

Amend SB 7 as follows:

(1) On page 1, strike lines 16 through 18 and substitute the following:

(1) "Advisory committee" means the state Medicaid managed care advisory committee established under Section 533.041.

(2) On page 5, line 12, strike "jointly".

(3) Strike page 5, line 16, through page 7, line 26.

(4) On page 7, line 27, strike "534.054" and substitute "534.053".

(5) On page 28, lines 13 through 18, strike SECTION 1.03 of ARTICLE 1 of the bill and renumber subsequent SECTIONS of that ARTICLE and cross-references accordingly.

(6) On page 28, strike lines 25 through 27 and substitute the following:

disabilities shall consult with the state Medicaid managed care advisory committee established under Section 533.041, Government Code, as amended by this Act,

(7) On page 29, line 7, strike "534.054," and substitute "534.053,".

(8) Strike page 29, line 26, through page 30, line 2, and substitute the following:

(1) in consultation with the state Medicaid managed care advisory committee established under Section 533.041, Government Code, as amended by this Act, review and evaluate the outcomes of:

(9) On page 30, line 13, strike "534.054" and substitute "534.053".

(10) On page 30, line 26, strike "533.00252, 533.00253, and 533.00254" and substitute "and 533.00252".

(11) On page 31, lines 18 and 19, strike "533.00252, 533.00253, and 533.00254" and substitute "and 533.00252".

(12) On page 31, lines 22 and 23, strike "Sections 533.002515 and 533.00252" and substitute "Section 533.002515".

(13) On page 31, strike lines 24 and 25 and substitute the following:

(1) "Advisory committee" means the state Medicaid managed care advisory committee established under Section 533.041.

(14) On page 32, line 21, strike "minimum".

(15) Strike page 36, line 2, through page 37, line 16.

(16) On page 37, line 17, strike "533.00253" and substitute "533.00252".

(17) On page 37, strike lines 19 and 20 and substitute the following:

(1) "Advisory committee" means the state Medicaid managed care advisory committee established under Section 533.041.

(18) Strike page 40, line 11, through page 41, line 6.

(19) On page 41, line 7, through page 43, line 5, strike SECTION 2.03.

(20) Strike page 52, line 9, through page 53, line 21, and substitute the following:

(3) primary care providers and specialty care providers serving child and adult recipients;

(4) long-term services and supports providers, including community-based and institutional providers;

(5) state agencies;

(6) ~~[(5)]~~ consumer advocates representing low-income child and adult recipients;

(7) recipients who are 65 years of age or older;

(8) recipients with chronic illnesses, physical disabilities, intellectual or other developmental disabilities, or serious mental illnesses ~~[(6) consumer advocates representing recipients with a disability]~~;

(9) ~~[(7)]~~ parents, guardians, or other legal representatives of ~~[children who are]~~ recipients;

(10) advocacy organizations that represent individuals with intellectual and developmental disabilities;

(11) nonphysician mental health providers participating in the Medicaid program; and

(12) entities with responsibilities for the delivery of long-term services and supports or other Medicaid program service delivery, including:

(A) independent living centers;

(B) area agencies on aging;

(C) community mental health and intellectual

disability authorities; and

(D) aging and disability resource centers established under the Aging and Disability Resource Center initiative funded in part by the federal Administration on Aging and the Centers for Medicare and Medicaid Services;

(13) a physician or medical director of a nursing facility;

(14) ICF-IID program providers; and

(15) representatives of and service coordinators or case managers from home- and community-based services providers that serve individuals with intellectual and developmental disabilities ~~[(8) rural providers;~~

~~[(9) advocates for children with special health care needs;~~

~~[(10) pediatric health care providers, including specialty providers;~~

~~[(11) long-term care providers, including nursing home providers;~~

~~[(12) obstetrical care providers;~~

~~[(13) community-based organizations serving low-income children and their families; and~~

~~[(14) community-based organizations engaged in perinatal services and outreach].~~

(21) On page 54, lines 4 and 5, strike "semiannually, but no more frequently than".

(22) Strike page 54, line 16, through page 55, line 2, and substitute the following:

(1) not later than September 1 of each year, provide assessments, recommendations, and ongoing advisory input to the commission on the [statewide] implementation, design, and operation of Medicaid managed care, including assessments, recommendations, and input regarding:

(A) the provision of benefits under the:

(i) system redesign for the delivery of acute care services and long-term services and supports to individuals with intellectual and developmental disabilities under Chapter 534;

(ii) STAR + PLUS Medicaid managed care program, including the provision of nursing facility services under the program; and

(iii) STAR Kids Medicaid managed care program established under Section 533.00252;

(B) concerns from consumers and providers;

(C) the efficiency and quality of acute care services and long-term care services and supports delivered by Medicaid managed care organizations;

(D) the delivery of person-centered, consumer-directed long-term services and supports in the most integrated setting achievable;

(E) contract requirements under Medicaid managed care organizations;

(F) Medicaid managed care provider network adequacy; and

(G) other issues as requested by the executive commissioner;

(23) Strike page 55, lines 5 through 7, and substitute the following:

programs operating under Medicaid managed care~~[, including the early and periodic screening, diagnosis, and treatment program, provider and patient education issues, and patient eligibility issues]~~; and

(24) On page 55, strike lines 12 through 25 and substitute the following:

(b) The commission shall ensure coordination and communication between the advisory committee, regional Medicaid managed care advisory committees appointed by the commission under Subchapter B, and other advisory committees or groups that perform functions related to Medicaid managed care in a manner that enables the state Medicaid managed care advisory committee to act as a central source of agency information and stakeholder input relevant to the implementation and operation of Medicaid managed care.

(c) The presiding officer of the advisory committee may establish subcommittees or work groups chaired by a member of the advisory committee that meet at other times for purposes of

studying and making recommendations on issues the committee determines appropriate.

(25) On page 56, line 7, strike "Section 533.045" and substitute "Sections 533.045 and 533.046".

(26) On page 56, between lines 15 and 16, insert the following:

Sec. 533.046. REPORT TO LEGISLATURE. Not later than December 1 of each even-numbered year, the commission shall submit a report to the legislature regarding the assessments and recommendations contained in any report submitted by the state Medicaid managed care advisory committee under Section 533.043(a) during the most recent state fiscal biennium.

(27) On page 56, line 23, strike "533.00253" and substitute "533.00252".

(28) On page 57, lines 7 through 24, strike SECTION 2.12.

(29) On page 58, lines 15 through 19, strike SECTION 2.14.

(30) On page 58, line 26, through page 59, line 1, strike "STAR + PLUS Nursing Facility Advisory Committee established under Section 533.00252, Government Code, as added" and substitute "state Medicaid managed care advisory committee established under Section 533.041, Government Code, as amended".

(31) On page 59, lines 7 and 8, strike "STAR + PLUS Nursing Facility Advisory Committee established under Section 533.00252, Government Code, as added" and substitute "state Medicaid managed care advisory committee established under Section 533.041, Government Code, as amended".

(32) On page 60, between lines 15 and 16, insert the following:

(c) Subject to Subsection (e) of this section, the state Medicaid managed care advisory committee shall submit the initial report required under Section 533.043(a)(1), Government Code, as amended by this Act, not later than September 1, 2014.

(d) Subject to Subsection (e) of this section, the Health and Human Services Commission shall submit the initial report required under Section 533.046, Government Code, as added by this Act, not later than December 1, 2014.

(e) The state Medicaid managed care advisory committee and

the Health and Human Services Commission may delay including information relating to the system redesign under Chapter 534, Government Code, as added by Article 1 of this Act, including information required by Section 533.043(a)(1)(A)(i), Government Code, as added by this Act, until September 1, 2024, and December 1, 2024, respectively.

(33) On page 61, strike lines 14 through 16 and substitute the following:

(1) "Advisory committee" means the state Medicaid managed care advisory committee established under Section 533.041, Government Code.

(34) On page 63, lines 22 through 24, strike "Intellectual and Developmental Disability System Redesign Advisory Committee established under Section 534.053" and substitute "state Medicaid managed care advisory committee established under Section 533.041".

(35) Renumber SECTIONS of ARTICLE 2 and cross-references to those SECTIONS accordingly.