to functions assumed by the contractor.

23 (b) A contract with a single source continuum contractor
24 under this subchapter must be consistent with the requirements of
25 applicable law and may only include terms authorized by the laws or
26 rules of this state.

27 (c) In regions identified for implementing community-based

1 care and in regions where community-based care has been
2 implemented, a contractor may apply to the department for a waiver
3 from any statutory and regulatory requirement to increase
4 innovation and flexibility for achieving contractual performance
5 outcomes.

6 SECTION 9. Sections 264.157(a), (b), and (c), Family Code,
7 are amended to read as follows:

8 (a) Not later than the last day of the state fiscal biennium
9 ~~[December 31, 2019]~~, the department shall:

10 (1) identify the ~~[not more than eight]~~ catchment areas
11 in the state where the department will implement ~~[that are best~~
12 ~~suited to implement]~~ community-based care; and

13 (2) following the implementation of community-based
14 care services in those catchment areas, retain an entity based in
15 this state that is independent of the department to conduct an
16 evaluation of ~~[evaluate]~~ the implementation process and the single
17 source continuum contractor performance in each catchment area.

18 (b) Notwithstanding the process for the expansion of
19 community-based care described in Subsection (a), ~~[and in~~
20 ~~accordance with the community-based care implementation plan~~
21 ~~developed under Section 264.153, beginning September 1, 2017,]~~ the
22 department shall accept and evaluate unsolicited proposals ~~[begin~~
23 ~~accepting applications]~~ from entities based in this state to
24 provide community-based care services in a geographic service
25 ~~[designated catchment]~~ area where the department has not
26 implemented community-based care. An entity that submits a proposal
27 to provide community-based care services must ensure that it meets

1 all criteria outlined by this subchapter and must demonstrate
2 established connections to the area the entity proposes to
3 serve. The Health and Human Services Commission in conjunction with
4 the department shall adopt rules to ensure that proposals submitted
5 under this subsection comply with state procurement laws and rules.

6 (c) In expanding community-based care, the department may
7 change the geographic boundaries of catchment areas as necessary to
8 align with specific communities or to enable satisfactory
9 unsolicited proposals for community-based care services to be
10 accepted and implemented.

11 SECTION 10. Section 264.158, Family Code, is amended by
12 adding Subsection (d) to read as follows:

13 (d) A single source continuum contractor may implement its
14 own procedures to execute the department's statutory duties the
15 contractor assumes and is not required to follow the department's
16 procedures to execute the assumed department duties.

17 SECTION 11. Section 264.159, Family Code, is amended to
18 read as follows:

19 Sec. 264.159. DATA ACCESS AND STANDARDS GOVERNANCE COUNCIL.

20 (a) The department shall create a data access and standards
21 governance council to develop protocols for the interoperable
22 electronic transfer of data from single source continuum
23 contractors to the department to allow the contractors to perform
24 case management functions and additional contracted services by the
25 department.

26 (b) The council shall develop protocols for the access,
27 management, and security of case data that is electronically shared

1 between [~~by~~] a single source continuum contractor and [~~with~~] the
2 department.

3 (c) The council shall develop protocols for the access,
4 management, and security of data shared with an independent entity
5 retained to conduct the independent evaluations required under this
6 subchapter. The protocols shall ensure the entity has full,
7 unrestricted access to all relevant data necessary to perform an
8 evaluation.

9 (d) The council consists of single source continuum
10 contractors with active contracts and department employees who
11 provide data, legal, information technology, and child protective
12 services. The council shall meet at least quarterly during each
13 calendar year.

14 SECTION 12. Subchapter B-1, Chapter 264, Family Code, is
15 amended by adding Sections 264.171 and 264.172 to read as follows:

16 Sec. 264.171. JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
17 COMMUNITY-BASED CARE TRANSITION. (a) Notwithstanding Section
18 264.0011, in this section:

19 (1) "Commission" means the Health and Human Services
20 Commission.

21 (2) "Committee" means the Joint Legislative Oversight
22 Committee on Community-Based Care Transition.

23 (3) "Department" means the Department of Family and
24 Protective Services.

25 (b) The Joint Legislative Oversight Committee on
26 Community-Based Care Transition is composed of six voting members
27 as follows:

1 (1) three members of the senate, appointed by the
2 lieutenant governor; and

3 (2) three members of the house of representatives,
4 appointed by the speaker of the house of representatives.

5 (c) The lieutenant governor and speaker of the house of
6 representatives shall each appoint a member described by Subsection
7 (b)(1) or (2), respectively, to serve as joint chairs of the
8 committee.

9 (d) The committee shall meet at the call of the joint chairs
10 and may consider public testimony.

11 (e) The committee may employ persons necessary to carry out
12 this section through funds made available by the legislature.

13 (f) The committee shall monitor and report to the
14 legislature on the following related to the implementation of
15 community-based care:

16 (1) the funding of community-based care;

17 (2) the performance and outcomes of community-based
18 care statewide and by region;

19 (3) statutory or regulatory barriers to the successful
20 implementation of community-based care; and

21 (4) other challenges to the successful implementation
22 of community-based care.

23 (g) The committee may request any relevant information from
24 the commission, the department, or another relevant state agency,
25 and the commission, department, or agency shall comply with the
26 request, unless the provision of the information is prohibited by
27 state or federal law.

1 (h) Not later than January 1 of each odd-numbered year, the
2 committee shall submit a written report of the committee's findings
3 and recommendations to the governor, the lieutenant governor, the
4 speaker of the house of representatives, and each member of the
5 standing committees of the senate and house of representatives
6 having primary jurisdiction over child welfare issues.

7 (i) The committee shall monitor the continued
8 implementation of community-based care and hold public hearings to
9 receive comments from the public on the implementation of
10 community-based care.

11 Sec. 264.172. OFFICE OF COMMUNITY-BASED CARE TRANSITION.

12 (a) In this section:

13 (1) "Department" means the Department of Family and
14 Protective Services.

15 (2) "Office" means the Office of Community-Based Care
16 Transition created under this section.

17 (b) The Office of Community-Based Care Transition is a state
18 agency independent of but administratively attached to the
19 department.

20 (c) The office shall:

21 (1) assess catchment areas in this state where
22 community-based care services may be implemented;

23 (2) develop a plan for implementing community-based
24 care in each catchment area in this state, including the order in
25 which community-based care will be implemented in each catchment
26 area and a timeline for implementation;

27 (3) evaluate community-based care providers;

1 (4) contract, on behalf of the department, with
2 community-based care providers to provide services in each
3 catchment area in this state;

4 (5) measure contract performance of community-based
5 care providers;

6 (6) provide contract oversight of community-based
7 care providers;

8 (7) report outcomes of community-based care
9 providers;

10 (8) identify the employees and other resources to be
11 transferred to the community-based care provider to provide the
12 necessary implementation, case management, operational, and
13 administrative functions and outline the methodology for
14 determining the employees and resources to be transferred;

15 (9) create a risk-sharing funding model that
16 strategically and explicitly balances financial risk between this
17 state and the community-based care provider and mitigates the
18 financial effects of significant unforeseen changes in the
19 community-based care provider's duties or the population of the
20 region it serves; and

21 (10) require the annual review and adjustment of the
22 funding based on updated cost and finance methodologies, including
23 changes in policy, foster care rates, and regional service usage.

24 (d) The department shall provide any administrative support
25 the office needs, and the department and the Health and Human
26 Services Commission shall provide access to any information and
27 legal counsel the office requires to implement community-based

1 care.

2 (e) The governor shall appoint the director of the office to
3 serve in that capacity at the pleasure of the governor. The
4 director reports directly to the governor.

5 (f) The office shall report to the legislature at least once
6 each calendar quarter regarding the implementation of
7 community-based care in the state.

8 (g) A provision of this subchapter applicable to the
9 department with respect to any duty assigned by this section to the
10 office applies to the office in the same manner as the provision
11 would apply to the department.

12 (h) Except as otherwise provided by this section, the
13 department retains the powers and duties provided by this
14 subchapter to the department.

15 (i) The office is abolished and this section expires on the
16 date that community-based care is implemented in the last
17 department region in this state.

18 SECTION 13. (a) Subchapter A, Chapter 533, Government
19 Code, is amended by adding Sections 533.00521 and 533.00522 to read
20 as follows:

21 Sec. 533.00521. STAR HEALTH PROGRAM: HEALTH CARE FOR
22 FOSTER CHILDREN. (a) The commission shall annually evaluate the
23 use of benefits under the Medicaid program in the STAR Health
24 program offered to children in foster care and provide
25 recommendations to the Department of Family and Protective Services
26 and each single source continuum contractor in this state to better
27 coordinate the provision of health care and use of those benefits

1 for children in foster care.

2 (b) In conducting the evaluation required under Subsection
3 (a), the commission shall:

4 (1) collaborate with residential child-care providers
5 regarding any unmet needs of children in foster care and the
6 development of capacity for providing quality medical, behavioral
7 health, and other services for children in foster care; and

8 (2) identify options to obtain federal matching funds
9 under the Medical Assistance Program to pay for a safe home-like or
10 community-based residential setting for a child in the
11 conservatorship of the Department of Family and Protective
12 Services:

13 (A) who is identified or diagnosed as having a
14 serious behavioral or mental health condition that requires
15 intensive treatment;

16 (B) who is identified as a victim of serious
17 abuse or serious neglect;

18 (C) for whom a traditional substitute care
19 placement contracted for or purchased by the department is not
20 available or would further denigrate the child's behavioral or
21 mental health condition; or

22 (D) for whom the department determines a safe
23 home-like or community-based residential placement could stabilize
24 the child's behavioral or mental health condition in order to
25 return the child to a traditional substitute care placement.

26 (c) The commission shall report its findings to the standing
27 committees of the senate and house of representatives having

1 jurisdiction over the Department of Family and Protective Services.

2 Sec. 533.00522. STAR HEALTH PROGRAM: MENTAL HEALTH
3 PROVIDERS. A contract between a Medicaid managed care organization
4 and the commission for the organization to provide health care
5 services to recipients under the STAR Health program must require
6 the organization to ensure the organization maintains a network of
7 mental and behavioral health providers, including child
8 psychiatrists and other appropriate providers, in all Department of
9 Family and Protective Services regions in this state, regardless of
10 whether community-based care has been implemented in any region.

11 (b) The changes in law made by this section apply only to a
12 contract for the provision of health care services under the STAR
13 Health program between the Health and Human Services Commission and
14 a Medicaid managed care organization under Chapter 533, Government
15 Code, that is entered into, renewed, or extended on or after the
16 effective date of this section.

17 (c) If before implementing Section 533.00522, Government
18 Code, as added by this section, the Health and Human Services
19 Commission determines that a waiver or authorization from a federal
20 agency is necessary for implementation of that provision, the
21 health and human services agency affected by the provision shall
22 request the waiver or authorization and may delay implementing that
23 provision until the waiver or authorization is granted.

24 SECTION 14. Section 2155.089(c), Government Code, is
25 amended to read as follows:

26 (c) This section does not apply to:

27 (1) an enrollment contract described by 1 T.A.C.

1 Section 391.183 as that section existed on September 1, 2015;

2 (2) a contract of the Employees Retirement System of
3 Texas except for a contract with a nongovernmental entity for
4 claims administration of a group health benefit plan under Subtitle
5 H, Title 8, Insurance Code; ~~[or]~~

6 (3) a contract entered into by:

7 (A) the comptroller under Section 2155.061; or

8 (B) the Department of Information Resources
9 under Section 2157.068; or

10 (4) a child-specific contract entered into by the
11 Department of Family and Protective Services for a child without
12 placement.

13 SECTION 15. Section 2155.144(a), Government Code, is
14 amended to read as follows:

15 (a) This section applies only to the Health and Human
16 Services Commission, ~~[and to]~~ each health and human services
17 agency, and the Department of Family and Protective Services. For
18 the purposes of this section, the Department of Family and
19 Protective Services is considered a health and human services
20 agency.

21 SECTION 16. Subchapter C, Chapter 40, Human Resources Code,
22 is amended by adding Section 40.05291 to read as follows:

23 Sec. 40.05291. ELECTRONIC CASE MANAGEMENT SYSTEM. (a) The
24 department shall develop a plan to eliminate the department's use
25 of paper case files and fully transition to an electronic case
26 management system.

27 (b) The department shall implement a fully electronic case

1 management system not later than September 1, 2023.

2 (c) This section expires September 1, 2025.

3 SECTION 17. Subchapter C, Chapter 40, Human Resources Code,
4 is amended by adding Section 40.0583 to read as follows:

5 Sec. 40.0583. STATE AUDITOR REVIEW OF CONTRACTS. The state
6 auditor shall annually review the department's performance-based
7 contracts to determine whether the department is properly enforcing
8 contract provisions with providers and to provide recommendations
9 for improving department oversight and execution of contracts.

10 SECTION 18. Subchapter C, Chapter 40, Human Resources Code,
11 is amended by adding Section 40.081 to read as follows:

12 Sec. 40.081. IMPLEMENTATION OF FEDERAL LAW. (a) In
13 furtherance of department duties under Section 40.002(d), the
14 department shall to the greatest extent possible develop capacity
15 for placement settings that are eligible for federal financial
16 participation under 42 U.S.C. Section 672, including settings:

17 (1) specializing in providing prenatal, postpartum,
18 or parenting support for youth;

19 (2) providing high-quality residential care and
20 supportive services to children and youth who this state has
21 reasonable cause to believe are, or who are at risk of being, sex
22 trafficking victims in accordance with 42 U.S.C. Section
23 671(a)(9)(C);

24 (3) providing supervised independent living for young
25 adults;

26 (4) offering residential family-based substance abuse
27 treatment as described by 42 U.S.C. Section 672(j); and

1 (5) serving as a qualified residential treatment
2 program.

3 (b) In developing capacity for settings described by
4 Subsection (a)(2), the department shall:

5 (1) promote the use of nationally recognized tools
6 such as the Commercial Sexual Exploitation-Identification Tool
7 (CSE-IT) and any other indicated treatment models or best practices
8 for the treatment and prevention of sex trafficking victimization;
9 and

10 (2) use providers that:

11 (A) use a trauma-informed care model;

12 (B) have defined programming to address the
13 specific needs of trafficking survivors and youth at risk of
14 trafficking;

15 (C) have leadership and direct-care staff who
16 have completed training regarding the specific needs of trafficking
17 survivors and youth at risk of trafficking;

18 (D) have established policies and procedures to
19 minimize risk to a child who is a victim of trafficking placed with
20 the provider and other children placed with the provider, including
21 risks related to running away from the placement or becoming a
22 victim of trafficking; and

23 (E) provide case management services or contract
24 with an entity in the geographic area of the provider to provide
25 case management services to trafficking victims or potential
26 victims.

27 SECTION 19. Subchapter B, Chapter 42, Human Resources Code,

1 is amended by adding Section 42.026 to read as follows:

2 Sec. 42.026. ACCESS TO DATABASE. (a) The commission shall
3 make the child-care licensing division's searchable database
4 accessible to commission and department investigators.

5 (b) The department shall make the department's searchable
6 database accessible to commission and department investigators.

7 SECTION 20. Subchapter C, Chapter 42, Human Resources Code,
8 is amended by adding Sections 42.0538 and 42.0583 to read as
9 follows:

10 Sec. 42.0538. PROVISIONAL LICENSE FOR KINSHIP PROVIDER.

11 (a) The executive commissioner by rule shall allow a child-placing
12 agency to issue a provisional license for a kinship provider, as
13 defined by Section 264.851, Family Code, who meets the basic safety
14 requirements provided by commission rule. A kinship provider
15 issued a provisional license under this section shall complete all
16 licensing requirements within the time provided by rule.

17 (b) The executive commissioner shall ensure that the
18 implementation of this section does not reduce the amount of
19 federal money available to this state.

20 Sec. 42.0583. IDENTIFYING AT-RISK PROVIDERS. (a) The
21 department shall use data analytics collected regarding
22 residential child-care providers, including general residential
23 operations providing treatment services to young adults with
24 emotional disorders, to develop an early warning system to identify
25 at-risk providers most in need of technical support and to promote
26 corrective actions and minimize standard violations.

27 (b) The system developed under Subsection (a) must

1 distinguish between different levels of risk using a multi-point
2 severity scale. The department shall make information regarding the
3 severity scale available to:

4 (1) the standing committees of the senate and the
5 house of representatives with oversight of child-care facilities;
6 and

7 (2) the public through the department's Internet
8 website.

9 SECTION 21. Subchapter D, Chapter 42, Human Resources Code,
10 is amended by adding Section 42.080 to read as follows:

11 Sec. 42.080. DISCIPLINARY ACTION PROHIBITED. The
12 commission may not issue a citation to or take any other
13 disciplinary action against a general residential operation or a
14 child-placing agency for failing to employ a licensed child-care
15 administrator or licensed child-placing administrator, as
16 appropriate, if the operation or agency has:

17 (1) been without an administrator for less than 60
18 days; and

19 (2) made substantial efforts to hire a qualified
20 administrator.

21 SECTION 22. Subchapter H, Chapter 42, Human Resources Code,
22 is amended by adding Sections 42.2541, 42.256, 42.257, 42.258,
23 42.259, and 42.260 to read as follows:

24 Sec. 42.2541. IMPROVING EDUCATION SERVICES FOR CHILDREN.

25 (a) The department shall develop a strategic plan for improving the
26 provision of educational services to children placed in a general
27 residential operation.

1 (b) The department shall report to the Texas Education
2 Agency the educational outcomes for children placed in a general
3 residential operation.

4 (c) The department and the Texas Education Agency shall
5 annually evaluate the educational outcomes for children placed in a
6 general residential operation and adopt strategies and policies to
7 improve the outcomes and standards.

8 Sec. 42.256. TREATMENT MODEL. (a) Each general
9 residential operation providing treatment services shall, on
10 issuance of an initial or renewal license under this chapter,
11 submit to the commission information on the operation's treatment
12 model. A general residential operation that contracts with the
13 department to provide residential care for children in foster care
14 shall submit information on the operation's treatment model to the
15 department on execution and renewal of a contract.

16 (b) The operation shall annually assess the overall
17 effectiveness of the model adopted under this section.

18 (c) The treatment model must address all aspects related to
19 children's care, including children's therapeutic needs. The model
20 shall include:

21 (1) the manner in which treatment goals will be
22 individualized and identified for each child;

23 (2) the method the operation will use to measure the
24 effectiveness of each treatment goal for the child;

25 (3) the actions the operation will take if the
26 treatment goals are not met; and

27 (4) the method the operation will use to monitor and

1 evaluate the effectiveness of the treatment model.

2 (d) A general residential operation may change a treatment
3 model adopted under this section after notifying the commission of
4 the change and submitting the new treatment model to the
5 commission.

6 (e) The executive commissioner may adopt rules to implement
7 this section.

8 (f) The general residential operation shall adopt policies
9 and procedures to implement the treatment model.

10 Sec. 42.257. EVALUATION OF PLACEMENTS. (a) A general
11 residential operation that considers accepting a child's placement
12 with the operation shall evaluate the proposed placement on the
13 following criteria:

14 (1) whether the child meets the operation's admission
15 criteria;

16 (2) whether the child would benefit from the treatment
17 model implemented at the operation; and

18 (3) whether the operation has the staff and resources
19 to meet the child's needs considering the other children at the
20 operation and the other children's needs.

21 (b) A general residential operation shall ensure that the
22 evaluation under Subsection (a) does not delay the timely placement
23 of a child.

24 Sec. 42.258. LIMIT ON PLACEMENTS FOR NEW FACILITY. If the
25 department or a single source continuum contractor contracts with a
26 general residential operation providing treatment services to
27 place children with the operation before the operation is licensed,

1 the contract must limit the number of children that may be placed at
2 the operation each month and limit the number of children with a
3 service level of specialized, intense, or intense plus until the
4 operation exhibits sustained compliance with the licensing
5 standards.

6 Sec. 42.259. TRANSITION PLANS. A general residential
7 operation shall develop a transition plan for each child who has
8 been placed at the operation for longer than six months.

9 Sec. 42.260. TELEHEALTH PILOT PROGRAM. The commission in
10 coordination with the department and single source continuum
11 contractors shall establish guidelines in the STAR Health program
12 to improve the use of telehealth services to provide and enhance
13 mental health and behavioral health care for children placed in the
14 managing conservatorship of the state.

15 SECTION 23. Section [43.0081](#), Human Resources Code, is
16 amended to read as follows:

17 Sec. 43.0081. PROVISIONAL LICENSE. (a) The commission
18 [~~department~~] may issue a provisional child-care administrator's
19 license to:

20 (1) an applicant licensed in another state who applies
21 for a license in this state if the applicant [~~An applicant for a~~
22 ~~provisional license under this section must~~]:

23 (A) is [~~(1) be~~] licensed in good standing as a
24 child-care administrator for at least two years in another state,
25 the District of Columbia, a foreign country, or a territory of the
26 United States that has licensing requirements that are
27 substantially equivalent to the requirements of this chapter;

1 (B) has [~~(2) have~~] passed a national or other
2 examination recognized by the commission [~~department~~] that
3 demonstrates competence in the field of child-care administration;
4 and

5 (C) is [~~(3) be~~] sponsored by a person licensed by
6 the commission [~~department~~] under this chapter with whom the
7 provisional license holder may practice under this section; and

8 (2) an applicant who:

9 (A) otherwise qualifies for a license but does
10 not meet the experience requirement in Section 43.004(a)(4); and

11 (B) complies with any additional requirement
12 established by rule under Subsection (e).

13 (b) The commission [~~department~~] may waive the requirement
14 of Subsection (a)(1)(C) [~~(a)(3)~~] for an applicant if the commission
15 [~~department~~] determines that compliance with that paragraph
16 [~~subsection~~] constitutes a hardship to the applicant.

17 (c) A provisional license under Subsection (a)(1) is valid
18 until the date the commission [~~department~~] approves or denies the
19 provisional license holder's application for a license. The
20 commission [~~department~~] shall issue a license under this chapter to
21 the provisional license holder described by Subsection (a)(1) if:

22 (1) the provisional license holder passes the
23 examination required by Section 43.004;

24 (2) the commission [~~department~~] verifies that the
25 provisional license holder has the academic and experience
26 requirements for a license under this chapter; and

27 (3) the provisional license holder satisfies any other

1 license requirements under this chapter.

2 (d) For a provisional license holder described by
3 Subsection (a)(1), the commission shall [~~The department must~~]
4 complete the processing of a provisional license holder's
5 application for a license not later than the 180th day after the
6 date the provisional license is issued. The commission
7 [~~department~~] may extend the 180-day limit if the results of the
8 license holder's examination have not been received by the
9 commission [~~department~~].

10 (e) The executive commissioner by rule may establish
11 additional requirements for the issuance of a provisional
12 child-care administrator's license under Subsection (a)(2)(A) as
13 the executive commissioner determines appropriate.

14 SECTION 24. The following provisions are repealed:

- 15 (1) Section 264.156(c), Family Code;
16 (2) Section 264.169, Family Code; and
17 (3) Section 40.0581(f), Human Resources Code.

18 SECTION 25. (a) The Health and Human Services Commission,
19 in collaboration with the Department of Family and Protective
20 Services, shall review the Centers for Medicare and Medicaid
21 Services' Integrated Care for Kids (InCK) Model to determine
22 whether implementing the model could benefit children in this
23 state, including children enrolled in the STAR Health Medicaid
24 managed care program.

25 (b) Not later than December 1, 2022, the Health and Human
26 Services Commission shall report its findings to the governor and
27 legislature.

1 (c) This section expires September 1, 2023.

2 SECTION 26. Not later than December 1, 2022, the Department
3 of Family and Protective Services shall provide the legislature
4 with options for conducting:

5 (1) independent administrative reviews of department
6 investigations of licensed residential child-care facilities; and

7 (2) independent appeals of determinations from those
8 investigations.

9 SECTION 27. (a) The Department of Family and Protective
10 Services shall:

11 (1) study extending permanency care assistance
12 benefits to individuals who are not relatives of a foster child and
13 who do not have a longstanding and significant relationship with
14 the foster child before the child enters foster care; and

15 (2) assess the potential impact and favorable
16 permanency outcomes for children who might otherwise remain in
17 foster care for long periods or have managing conservatorship of
18 the child transferred without any benefits to the caregiver.

19 (b) Not later than December 31, 2022, the Department of
20 Family and Protective Services shall submit a report to the
21 legislature on the results of the study and assessment conducted
22 under this section and recommendations for further action based on
23 the study and assessment.

24 (c) This section expires September 1, 2023.

25 SECTION 28. Not later than January 1, 2025, the Department
26 of Family and Protective Services shall:

27 (1) transition the family-based safety services

1 program to evidence-based programs under the Family First
2 Prevention Services Act (Title VII, Div. E, Pub. L. No. 115-123);

3 (2) develop an implementation plan for the transition
4 of services; and

5 (3) develop community referrals to existing
6 prevention and early intervention programs.

7 SECTION 29. The executive commissioner of the Health and
8 Human Services Commission shall adopt minimum standards related to
9 continuum-of-care operations, cottage home operations, and
10 specialized child-care homes as provided by Section 42.042, Human
11 Resources Code, as amended by Chapter 317 (H.B. 7), Acts of the 85th
12 Legislature, Regular Session, 2017, as soon as practicable after
13 the effective date of this Act but not later than January 1, 2024.

14 SECTION 30. The Health and Human Services Commission and
15 the Department of Family and Protective Services shall jointly
16 evaluate the Consolidated Appropriations Act, 2021 (Pub. L.
17 116-260), to determine methods for maximizing this state's receipt
18 of federal funds to provide foster youth transition planning to
19 adulthood and additional services for foster youth and young adults
20 in extended foster care.

21 SECTION 31. (a) As soon as practicable after the effective
22 date of this Act but not later than October 15, 2021, the governor
23 shall appoint the director of the Office of Community-Based Care
24 Transition as required by Section 264.172, Family Code, as added by
25 this Act.

26 (b) As soon as practicable after the effective date of this
27 Act, the Department of Family and Protective Services shall

1 transfer all money, contracts, leases, property, and obligations
2 related to the powers and duties of the Office of Community-Based
3 Care Transition to that office.

4 SECTION 32. The Office of Community-Based Care Transition,
5 the Department of Family and Protective Services, and the Health
6 and Human Services Commission are required to implement this Act
7 only if the legislature appropriates money specifically for that
8 purpose. If the legislature does not appropriate money
9 specifically for that purpose, the Office of Community-Based Care
10 Transition, the Department of Family and Protective Services, and
11 the Health and Human Services Commission may, but are not required
12 to, implement this Act using other appropriations available for the
13 purpose.

14 SECTION 33. This Act takes effect immediately if it
15 receives a vote of two-thirds of all the members elected to each
16 house, as provided by Section 39, Article III, Texas Constitution.
17 If this Act does not receive the vote necessary for immediate
18 effect, this Act takes effect September 1, 2021.