

By: Davis of Harris

H.B. No. 3792

A BILL TO BE ENTITLED

AN ACT

relating to tailored benefit packages for certain categories of the Medicaid population.

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

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.097 to read as follows:

Sec. 531.097. TAILORED BENEFIT PACKAGES FOR CERTAIN CATEGORIES OF THE MEDICAID POPULATION. (a) If the commission determines it is cost-effective, the commission shall seek a waiver under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315) to develop and implement tailored benefit packages designed to:

(1) provide Medicaid benefits that are customized to meet the health care needs of recipients within defined categories of the Medicaid population;

(2) improve health outcomes for those recipients;

(3) improve those recipients' access to services; and

(4) achieve cost savings and efficiency.

(b) Each tailored benefit package developed under this section must include:

(1) a basic set of benefits that are provided under all tailored benefit packages;

(2) a set of benefits customized to meet the health care needs of recipients in the defined category of the Medicaid

1 population to which the package applies; and

2 (3) to the extent feasible, services to integrate the
3 management of a recipient's acute and long-term care needs.

4 (c) A tailored benefit package developed under this section
5 may include any service available under the state Medicaid plan or
6 under any federal Medicaid waiver, including any preventive health
7 or wellness service.

8 (d) The executive commissioner, by rule, shall define each
9 category of recipients to which a tailored benefit package applies
10 and a mechanism for appropriately placing recipients in specific
11 categories. Recipient populations to which a package applies may
12 include:

13 (1) persons with disabilities or special health needs;

14 (2) elderly persons;

15 (3) children; and

16 (4) working-age parents and caretaker relatives.

17 (e) The commission may make a payment for a service provided
18 under a tailored benefit package developed under this section only
19 if the service is medically necessary and provided in accordance
20 with state and federal law.

21 SECTION 2. If before implementing any provision of this Act
22 a state agency determines that a waiver or authorization from a
23 federal agency is necessary for implementation of that provision,
24 the agency affected by the provision shall request the waiver or
25 authorization and may delay implementing that provision until the
26 waiver or authorization is granted.

27 SECTION 3. This Act takes effect September 1, 2007.