

By: Zaffirini, et al.

S.B. No. 2407

A BILL TO BE ENTITLED

AN ACT

relating to the provision of services to individuals with mental retardation or other disabilities.

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

SECTION 1. Subsection (a), Section 531.02442, Government Code, is amended by amending Subdivision (1) and adding Subdivision (4) to read as follows:

(1) "Institution" means:

(A) a residential care facility operated or maintained by the department [~~Texas Department of Mental Health and Mental Retardation~~] to provide 24-hour services, including residential services, to persons with mental retardation; or

(B) an ICF-MR, as defined by Section 531.002, Health and Safety Code.

(4) "Department" means the Department of Aging and Disability Services.

SECTION 2. Section 531.02442, Government Code, is amended by amending Subsection (b) and adding Subsections (f), (g), and (h) to read as follows:

(b) In addition to providing information regarding care and support options as required by Section 531.042, the department [~~Texas Department of Mental Health and Mental Retardation~~] shall implement a community living options information process in each institution to inform persons with mental retardation who reside in

1 the institution and their legally authorized representatives of  
2 alternative community living options. If a person with mental  
3 retardation residing in an institution and the person's legally  
4 authorized representative would like to participate in the  
5 community living options information process, the department and  
6 the local mental retardation authority must provide information  
7 regarding the process.

8 (f) The department shall contract with local mental  
9 retardation authorities to implement the community living options  
10 information process for residents of institutions who are at least  
11 22 years of age. The local mental retardation authorities shall  
12 provide and implement the process for institutions under Subsection  
13 (a)(1)(A) as provided by Section 531.02443.

14 (g) A contract with a local mental retardation authority to  
15 implement the community living options information process for an  
16 institution other than an institution under Subsection (a)(1)(A)  
17 must:

18 (1) delegate to the local mental retardation authority  
19 the department's duties under this section with regard to the  
20 implementation of the process at the institution;

21 (2) include performance measures designed to assist  
22 the department in evaluating the effectiveness of the local mental  
23 retardation authority in implementing the community living options  
24 information process; and

25 (3) ensure that the local mental retardation authority  
26 provides service coordination and relocation services to a resident  
27 who is at least 22 years of age and who chooses, is eligible for, and

1 is recommended by an interdisciplinary team for a community living  
2 option to facilitate a timely, appropriate, and successful  
3 transition from the institution to the community living program.

4 (h) Each year the department shall:

5 (1) review and make necessary updates to materials  
6 used during the community living options information process; and

7 (2) provide training regarding the community living  
8 options information process to staff members involved with the  
9 process at each institution and each local mental retardation  
10 authority.

11 SECTION 3. Section 531.02443, Government Code, is amended  
12 by amending Subsection (d) and adding Subsection (g) to read as  
13 follows:

14 (d) The contract with the local mental retardation  
15 authority must:

16 (1) delegate to the local mental retardation authority  
17 the department's duties under Section 531.02442 with regard to the  
18 implementation of the community living options information process  
19 at a state school;

20 (2) include performance measures designed to assist  
21 the department in evaluating the effectiveness of a local mental  
22 retardation authority in implementing the community living options  
23 information process; ~~and~~

24 (3) ensure that the local mental retardation authority  
25 provides service coordination and relocation services to an adult  
26 resident who chooses, is eligible for, and is recommended by the  
27 interdisciplinary team for a community living option to facilitate

1 a timely, appropriate, and successful transition from the state  
2 school to the community living option; and

3 (4) require the local mental retardation authority, in  
4 coordination with the department and within existing resources, to  
5 coordinate tours and visits to community living options for an  
6 adult resident or an adult resident's legally authorized  
7 representative, as appropriate based on the resident's behavioral  
8 needs.

9 (g) The department, in coordination with local mental  
10 retardation authorities that perform duties required by the  
11 community living options information process under Section  
12 531.02442 or this section, shall annually submit a report to the  
13 commission and the interagency task force on ensuring appropriate  
14 care settings for persons with disabilities regarding the outcomes  
15 of the community living options information process as performed by  
16 the local mental retardation authority. A report required by this  
17 section must include:

18 (1) the number of individuals in a state school who  
19 indicated a desire to pursue an alternative community living option  
20 and the status of the individual's transition to the community;

21 (2) the number of times the local mental retardation  
22 authority performed duties under Section 531.02442 or this section  
23 for individuals and the number of individuals for whom the  
24 authority performed this function;

25 (3) the number of individuals transitioned to an  
26 alternative community living option after the local mental  
27 retardation authority performed the community living options

1 information process for the individual;  
2 (4) the responses to satisfaction survey questions;  
3 and  
4 (5) any other relevant information as determined by  
5 the department.

6 SECTION 4. Subchapter B, Chapter 531, Government Code, is  
7 amended by adding Section 531.02446 to read as follows:

8 Sec. 531.02446. DIVERSION PROTOCOLS TO PREVENT COMMITMENT  
9 TO CERTAIN INSTITUTIONS. (a) The executive commissioner by rule  
10 shall develop protocols to divert adults and children with mental  
11 retardation at imminent risk of commitment to a state school from  
12 commitment to a state school.

13 (b) The executive commissioner shall ensure that the  
14 diversion protocols are designed to:

15 (1) reduce the commitment to state schools of  
16 individuals younger than 22 years of age; and

17 (2) provide options to adults and children with mental  
18 retardation at imminent risk of commitment to a state school to  
19 ensure that they have access to the least restrictive living  
20 environment appropriate for the person.

21 (c) The department shall develop the diversion protocols  
22 with the advice and assistance of the interagency task force on  
23 ensuring appropriate care settings for persons with disabilities  
24 and representatives of family members or legally authorized  
25 representatives of adult residents of state schools, persons with  
26 mental retardation, state schools, and local mental retardation  
27 authorities.

1       (d) As part of the diversion protocols, the executive  
2 commissioner may contract with an organization for the provision of  
3 temporary, emergency living arrangements for children at imminent  
4 risk of commitment to a state school.

5       (e) An entity awarded a contract under this section must  
6 provide temporary, emergency living arrangements at homes, with no  
7 more than six children placed in the home.

8       SECTION 5. Subtitle I, Title 4, Government Code, is amended  
9 by adding Chapter 536 to read as follows:

10       CHAPTER 536. STRATEGIC PLAN REGARDING LONG-TERM SERVICES AND  
11       SUPPORTS FOR INDIVIDUALS WITH DISABILITIES

12       Sec. 536.001. PURPOSE; INTENT. (a) The purpose of this  
13 chapter is to develop a comprehensive plan to reform and rebalance  
14 Texas' system of long-term services and supports for individuals  
15 with disabilities, including individuals who are eligible for  
16 ICF-MR services.

17       (b) It is the intent of the legislature that the system  
18 analysis and planning effort prescribed by this chapter encompass  
19 services for individuals with disabilities across different  
20 programs and settings.

21       (c) It is the intent of the legislature that the reformed  
22 system:

- 23               (1) be based on principles of self-determination;  
24               (2) include person-centered planning and maximize  
25 opportunities for consumer direction for all eligible individuals;  
26               (3) provide and expand timely access to services and  
27 supports in the individual's setting of choice, whether in the

1 community or in an institution;

2 (4) base service provision on functional need;

3 (5) simplify and streamline community-based services  
4 to ensure that, to the extent possible, all individuals have access  
5 to the same array of services regardless of an individual's  
6 disability;

7 (6) improve the quality of services delivered across  
8 programs and settings, with particular attention given to services  
9 delivered to individuals in state schools and state centers;

10 (7) strengthen oversight of community-based services;

11 and

12 (8) increase the cost-effectiveness and  
13 sustainability of long-term care services and supports.

14 Sec. 536.002. PRINCIPLES OF SELF-DETERMINATION. For  
15 purposes of this chapter, "self-determination" includes the  
16 following principles:

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

20 (2) authority, the ability to control some targeted  
21 amount of public dollars;

22 (3) support, the ability to organize support in ways  
23 that are unique to the individual;

24 (4) responsibility, the obligation to use public  
25 dollars wisely and to contribute to one's community; and

26 (5) confirmation, the recognition that individuals  
27 with disabilities must be a major part of the redesign of the human

1 services system of long-term care.

2 Sec. 536.003. CREATION OF STRATEGIC PLAN. The commission  
3 shall create a strategic plan for reform of the services and  
4 supports available for individuals with disabilities, including  
5 individuals eligible for ICF-MR services. The commission shall  
6 develop the plan with the input of the strategic plan advisory  
7 committee using a clearly defined process that allows ongoing and  
8 meaningful statewide public involvement.

9 Sec. 536.004. STRATEGIC PLAN ADVISORY COMMITTEE. (a) The  
10 strategic plan advisory committee is established to provide  
11 information and assist the commission in the creation of the  
12 strategic plan under this chapter.

13 (b) The advisory committee is composed of the following  
14 members, appointed by the executive commissioner:

15 (1) one representative of each of the following:

16 (A) the commission;

17 (B) the Department of Aging and Disability  
18 Services;

19 (C) the Department of State Health Services; and

20 (D) local mental retardation authorities;

21 (2) one representative who is a direct care employee  
22 of a state school;

23 (3) two representatives of community services  
24 providers;

25 (4) two representatives of an advocacy group for  
26 persons with disabilities; and

27 (5) two representatives who are family members of



1 individuals residing in a state school.

2 (c) The advisory committee shall study and make  
3 recommendations to the commission regarding any issues the  
4 commission considers relevant in relation to:

5 (1) the proximity of state schools to other state  
6 schools and the geographical distribution of state schools;

7 (2) the proximity of state schools to community  
8 services providers and the geographical distribution of those  
9 providers;

10 (3) the administrative costs of each state school;

11 (4) the availability of other employment  
12 opportunities in the area of each state school for employees  
13 displaced by potential consolidation, including additional  
14 employees that may be needed by community services providers if a  
15 state school is consolidated;

16 (5) the condition of existing state school structures  
17 and existing community services providers;

18 (6) the ease of client transfer capability;

19 (7) the capacity of state schools to accommodate  
20 individuals transferred from a facility that may be identified for  
21 consolidation;

22 (8) the capacity of local community services providers  
23 to accommodate individuals served by each state school;

24 (9) identification of specialty programs and services  
25 available at each state school and whether those programs and  
26 services are available at other state schools or from local  
27 community services providers;

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

3           (11) the economic impact of expanding community  
4 programs in the area of each state school, particularly in  
5 historically underserved areas of the state;

6           (12) the economic impact of potential consolidation of  
7 each state school; and

8           (13) any other relevant information as determined by  
9 the advisory committee.

10          (d) The advisory committee may solicit public testimony and  
11 input while performing the advisory committee's duties under this  
12 chapter.

13          Sec. 536.005. CONTENTS OF STRATEGIC PLAN. The strategic  
14 plan required by this chapter must:

15           (1) assess the need for services and supports based on  
16 current interest lists, national trends, best practices, consumer  
17 satisfaction surveys, and any other relevant data;

18           (2) prescribe methods to expand timely access to  
19 community-based services by:

20                   (A) eliminating wait times for services of  
21 greater than two years;

22                   (B) developing community-based provider  
23 capacity;

24                   (C) improving and expanding positive behavioral  
25 supports in the community for adults and children; and

26                   (D) applying "Money Follows the Person" methods  
27 of financing for individuals residing in state schools, state

1 centers, or public or private ICF-MRs;

2 (3) analyze current utilization management methods  
3 for community-based services and determine necessary modifications  
4 to ensure more timely access to services;

5 (4) examine local access issues for community-based  
6 services and identify appropriate solutions;

7 (5) examine the current functional eligibility  
8 criteria, functional assessment tools, and service planning  
9 reimbursement methodology for the home and community-based  
10 services waiver system and determine appropriate methods to modify  
11 those protocols so individuals can access needed services,  
12 regardless of the program in which the individual is enrolled;

13 (6) prescribe methods to redesign the home and  
14 community-based services waiver system across all programs by:

15 (A) simplifying and streamlining the  
16 administrative, policy, and regulatory processes to the extent  
17 possible;

18 (B) ensuring that person-centered plans and  
19 philosophy match utilization review and utilization management  
20 methods and philosophy;

21 (C) permitting, to the extent allowed by federal  
22 law, flexibility in the development of an individualized service  
23 plan based on the needs of the individual rather than the  
24 individual's disability label or diagnosis;

25 (D) ensuring that an individualized service plan  
26 can be modified when the individual's support needs change; and

27 (E) implementing other strategies to streamline

1 services for individuals with a disability who are eligible for  
2 waiver services;

3 (7) prescribe methods to improve services delivered to  
4 individuals in state schools and state centers;

5 (8) prescribe methods to reduce reliance on  
6 institutional placements of individuals;

7 (9) prescribe methods to improve the quality of  
8 services provided to individuals by:

9 (A) examining current methods and processes  
10 related to the quality of services and identifying which methods or  
11 processes:

12 (i) need further enhancements;

13 (ii) need to be developed; or

14 (iii) are effective and should be  
15 considered for implementation across all services;

16 (B) increasing oversight and accountability in  
17 community-based settings;

18 (C) developing an appropriate population of  
19 qualified direct services workers in the community who are  
20 appropriately compensated; and

21 (D) identifying quality measures, including  
22 timeliness of service delivery, number of individuals served, and  
23 types of services being received, and providing a process by which  
24 this information is reported to the legislature on an annual basis;

25 (10) identify barriers to system reform and make  
26 recommendations to eliminate or address barriers to system reform,  
27 including any necessary statutory amendment; and

1           (11) consider the department's ability to reduce the  
2 number of state school residents, through census management, not  
3 closure, and limit the number of residents residing at each state  
4 school, without removing a state school resident from a state  
5 school against the resident's will or against the will of the  
6 resident's legally authorized guardian for the purpose of meeting  
7 any potential capacity limits, and without denying admission to a  
8 state school on the basis that the admission would cause the state  
9 school to exceed any potential capacity limit.

10           SECTION 6. Subdivision (2), Section 252.002, Health and  
11 Safety Code, is amended to read as follows:

12           (2) "Department" means the [~~Texas~~] Department of Aging  
13 and Disability [~~Human~~] Services.

14           SECTION 7. Subchapter B, Chapter 533, Health and Safety  
15 Code, is amended by adding Section 533.03551 to read as follows:

16           Sec. 533.03551. CASE MANAGEMENT BY LOCAL MENTAL RETARDATION  
17 AUTHORITIES. (a) The executive commissioner shall designate  
18 local mental retardation authorities for the purpose of performing  
19 case management functions for certain Section 1915(c) waiver  
20 programs, including the home and community-based services waiver  
21 program and the Texas home living waiver services waiver program.

22           (b) The executive commissioner shall ensure that a local  
23 mental retardation authority performing case management functions  
24 for a Section 1915(c) waiver program has an organizational  
25 structure that separates local mental retardation authority  
26 functions from any service provider functions under the applicable  
27 Section 1915(c) waiver programs.

1       (c) The executive commissioner, with the advice and  
2 assistance of a work group composed of representatives appointed by  
3 the executive commissioner from private and public service  
4 providers under the Section 1915(c) waiver programs, advocates for  
5 individuals with mental retardation, families of individuals with  
6 mental retardation, consumers, and other interested stakeholders,  
7 shall develop rules to implement this section. The rules must:

8           (1) clearly delineate the roles and responsibilities  
9 of the Department of Aging and Disability Services, a local mental  
10 retardation authority, and a service provider under this section  
11 and include criteria specifying when a service provider is required  
12 to receive approval from a local mental retardation authority  
13 before changing an individual plan of care;

14           (2) require a local mental retardation authority, in  
15 conducting case management functions for a Section 1915(c) waiver  
16 program, to:

17                   (A) perform consumer screening and assessment;

18                   (B) enroll consumers in the home and  
19 community-based waiver services or Texas home living waiver  
20 services and, as applicable, other Medicaid waiver-related  
21 services, in a manner that ensures consumer choice;

22                   (C) develop an initial plan of care for a  
23 consumer, approve an annual plan of care for a consumer, conduct  
24 quarterly reviews of a plan of care for a consumer, and approve  
25 changes to a plan of care for a consumer;

26                   (D) manage consumer transfers between service  
27 providers to ensure consumer choice;

1                   (E) facilitate communication of complaints to  
2 the appropriate person;

3                   (F) at least quarterly, meet with consumers in  
4 person; and

5                   (G) ensure consumer access to a crisis response  
6 system;

7                   (3) require a service provider to:

8                   (A) implement and manage the plan of care for a  
9 consumer for whom the service provider provides services;

10                   (B) ensure that services provided to a consumer  
11 are provided in accordance with the consumer's approved plan of  
12 care;

13                   (C) respond to the consumer's or the consumer's  
14 family's needs and to crisis situations involving the consumer or  
15 the consumer's family; and

16                   (D) communicate the need for changes to a  
17 consumer's plan of care and coordinate those changes; and

18                   (4) require the Department of Aging and Disability  
19 Services to:

20                   (A) enroll service providers for Section 1915(c)  
21 waiver programs, including the home and community-based services  
22 waiver program or the Texas home living waiver services waiver  
23 program;

24                   (B) manage service provider contracts related to  
25 Section 1915(c) waiver programs;

26                   (C) conduct surveys and certification reviews;

27                   (D) perform utilization review, including

1 consumer screening and assessment and final individual plan of care  
2 authorizations;

3 (E) conduct other relevant administrative and  
4 regulatory functions;

5 (F) ensure the case management functions of a  
6 local mental retardation authority are conducted consistently  
7 across this state and that a local mental retardation authority's  
8 interface with service providers is efficient and effective;

9 (G) establish a protocol for providing consumers  
10 with information about service and support options and choice of  
11 service providers; and

12 (H) ensure that consumer needs are met in the  
13 most efficient and effective manner possible by requiring use of a  
14 person-directed planning process to develop an individually  
15 tailored plan of care that includes services and supports chosen by  
16 and directed by each consumer to the maximum extent possible with  
17 periodic review of a consumer's progress toward desired outcomes.

18 SECTION 8. Subsections (a) and (b), Section 593.013, Health  
19 and Safety Code, are amended to read as follows:

20 (a) A person may not be admitted or committed to a  
21 residential care facility unless an interdisciplinary team from a  
22 local mental retardation authority serving the county in which the  
23 application was filed recommends that placement.

24 (b) The ~~Am~~ interdisciplinary team shall:

25 (1) interview the person with mental retardation, the  
26 person's parent if the person is a minor, and the person's guardian;

27 (2) review the person's:



- 1 (A) social and medical history;
- 2 (B) medical assessment, which must [~~shall~~]
- 3 include an audiological, neurological, and vision screening;
- 4 (C) psychological and social assessment; and
- 5 (D) determination of adaptive behavior level;
- 6 (3) determine the person's need for additional
- 7 assessments, including educational and vocational assessments;
- 8 (4) obtain any additional assessment necessary to plan
- 9 services;
- 10 (5) identify the person's habilitation and service
- 11 preferences and needs; and
- 12 (6) recommend services to address the person's needs
- 13 that consider the person's preferences.

14 SECTION 9. Subchapter B, Chapter 593, Health and Safety

15 Code, is amended by adding Section 593.0251 to read as follows:

16 Sec. 593.0251. POLICY REGARDING SERVICES IN STATE SCHOOL.

17 It is the policy of this state that a person residing in a

18 residential care facility operated by the Department of Aging and

19 Disability Services that is a state school has the right to continue

20 receiving services in a facility if:

21 (1) the person or, if appropriate, the person's

22 legally authorized representative, indicates a preference for the

23 person continuing to receive services in the facility; and

24 (2) the facility is not required to transfer, furlough

25 to an alternative placement, or discharge the person under Section

26 594.011.

27 SECTION 10. (a) In implementing Section 533.03551, Health

1 and Safety Code, as added by this Act, the Department of Aging and  
2 Disability Services shall:

3 (1) conduct a review of the existing processes and  
4 documentation requirements of the home and community-based  
5 services waiver program and eliminate complexities or requirements  
6 that do not add value or quality to the program;

7 (2) consider information and data from previous and  
8 existing projects or programs related to the provision of services  
9 through the home and community-based services waiver program or  
10 other Section 1915(c) waiver programs designed to achieve  
11 efficiencies and improved access to care; and

12 (3) oversee the development and implementation of the  
13 new service delivery design to ensure that appropriate state action  
14 is taken to identify and resolve barriers to service delivery  
15 through that design.

16 (b) The Health and Human Services Commission shall evaluate  
17 the reimbursement rates of local mental retardation authorities and  
18 service providers for the cost of conducting case management and  
19 other functions, as applicable, in accordance with Section  
20 533.03551, Health and Safety Code, as added by this Act.

21 (c) The executive commissioner of the Health and Human  
22 Services Commission shall:

23 (1) evaluate the consumer benefit and  
24 cost-effectiveness of providing case management in the manner  
25 provided by Section 533.03551, Health and Safety Code, as added by  
26 this Act; and

27 (2) not later than December 1, 2010, submit a report to

1 the lieutenant governor, the speaker of the house of  
2 representatives, the Senate Committee on Finance, and the House  
3 Appropriations Committee regarding the status of the project during  
4 the development and implementation phases of Section 533.03551,  
5 Health and Safety Code, as added by this Act.

6 SECTION 11. (a) The Health and Human Services Commission  
7 and the Department of Aging and Disability Services shall jointly  
8 design a plan to implement a long-term services and supports  
9 capitated or noncapitated pilot program to serve individuals with  
10 intellectual or developmental disabilities.

11 (b) The Department of Aging and Disability Services may  
12 contract with a person to conduct a study and make recommendations  
13 regarding the design and implementation of the long-term services  
14 and supports capitated or noncapitated pilot program and shall  
15 include meaningful input regarding the plan from individuals with  
16 intellectual or developmental disabilities who receive services  
17 from the department, the families of those individuals, service  
18 providers, local mental retardation authorities, entities that  
19 advocate for those individuals, and other interested parties.

20 (c) The plan designed under this section must examine  
21 managed care models employed by other states for individuals with  
22 intellectual or developmental disabilities in determining the most  
23 appropriate manner to implement the pilot program.

24 (d) Not later than December 1, 2010, the Health and Human  
25 Services Commission and the Department of Aging and Disability  
26 Services shall submit a report regarding the plan to the standing  
27 committees of the house of representatives and senate having

1 primary jurisdiction over the Medicaid program. The report must  
2 include:

3 (1) recommendations for the implementation of the  
4 pilot program, including:

5 (A) the area or areas in this state in which the  
6 program should be implemented;

7 (B) options for consolidating waiver services;

8 (C) the costs and methods of financing;

9 (D) utilization review;

10 (E) provider network;

11 (F) eligibility criteria;

12 (G) service coordination;

13 (H) quality management;

14 (I) waiver development and federal requirements;

15 and

16 (J) any other relevant issues as determined by  
17 the commission or the department; and

18 (2) a consumer-impact analysis that includes a review  
19 of the impact of managed care on individuals receiving services.

20 SECTION 12. (a) The Health and Human Services Commission  
21 and the Department of Aging and Disability Services shall jointly  
22 conduct a study, with meaningful stakeholder input, regarding the  
23 effectiveness of the requirements for admission and commitment to a  
24 residential care facility provided by Chapter 593, Health and  
25 Safety Code, as amended by this Act, and department rules.

26 (b) In conducting the study, the Health and Human Services  
27 Commission and the Department of Aging and Disability Services

1 shall consider whether:

2           (1) existing processes ensure that proposed and  
3 existing residents of a residential care facility receive supports  
4 and services in the least restrictive alternative for the person,  
5 including alternatives that become available or are developed after  
6 the person is a resident;

7           (2) standards of evidence as required by law are  
8 appropriate to support commitment to a residential care facility,  
9 including making a determination regarding an operational  
10 definition of that evidence;

11           (3) orders for long-term placement in a residential  
12 care facility should be reviewed on an ongoing basis; and

13           (4) a process for renewing commitment orders should be  
14 required by statute.

15           (c) Not later than November 1, 2010, the Health and Human  
16 Services Commission and the Department of Aging and Disability  
17 Services shall provide a joint written report to the legislature  
18 and the Sunset Advisory Commission regarding the study, including  
19 any recommendations for legislation to address proposed changes to  
20 the requirements for admission or commitment to a residential care  
21 facility.

22           (d) As part of its review of the Department of Aging and  
23 Disability Services for the 82nd Legislature, the Sunset Advisory  
24 Commission shall consider the report submitted to the commission in  
25 accordance with this section.

26           SECTION 13. (a) Not later than January 1, 2010, the  
27 executive commissioner of the Health and Human Services Commission

1 shall develop and implement the diversion protocols required under  
2 Section 531.02446, Government Code, as added by this Act.

3 (b) Not later than September 1, 2009, the executive  
4 commissioner of the Health and Human Services Commission shall  
5 appoint the work group as required by Section 533.03551, Health and  
6 Safety Code, as added by this Act.

7 (c) Not later than July 1, 2010, the executive commissioner  
8 of the Health and Human Services Commission shall ensure that the  
9 transfer of case management services is completed as provided by  
10 Section 533.03551, Health and Safety Code, as added by this Act.

11 SECTION 14. Not later than December 1, 2010, the Health and  
12 Human Services Commission shall submit the strategic plan required  
13 by Chapter 536, Government Code, as added by this Act, to the  
14 governor, the presiding officers of each chamber, and the members  
15 of the Senate Committee on Health and Human Services and the House  
16 Human Services Committee. The commission must also post the  
17 strategic plan on the commission's website.

18 SECTION 15. As soon as practicable after the effective date  
19 of this Act, the executive commissioner of the Health and Human  
20 Services Commission shall apply for and actively pursue a waiver or  
21 an amendment to this state's waiver under Section 1915(c) of the  
22 federal Social Security Act (42 U.S.C. Section 1396n(c)) or other  
23 authorization from the federal Centers for Medicare and Medicaid  
24 Services or any other federal agency authorizing the provision of  
25 home and community-based services at licensed group homes that  
26 choose to participate and in which five or six individuals with  
27 mental retardation reside and receive those services.

1           SECTION 16. This Act does not make an appropriation. This  
2 Act takes effect only if a specific appropriation for  
3 implementation of this Act is provided in a general appropriations  
4 act of the 81st Legislature.

5           SECTION 17. This Act takes effect September 1, 2009.