

BILL ANALYSIS

S.B. 1865
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Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

There are over 600,000 estimated older adults and non-aged persons who need help with daily living and who are at or below 220 percent of the federal poverty level. About two-thirds of this population receives all of their long-term care informally from family and friends. Respite care services, which provide temporary care to those persons supported by informal caregivers to help relieve the caregivers' burden, are the support services most often requested by those caregivers, but access to respite care for persons with long-term care needs in Texas is limited due to funding and provider availability. Currently, the Department of Aging and Disability Services (DADS) administers limited respite care for older adults and certain non-aged persons with disabilities.

Efforts to support caregivers play an important role in sustaining the informal care system and avoiding future Medicaid institutional spending. Research suggests that caregiver support services may help to reduce the strain of caregiving responsibilities and allow informal caregivers to remain in the workforce and delay or prevent neglect, abuse, or expensive institutionalization of the care recipient.

S.B. 1865 requires DADS to implement a lifespan respite care pilot program. This bill establishes the pilot program on models implemented in other states to improve access to respite care for persons with long-term care needs by building state and local infrastructure to support the provision of respite services.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

The bill amends Subchapter D, Chapter 161, Human Resources Code, by adding Section 161.075 LIFESPAN RESPITE SERVICES PILOT PROGRAM. The bill defines "respite services."

The bill requires the Department of Aging and Disability Services (DADS) to develop and implement the lifespan respite services pilot program (pilot program) to promote the provision of respite services. Requires DADS, as part of the pilot program, to contract with community-based organizations or local governmental entities selected by DADS to provide respite services or to facilitate access to local respite services. The bill authorizes the awarding of a contract only after DADS issues a request for proposals regarding the contract.

The bill authorizes a community-based organization or local governmental entity that receives a contract to facilitate access to local respite services to: recruit and train respite services providers; maintain a registry of respite services providers; connect caregivers with available respite services providers or programs; identify, coordinate and develop community resources for respite services; build local partnerships with respite services; implement public awareness activities; and provide vouchers for respite services to eligible primary caregivers who are not eligible for other respite services programs.

The bill requires DADS to: provide technical assistance and policy and program development support to organizations and entities that receive a contract; monitor the activities for which DADS contract under; and select the areas of this state in which to implement the pilot program.

The bill requires DADS to review similar initiatives in other states in developing the pilot program. The section expires September 1, 2011.

The bill requires DADS, in consultation with the executive commissioner of the Health and Human Services Commission, to submit a report to the governor and the Legislative Budget Board regarding the pilot program established under Section 161.075, Human Resources Code, as added by this Act, not later than November 1, 2008. It provides the report include an evaluation of effects of the pilot program on: access to respite services by primary caregivers of persons with chronic illnesses or disabilities; and Medicaid expenditures for long-term care services provided in institutional care settings.

EFFECTIVE DATE

September 1, 2007.