

1-1 By: Nelson S.B. No. 1734  
1-2 (In the Senate - Filed March 9, 2007; March 21, 2007, read  
1-3 first time and referred to Committee on Health and Human Services;  
1-4 April 2, 2007, reported adversely, with favorable Committee  
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 2, 2007,  
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1734 By: Nelson

1-8 A BILL TO BE ENTITLED  
1-9 AN ACT

1-10 relating to providing Medicaid services to certain persons with  
1-11 traumatic brain or spinal cord injuries.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subchapter D, Chapter 117, Human Resources Code,  
1-14 is amended by adding Section 117.075 to read as follows:

1-15 Sec. 117.075. MEDICAID SERVICES FOR CERTAIN PERSONS WITH  
1-16 TRAUMATIC BRAIN OR SPINAL CORD INJURIES. (a) In this section,  
1-17 "comprehensive rehabilitation services program" means the program  
1-18 that provides services to persons with traumatic brain or spinal  
1-19 cord injuries using money appropriated from the comprehensive  
1-20 rehabilitation fund established under Section 111.060.

1-21 (b) The department shall determine whether services  
1-22 provided under the comprehensive rehabilitation services program  
1-23 could be provided in a more cost-effective manner through the  
1-24 Medicaid program. In making that determination, the department  
1-25 shall evaluate and compare the cost-effectiveness of each of the  
1-26 following approaches to providing those services under the Medicaid  
1-27 program:

1-28 (1) providing the services under a modification to a  
1-29 previously authorized Section 1915(c) waiver program, as that term  
1-30 is defined by Section 531.001, Government Code;

1-31 (2) providing the services under an amendment to the  
1-32 state Medicaid plan; or

1-33 (3) providing the services under an additional Section  
1-34 1915(c) waiver or an alternative home and community-based services  
1-35 waiver under Section 6086 of the federal Deficit Reduction Act of  
1-36 2005 (Pub. L. No. 109-171).

1-37 (c) In evaluating the cost-effectiveness of each approach  
1-38 to providing Medicaid services under Subsection (b), the department  
1-39 shall consider:

1-40 (1) the effect that implementing each approach would  
1-41 have on the general revenue fund;

1-42 (2) the amount of additional federal matching funds  
1-43 this state would receive as a result of implementing each approach;  
1-44 and

1-45 (3) the maximum number of persons receiving services  
1-46 under the comprehensive rehabilitation services program who would  
1-47 be eligible under the federal income eligibility standards  
1-48 applicable to each approach.

1-49 (d) The commission, the Department of Aging and Disability  
1-50 Services, and the Texas Traumatic Brain Injury Advisory Council  
1-51 shall assist the department as necessary in performing the  
1-52 department's duties under Subsections (b) and (c).

1-53 (e) If the department determines that services provided  
1-54 under the comprehensive rehabilitation services program could be  
1-55 provided in a more cost-effective manner through the Medicaid  
1-56 program, the department shall notify the commission and:

1-57 (1) the commission shall actively pursue federal  
1-58 authorization to begin providing those services through the  
1-59 approach the department determines would be most cost-effective;  
1-60 and

1-61 (2) the executive commissioner shall establish  
1-62 Medicaid eligibility criteria, including income limits, for the  
1-63 receipt of those services through the Medicaid program as necessary

2-1 to maintain cost-effectiveness for this state and maximize federal  
2-2 matching funds this state will receive.

2-3 (f) The commission, subject to receipt of any necessary  
2-4 federal authorization, shall:

2-5 (1) ensure that services the department determines  
2-6 could be provided more cost-effectively under the Medicaid program  
2-7 are provided under that program to eligible persons and that  
2-8 persons who are ineligible for that program continue to receive  
2-9 services under the comprehensive rehabilitation services program;

2-10 (2) ensure that persons receiving services under the  
2-11 Medicaid program also receive under the comprehensive  
2-12 rehabilitation services program any service provided under that  
2-13 program that is not covered under the Medicaid program; and

2-14 (3) designate and direct the department to:  
2-15 (A) implement the program to provide the  
2-16 services, if the department determines that an approach described  
2-17 by Subsection (b)(2) or (3) is most cost-effective; and

2-18 (B) continue to coordinate the provision of  
2-19 services to all persons with traumatic brain and spinal cord  
2-20 injuries, regardless of whether the services are provided under the  
2-21 Medicaid program or the comprehensive rehabilitation services  
2-22 program.

2-23 SECTION 2. Not later than November 1, 2008, the Department  
2-24 of Assistive and Rehabilitative Services shall submit a report to  
2-25 the governor and the Legislative Budget Board detailing the results  
2-26 of the department's determinations and actions taken under Section  
2-27 117.075, Human Resources Code, as added by this Act.

2-28 SECTION 3. This Act takes effect September 1, 2007.

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