

BILL ANALYSIS

C.S.H.B. 1589
By: Rose
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Individuals with intellectual and developmental disabilities (I/DD) may receive care in a variety of settings, including large state-operated institutions known as state schools and in smaller community residential settings, including an individual's own house. Texas spends \$1.5 billion annually to serve Texas with I/DD, but the current infrastructure of services and supports is imbalanced, as evidenced by the waiting list of over 37,000 people needing community-based services, some of whom have waited over eight years.

C.S.H.B. 1589 requires the Health and Human Services Commission to develop a comprehensive strategic plan using a clearly defined process that allows ongoing and meaningful statewide public involvement for improvement of Texas' system of long-term care services and supports for individuals with I/DD across programs and settings.

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

C.S.H.B. 1589 amends the Government Code to require the Health and Human Services Commission to create a strategic plan for reform of the services and supports available for individuals with disabilities, including individuals eligible for ICF-MR services, and to develop the plan using a clearly defined process that allows ongoing and meaningful statewide public involvement. The bill provides legislative intent regarding the strategic plan.

C.S.H.B. 1589 requires the plan to assess the need for services and supports based on relevant data; prescribe certain methods to expand timely access to community-based services; analyze current utilization management methods for community-based services and determine necessary modifications to ensure more timely access to services; examine local access issues for community-based services and identify appropriate solutions; examine the current functional eligibility criteria, functional assessment tools, and service planning reimbursement methodology for the home and community-based services waiver system and determine appropriate methods to modify those protocols so individuals can access needed services, regardless of the program in which the individual is enrolled; prescribe certain methods to redesign the home and community-based services waiver system across all programs; prescribe methods to improve services delivered to individuals in state schools and state centers; prescribe certain methods to improve the quality of services provided to individuals; and identify barriers to system reform and make recommendations to eliminate or address barriers to system reform, including any necessary statutory amendment.

C.S.H.B. 1589 defines "self-determination."

C.S.H.B. 1589 requires the commission to submit the strategic plan to the presiding officers of the Senate Health and Human Services Committee and the House Human Services Committee not later than December 1, 2010.

EFFECTIVE DATE

On passage, or, if the act does not receive the necessary vote, the act takes effect September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 1589 differs from the original by making a nonsubstantive change to reference individuals with disabilities, rather than persons and consumers with disabilities as in the original.

C.S.H.B. 1589 differs from the original by omitting elements required to be included in the strategic plan. The substitute omits methods required to be prescribed by the plan to expand timely access to community-based services by transferring funds from institutional to community-based strategies where appropriate and providing incentives for ICF-MR providers to transition to serving customers in the most integrated setting. The substitute omits provisions in the original requiring the plan to prescribe methods to reduce reliance on institutional placements of consumers, prescribe methods to end institutional placements of individuals who are younger than 22 years of age, prescribe methods to consolidate and close state schools and state centers, and prescribe methods to downsize large and medium-sized public and private ICF-MRs. The substitute omits a provision in the original requiring the plan to prescribe methods to improve the quality of services provided to consumers by developing and making available alternatives to guardianship for consumers who need support in their decision-making. The substitute differs from the original by specifying that the requirement for the plan to prescribe methods to improve the quality of services provided to individuals by developing an appropriate population of qualified direct services workers in the community applies to workers who are appropriately compensated, whereas the original makes no such compensation stipulation.

C.S.H.B. 1589 omits provisions included in the original requiring the strategic plan to prescribe a method that will result in the consolidation and closure of state school and state center facilities through a reduction in the number of consumers placed in those facilities and the specific elements required of the plan in determining that method relating to reducing the utilization rate of state schools and other facilities, establishing benchmarks to mark progress in achieving that reduction, reflecting the recommendations of and establishing a steering committee, including other agencies in the process, requiring the appointment or hire of a person to oversee closures, identifying the state schools and centers for closure, establishing guiding principals for the closures, defining transitional supports, and prescribe methods providing certain consumers with access to alternatives to guardianship.

C.S.H.B. 1589 omits provisions included in the original relating to a timeline and defined benchmarks for measuring progress in implementing the plan, an ongoing evaluation process allowing plan amendment, and requiring the commission to inform certain individuals and entities of significant revisions to the plan. The substitute omits a provision included in the original requiring the executive commissioner to consider the efforts of other states, Texas' settlement of *Lelsz v. Kavanagh*, and any relevant directives or information resulting from the investigation of state school or state center facilities by the United States Department of Justice.

C.S.H.B. 1589 omits a provision included in the original authorizing the executive commissioner to contract for aid to the commission in developing the plan and a provision requiring the executive commissioner to begin the facility closure process described by the plan as soon as possible after the commission submits the strategic plan. The substitute omits a provision included in the original authorizing the commission to begin the implementation of the plan and close or consolidate a facility as described by the plan without additional or specific legislative action.

