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By: Zaffirini
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                                                                                 S.B. No. 1743
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         (In the Senate - Filed March 14, 2003; March 24, 2003, read first time and referred to Committee on Health and Human Services;
         May 2, 2003, reported favorably by the following vote: Yeas 8, Nays 0; May 2, 2003, sent to printer.)
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                                        A BILL TO BE ENTITLED
                                                  AN ACT
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                              medical
                                             assistance
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                                                                      certain
                                                                                    alternative
                        to
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         community-based care settings.
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                  BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: SECTION 1. Subchapter B, Chapter 32, Human Resources Code,
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         is amended by adding Section 32.057 to read as follows:
                        32.057.
                                     LIMITATION ON MEDICAL ASSISTANCE
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         ALTERNATIVE COMMUNITY-BASED CARE SETTINGS. (a) In this section:

(1) "Institution" means a nursing facility or a
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         ICF-MR facility.
                                "Medical assistance waiver program" means:
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                         (2)
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                                (A) the community-based alternatives program;
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                                 (B)
                                       the community living assistance and support
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         services program;
                                 (C)
                                       the
                                                 deaf-blind/multiple disabilities
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         program;
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                                (D) the consolidated waiver pilot program; or
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                                (E) the medically dependent children program.
         (b) Except as provided by Subsection (c) or (d), the department may not provide services under a medical assistance
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         waiver program to a person receiving medical assistance if the cost
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         of providing those services exceeds the individual cost limit
         specified in the medical assistance waiver program.
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                        The department shall continue to provide services under
         a medical assistance waiver program to a person eligible for and receiving those services on September 1, 2003, if continuation of
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         those services:
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         (1) is necessary for the person to live in the most integrated setting appropriate to the needs of the person; and
(2) does not affect the department's compliance with
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         the federal cost-effectiveness and efficiency requirements of the
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         medical assistance waiver program under 42 U.S.C. Sections 1396n(b)
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         and (c)(2)(D), as amended.

(d) The department may continue to provide services under a medical assistance waiver program to a person who is ineligible to
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         receive those services under Subsection (b) and to whom Subsection
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         (c) does not apply if:
         (1) the cost of providing those services to the person under the medical assistance waiver program does not exceed 133.3 percent of the individual cost limit specified in the medical
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         assistance waiver program; and
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                         (2) continuation of those services does not affect the
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         department's compliance with the federal cost-effectiveness and
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         efficiency requirements of the medical assistance waiver program under 42 U.S.C. Sections 1396n(b) and (c)(2)(D), as amended.
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                  (e) The Texas Board of Human Services or the Commissioner of
         Human Services may exempt a person from the cost limit established under Subsection (d)(1) if the Texas Board of Human Services or
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         Commissioner of Human Services finds an undue hardship to the person in providing comparable services at the appropriate
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         institution.
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                  SECTION 2. This Act takes effect September 1, 2003, and
         applies to a person receiving medical assistance on or after that
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date, regardless of when eligibility for that assistance was

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determined.