

1-1 By: Ellis, Lucio S.B. No. 1060  
1-2 (In the Senate - Filed February 23, 2009; March 13, 2009,  
1-3 read first time and referred to Committee on Health and Human  
1-4 Services; May 1, 2009, reported adversely, with favorable  
1-5 Committee Substitute by the following vote: Yeas 8, Nays 1;  
1-6 May 1, 2009, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1060 By: Deuell

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

1-10 relating to the creation of a strategic plan to reform long-term  
1-11 services and supports for individuals with disabilities.

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

1-13 SECTION 1. Subtitle I, Title 4, Government Code, is amended  
1-14 by adding Chapter 536 to read as follows:

1-15 CHAPTER 536. STRATEGIC PLAN REGARDING LONG-TERM SERVICES AND  
1-16 SUPPORTS FOR INDIVIDUALS WITH DISABILITIES

1-17 Sec. 536.001. PURPOSE; INTENT. (a) The purpose of this  
1-18 chapter is to develop a comprehensive plan to reform and rebalance  
1-19 Texas' system of long-term services and supports for individuals  
1-20 with disabilities, including individuals who are eligible for  
1-21 ICF-MR services.

1-22 (b) It is the intent of the legislature that the system  
1-23 analysis and planning effort prescribed by this chapter encompass  
1-24 services for individuals with disabilities across different  
1-25 programs and settings.

1-26 (c) It is the intent of the legislature that the reformed  
1-27 system:

1-28 (1) be based on principles of self-determination;

1-29 (2) include person-centered planning and maximize  
1-30 opportunities for consumer direction for all eligible individuals;

1-31 (3) provide and expand timely access to services and  
1-32 supports in the individual's setting of choice, whether in the  
1-33 community or in an institution;

1-34 (4) base service provision on functional need;

1-35 (5) simplify and streamline community-based services  
1-36 to ensure that, to the extent possible, all individuals have access  
1-37 to the same array of services regardless of an individual's  
1-38 disability;

1-39 (6) improve the quality of services delivered across  
1-40 programs and settings, with particular attention given to services  
1-41 delivered to individuals in state schools and state centers;

1-42 (7) strengthen oversight of community-based services;  
1-43 and

1-44 (8) increase the cost-effectiveness and  
1-45 sustainability of long-term care services and supports.

1-46 Sec. 536.002. PRINCIPLES OF SELF-DETERMINATION. For  
1-47 purposes of this chapter, "self-determination" includes the  
1-48 following principles:

1-49 (1) freedom, the opportunity to choose where and with  
1-50 whom one lives and how one organizes all important aspects of one's  
1-51 life with freely chosen assistance as needed;

1-52 (2) authority, the ability to control some targeted  
1-53 amount of public dollars;

1-54 (3) support, the ability to organize support in ways  
1-55 that are unique to the individual;

1-56 (4) responsibility, the obligation to use public  
1-57 dollars wisely and to contribute to one's community; and

1-58 (5) confirmation, the recognition that individuals  
1-59 with disabilities must be a major part of the redesign of the human  
1-60 services system of long-term care.

1-61 Sec. 536.003. CREATION OF STRATEGIC PLAN. The commission  
1-62 shall create a strategic plan for reform of the services and  
1-63 supports available for individuals with disabilities, including

2-1 individuals eligible for ICF-MR services. The commission shall  
2-2 develop the plan with the input of the strategic plan advisory  
2-3 committee using a clearly defined process that allows ongoing and  
2-4 meaningful statewide public involvement.

2-5 Sec. 536.004. STRATEGIC PLAN ADVISORY COMMITTEE. (a) The  
2-6 strategic plan advisory committee is established to provide  
2-7 information and assist the commission in the creation of the  
2-8 strategic plan under this chapter.

2-9 (b) The advisory committee is composed of the following  
2-10 members, appointed by the executive commissioner:

2-11 (1) one representative of each of the following:

2-12 (A) the commission;

2-13 (B) the Department of Aging and Disability  
2-14 Services;

2-15 (C) the Department of State Health Services; and

2-16 (D) local mental retardation authorities;

2-17 (2) one representative who is a direct care employee  
2-18 of a state school;

2-19 (3) two representatives of community service  
2-20 providers;

2-21 (4) two representatives of an advocacy group for  
2-22 persons with disabilities; and

2-23 (5) two representatives who are family members of  
2-24 individuals residing in a state school.

2-25 (c) The advisory committee shall study and make  
2-26 recommendations to the commission regarding any issues the  
2-27 commission considers relevant in relation to:

2-28 (1) the proximity of state schools to other state  
2-29 schools and the geographical distribution of state schools;

2-30 (2) the proximity of state schools to community  
2-31 services providers and the geographical distribution of those  
2-32 providers;

2-33 (3) the administrative costs of each state school;

2-34 (4) the availability of other employment  
2-35 opportunities in the area of each state school for employees  
2-36 displaced by potential consolidation, including additional  
2-37 employees that may be needed by community services providers if a  
2-38 state school is consolidated;

2-39 (5) the condition of existing state school structures  
2-40 and existing community services providers;

2-41 (6) the ease of client transfer capability;

2-42 (7) the capacity of state schools to accommodate  
2-43 individuals transferred from a facility that may be identified for  
2-44 consolidation;

2-45 (8) the capacity of local community services providers  
2-46 to accommodate individuals served by each state school;

2-47 (9) identification of specialty programs and services  
2-48 available at each state school and whether those programs and  
2-49 services are available at other state schools or from local  
2-50 community services providers;

2-51 (10) the history of incidents of abuse, neglect, or  
2-52 exploitation in each state school and in community-based services;

2-53 (11) the economic impact of expanding community  
2-54 programs in the area of each state school, particularly in  
2-55 historically underserved areas of the state;

2-56 (12) the economic impact of potential consolidation of  
2-57 each state school; and

2-58 (13) any other relevant information as determined by  
2-59 the advisory committee.

2-60 (d) The advisory committee may solicit public testimony and  
2-61 input while performing the advisory committee's duties under this  
2-62 chapter.

2-63 Sec. 536.005. CONTENTS OF STRATEGIC PLAN. The strategic  
2-64 plan required by this chapter must:

2-65 (1) assess the need for services and supports based on  
2-66 current interest lists, national trends, best practices, consumer  
2-67 satisfaction surveys, and any other relevant data;

2-68 (2) prescribe methods to expand timely access to  
2-69 community-based services by:

- 3-1 (A) eliminating wait times for services of  
3-2 greater than two years;  
3-3 (B) developing community-based provider  
3-4 capacity;  
3-5 (C) improving and expanding positive behavioral  
3-6 supports in the community for adults and children; and  
3-7 (D) applying "Money Follows the Person" methods  
3-8 of financing for individuals residing in state schools, state  
3-9 centers, or public or private ICF-MRs;  
3-10 (3) analyze current utilization management methods  
3-11 for community-based services and determine necessary modifications  
3-12 to ensure more timely access to services;  
3-13 (4) examine local access issues for community-based  
3-14 services and identify appropriate solutions;  
3-15 (5) examine the current functional eligibility  
3-16 criteria, functional assessment tools, and service planning  
3-17 reimbursement methodology for the home and community-based  
3-18 services waiver system and determine appropriate methods to modify  
3-19 those protocols so individuals can access needed services,  
3-20 regardless of the program in which the individual is enrolled;  
3-21 (6) prescribe methods to redesign the home and  
3-22 community-based services waiver system across all programs by:  
3-23 (A) simplifying and streamlining the  
3-24 administrative, policy, and regulatory processes to the extent  
3-25 possible;  
3-26 (B) ensuring that person-centered plans and  
3-27 philosophy match utilization review and utilization management  
3-28 methods and philosophy;  
3-29 (C) permitting, to the extent allowed by federal  
3-30 law, flexibility in the development of an individualized service  
3-31 plan based on the needs of the individual rather than the  
3-32 individual's disability label or diagnosis;  
3-33 (D) ensuring that an individualized service plan  
3-34 can be modified when the individual's support needs change; and  
3-35 (E) implementing other strategies to streamline  
3-36 services for individuals with a disability who are eligible for  
3-37 waiver services;  
3-38 (7) prescribe methods to improve services delivered to  
3-39 individuals in state schools and state centers;  
3-40 (8) prescribe methods to reduce reliance on  
3-41 institutional placements of individuals;  
3-42 (9) prescribe methods to improve the quality of  
3-43 services provided to individuals by:  
3-44 (A) examining current methods and processes  
3-45 related to the quality of services and identifying which methods or  
3-46 processes:  
3-47 (i) need further enhancements;  
3-48 (ii) need to be developed; or  
3-49 (iii) are effective and should be  
3-50 considered for implementation across all services;  
3-51 (B) increasing oversight and accountability in  
3-52 community-based settings;  
3-53 (C) developing an appropriate population of  
3-54 qualified direct services workers in the community who are  
3-55 appropriately compensated; and  
3-56 (D) identifying quality measures, including  
3-57 timeliness of service delivery, number of individuals served, and  
3-58 types of services being received, and providing a process by which  
3-59 this information is reported to the legislature on an annual basis;  
3-60 and  
3-61 (10) identify barriers to system reform and make  
3-62 recommendations to eliminate or address barriers to system reform,  
3-63 including any necessary statutory amendment.  
3-64 SECTION 2. Not later than December 1, 2010, the Health and  
3-65 Human Services Commission shall submit the strategic plan required  
3-66 by Chapter 536, Government Code, as added by this Act, to the  
3-67 presiding officers of the Senate Committee on Health and Human  
3-68 Services and the House Human Services Committee.  
3-69 SECTION 3. This Act takes effect immediately if it receives

4-1 a vote of two-thirds of all the members elected to each house, as  
4-2 provided by Section 39, Article III, Texas Constitution. If this  
4-3 Act does not receive the vote necessary for immediate effect, this  
4-4 Act takes effect September 1, 2009.

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