By: Parker S.B. No. 2360

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a pilot program to provide comprehensive whole child care for children with complex medical needs.

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

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.06051 to read as follows:

Sec. 531.06051. PILOT PROGRAM FOR COMPREHENSIVE WHOLE CHILD CARE FOR CHILDREN WITH COMPLEX MEDICAL NEEDS. (a) In this section:

(1) "Child with complex medical needs" means a child who has:

(A) one or more chronic health conditions that:

(i) affect three or more organ systems; and

(ii) result in severe functional limitations, high health care needs or utilization, or the need for or use of medical technology; or

(B) one life-limiting illness or rare pediatric disease as defined in Section 529(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(a)(3)).

(2) "Pilot program" means the comprehensive whole child care for children with complex medical needs pilot program established under this section.

(3) "Recipient" means a recipient of Medicaid.

(4) "Specialty provider" means a person who provides

health-related goods or services to a recipient, including a provider of medication, therapy services, or durable medical equipment or other equipment.

(b) The commission shall enter into an agreement with the Dell Medical School at The University of Texas at Austin to develop and implement in one or more areas of this state a phased pilot program to establish an alternative model of care using existing capitated rates outside the managed care model to provide transformative, comprehensive multidisciplinary whole child care and fully integrated health homes for children with complex medical needs.

(c) The pilot program shall be designed to:

(1) develop, improve, and increase access to service delivery innovations and comprehensive care centers of excellence throughout this state for children with complex medical needs;

(2) incorporate and develop increased capacity through a phased approach for children to receive:

(A) intermediate and post-acute care services;

(B) pediatric palliative and hospice care; and

(C) transition services and continuity of care;

(3) improve delivery and access in rural communities;

(4) continue to build and improve capacity to provide health care services using telecommunications and information technology;

(5) use existing electronic medical records systems to integrate and streamline technology to improve access to care and health outcomes for children participating in the program, track

the use of funding and best practices for maximizing money spent under the pilot program, and better coordinate care, including with respect to:

(A) diagnoses and cohesive care plans;

(B) treatment plans;

(C) telemedicine medical services and telehealth services; and

(D) coordinated access and integration with home health providers;

(6) develop and align targeted incentives to induce integration and true value-based care that will result in:

(A) cohesive, coordinated multidisciplinary care with improved health outcomes for children participating in the program and long-term cost effectiveness;

(B) continuity of care for children participating in the program; and

(C) reduced emergency room visits and hospitalizations;

(7) identify shared needs to improve health outcomes, including behavioral, social, and familial needs;

(8) use and incentivize appropriate and meaningful quality outcome measures customized and tailored for children with complex medical needs, including:

(A) improving coordination of care and access to services;

(B) developing a shared plan of care;

(C) reducing unscheduled hospitalizations;

(D) reducing unmet needs; and

(E) encouraging families to be shared decision makers;

(9) allow physicians or the medical team of a child with complex medical needs to determine medical necessity of the services recommended or provided for the child;

(10) allow the parent or guardian of a child with complex medical needs to opt the child out of receiving benefits through the STAR Kids managed care program and instead have the child receive benefits under the pilot program; and

(11) be administered by a neutral board established by the Dell Medical School at The University of Texas at Austin.

(d) Under the pilot program, the commission may take any measures permitted under federal law that are necessary to:

(1) supersede and rework existing systemic and regulatory barriers to care and integration for children with complex medical needs under Medicaid;

(2) reduce administrative burdens inherent in the current Medicaid system while maintaining high accountability standards;

(3) adopt a specific procedure or other billing code under Medicaid for a health care provider to diagnose or treat conditions specific to children with complex medical needs, including for:

(A) a value-based whole child visit to include a bundled payment for multidisciplinary whole child complex care;

(B) care coordination;

(C) family support;

(D) intermediate and post-acute care;

(E) transition services;

(F) mid-tier caregiver workforce providers, including certified nursing assistant care; and

(G) parents as paid caregivers; and

(4) allow a third-party payor to act in the capacity of a preferred provider organization operating under Chapter 1301, Insurance Code.

(e) The commission, in coordination with the Dell Medical School at The University of Texas at Austin, shall develop a statewide, neutral third-party de-identified data collection registry to:

(1) improve access to care and recipient outcomes under the pilot program;

(2) track funding and cost effectiveness, utilization, clinical practices, safety and effectiveness, and the allocation of resources under the pilot program; and

(3) identify best practices for the provision of care to children with complex medical needs.

(e-1) The registry developed under Subsection (e) must be integrated and coordinated with the all payor claims database established under Subchapter I, Chapter 38, Insurance Code.

(f) For purposes of funding the pilot program, the commission may:

(1) establish a Medicaid directed provider payment program for children with complex medical needs who are enrolled in

the STAR Kids managed care program and make a portion of the directed provider payment program funds available for the pilot program based on the recipient's anticipated or actual participation in the pilot program;

(2) obtain additional federal money under the Advancing Care for Exceptional (ACE) Kids Act of 2019 enacted as part of the Medicaid Services Investment and Accountability Act of 2019 (Pub. L. No. 116-16);

(3) leverage enhanced federal medical assistance percentage funding related to establishing health homes available under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152); and

(4) make funds available from a portion of STAR Kids managed care program experience rebates.

(g) Not later than March 1, 2025, the commission, in coordination with the Dell Medical School at The University of Texas at Austin, shall prepare and submit to the governor, lieutenant governor, and speaker of the house of representatives a written report that includes:

(1) a summary of the pilot program's progress;

(2) an assessment of the impact of providing transformative, comprehensive multidisciplinary whole child care and fully integrated health homes for children with complex medical needs;

(3) an update on any waiver or amendment request necessary to modify the state Medicaid plan to provide the level of

care and health homes for children with complex medical needs necessary under the pilot program;

(4) a description of the level of care and status of health homes being provided to children with complex medical needs at the time the report is prepared;

(5) an analysis of the effectiveness of providing the level of care and health homes for children with complex medical needs at the level at which those services are provided at the time the report is prepared;

(6) estimates of the costs and potential savings of expanding health programs administered by the commission to meet the needs of children with complex medical needs;

(7) proposed modification to eligibility criteria for providing the level of care and health homes for children with complex medical needs under the pilot program; and

(8) any legislative recommendations.

(h) Not later than September 1, 2028, the commission shall prepare and submit to the governor, lieutenant governor, and speaker of the house of representatives a final written report on the pilot program that includes:

(1) a summary of the results of the pilot program;

(2) a statement on the pilot program's success in providing transformative, comprehensive multidisciplinary whole child care and fully integrated health homes for children with complex medical needs;

(3) a recommendation as to whether the pilot program should be continued as a pilot program or permanent program; and

(4) any legislative recommendations.

(i) The pilot program established under this section concludes September 1, 2028.

(j) This section expires September 1, 2029.

SECTION 2. Section 531.0605, Government Code, is repealed.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization, including a state plan amendment, 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.