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S.B. No. 72
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       By:
             Nelson
       (In the Senate - Filed November 8, 2010; January 31, 2011, read first time and referred to Committee on Health and Human Services; March 14, 2011, reported adversely, with favorable Committee Substitute by the following vote: Yeas 9, Nays 0;
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       March 14, 2011, sent to printer.)
       COMMITTEE SUBSTITUTE FOR S.B. No. 72
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                                                                         By:
                                                                               Nichols
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                                   A BILL TO BE ENTITLED
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                                            AN ACT
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       relating to streamlining of and utilization management in Medicaid
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       long-term care waiver programs.
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               BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
       SECTION 1. Section 161.077, Human Resources Code, as added by Chapter 759 (S.B. 705), Acts of the 81st Legislature, Regular Session, 2009, is redesignated as Section 161.081, Human Resources
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       Code, and amended to read as follows:
               Sec. <u>161.081</u> [<u>161.077</u>]. LONG-TERM
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                                                           CARE
                                                                   MEDICAID WAIVER
       PROGRAMS: STREAMLINING AND UNIFORMITY. (a) In Surface Section 1915(c) waiver program" has the meaning assigned by
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       Section 531.001, Government Code.
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               (b) The department, in consultation with the commission,
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       shall streamline the administration of and delivery of services
       through Section 1915(c) waiver programs. In implementing this
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       subsection, the department, subject to Subsection (c), may consider
       implementing the following streamlining initiatives:
                          reducing the number of forms used in administering
                     (1)
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       the programs;
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                     (2)
                           revising program provider manuals and training
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       curricula;
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                     (3)
                           consolidating service authorization systems;
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                     (4)
                           eliminating any physician signature requirements
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       the department considers unnecessary;
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                     (5)
                           standardizing individual service plan processes
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       across the programs; [and]
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                           if feasible:
                     (6)
                            (A) concurrently
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                                                          conducting
       certification and billing audit and review processes and other
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       related audit and review processes;
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                                  streamlining
                                                   other billing and
                            (B)
                                                                             auditing
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       requirements;
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                            (C)
                                  eliminating
                                                   duplicative
                                                                    responsibilities
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       with respect to the coordination and oversight of individual care
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       plans for persons receiving waiver services; and
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                            (D)
                                  streamlining
                                                   cost
                                                          reports
                                                                     and
                                                                          other
                                                                                   cost
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       reporting processes; and
                     (7)
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                           any
                                  other
                                            initiatives
                                                              that
                                                                      will
                                                                              increase
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       efficiencies in the programs.
       (c) The department shall ensure that actions taken under <u>Subsection (b)</u> [this section] do not conflict with any requirements
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       of the commission under Section 531.0218, Government Code.
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               (d) The department and the commission shall jointly explore
       the development of uniform licensing and contracting standards that
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       would:
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       (1) apply to all contracts for the delivery of Section 1915(c) waiver program services;
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                     (2) promote competition
                                                      among providers
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       program services; and
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                     (3) integrate with other department and commission
       efforts to streamline and unify the administration and delivery of
the program services, including those required by this section or
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Section 531.0218, Government Code.

SECTION 2. Subchapter D, Chapter 161, Human Resources Code, is amended by adding Section 161.082 to read as follows:

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C.S.S.B. No. 72

Sec. 161.082. LONG-TERM CARE MEDICAID WAIVER PROGRAMS: UTILIZATION REVIEW. (a) In this section, "Section 1915(c) waiver program" has the meaning assigned by Section 531.001, Government Code.

(b) The department shall perform utilization review of services in all Section 1915(c) waiver programs. The utilization review must include reviewing program recipients' levels of care and any plans of care for those recipients that exceed service level thresholds established in the applicable waiver program guidelines.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act takes effect September 1, 2011.

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