

By: Raymond

H.B. No. 3523

A BILL TO BE ENTITLED

AN ACT

relating to improving the delivery and quality of Medicaid acute care services and long-term care services and supports.

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

SECTION 1. Section 533.00251(g), Government Code, is amended to read as follows:

(g) Subsection [~~Subsections (c),~~] (d) [~~, (e), and (f)~~] and this subsection expire September 1, 2019.

SECTION 2. Section 534.053, Government Code, is amended by adding Subsection (e-1) and amending Subsection (g) to read as follows:

(e-1) The advisory committee may establish work groups that meet at other times for purposes of studying and making recommendations on issues the committee considers appropriate.

(g) On January 1, 2026 [~~2024~~]:

(1) the advisory committee is abolished; and

(2) this section expires.

SECTION 3. Section 534.054, Government Code, is amended to read as follows:

Sec. 534.054. ANNUAL REPORT ON IMPLEMENTATION. (a) Not later than September 30 of each year, the commission, in consultation and collaboration with the advisory committee, shall prepare and submit a report to the legislature that must include [~~regarding~~]:

1 (1) an assessment of the implementation of the system
2 required by this chapter, including appropriate information
3 regarding the provision of acute care services and long-term
4 services and supports to individuals with intellectual and
5 developmental disabilities under the Medicaid program as described
6 by this chapter; [and]

7 (2) recommendations regarding implementation of and
8 improvements to the system redesign, including recommendations
9 regarding appropriate statutory changes to facilitate the
10 implementation; and

11 (3) an evaluation of the effect of the system on the
12 following:

13 (A) access to long-term services and supports;

14 (B) the quality of acute care services and
15 long-term services and supports;

16 (C) meaningful outcomes for program recipients
17 using person-centered planning, individualized budgeting, and
18 self-determination, including a person's inclusion in the
19 community;

20 (D) the integration of service coordination of
21 acute care services and long-term services and supports;

22 (E) the placement of individuals in housing that
23 is the least restrictive setting appropriate to an individual's
24 needs;

25 (F) employment assistance and customized,
26 integrated, competitive employment options; and

27 (G) the number and types of fair hearing and

1 appeals processes in accordance with applicable federal law.

2 (b) This section expires January 1, 2026 [2024].

3 SECTION 4. Section 534.104, Government Code, is amended by
4 amending Subsections (a), (b), (c), (d), (e), and (g) and adding
5 Subsection (h) to read as follows:

6 (a) The department, in consultation and collaboration with
7 the advisory committee, shall identify [~~private~~] services
8 providers that are good candidates to develop a service delivery
9 model involving a managed care strategy based on capitation and to
10 test the model in the provision of long-term services and supports
11 under the Medicaid program to individuals with intellectual and
12 developmental disabilities through a pilot program established
13 under this subchapter.

14 (b) The department shall solicit managed care strategy
15 proposals from the [~~private~~] services providers identified under
16 Subsection (a). In addition, the department may accept and approve
17 a managed care strategy proposal from any qualified entity that is a
18 [~~private~~] services provider if the proposal provides for a
19 comprehensive array of long-term services and supports, including
20 case management and service coordination.

21 (c) A managed care strategy based on capitation developed
22 for implementation through a pilot program under this subchapter
23 must be designed to:

24 (1) increase access to long-term services and
25 supports;

26 (2) improve quality of acute care services and
27 long-term services and supports;

1 (3) promote meaningful outcomes by using
2 person-centered planning, individualized budgeting, and
3 self-determination, and promote community inclusion [~~and~~
4 ~~customized, integrated, competitive employment~~];

5 (4) promote integrated service coordination of acute
6 care services and long-term services and supports;

7 (5) promote [~~efficiency and the best use of funding,~~

8 [~~(6) promote~~] the placement of an individual in
9 housing that is the least restrictive setting appropriate to the
10 individual's needs;

11 (6) [(7)] promote employment assistance and
12 customized, integrated, and competitive [~~supported~~] employment;

13 (7) [(8)] provide fair hearing and appeals processes
14 in accordance with applicable federal law; and

15 (8) [(9)] promote sufficient flexibility to achieve
16 the goals listed in this section through the pilot program.

17 (d) The department, in consultation and collaboration with
18 the advisory committee, shall evaluate each submitted managed care
19 strategy proposal and determine whether:

20 (1) the proposed strategy satisfies the requirements
21 of this section; and

22 (2) the [~~private~~] services provider that submitted the
23 proposal has a demonstrated ability to provide the long-term
24 services and supports appropriate to the individuals who will
25 receive services through the pilot program based on the proposed
26 strategy, if implemented.

27 (e) Based on the evaluation performed under Subsection (d),

1 the department may select as pilot program service providers one or
2 more ~~[private]~~ services providers with whom the commission will
3 contract.

4 (g) The department, in consultation and collaboration with
5 the advisory committee, shall analyze information provided by the
6 pilot program service providers and any information collected by
7 the department during the operation of the pilot programs for
8 purposes of making a recommendation about a system of programs and
9 services for implementation through future state legislation or
10 rules.

11 (h) The analysis under Subsection (g) must include an
12 evaluation of the effect of the managed care strategies implemented
13 in the pilot programs on:

14 (1) access to long-term services and supports;

15 (2) the quality of acute care services and long-term
16 services and supports;

17 (3) meaningful outcomes using person-centered
18 planning, individualized budgeting, and self-determination,
19 including a person's inclusion in the community;

20 (4) the integration of service coordination of acute
21 care services and long-term services and supports;

22 (5) the placement of individuals in housing that is
23 the least restrictive setting appropriate to an individual's needs;

24 (6) employment assistance and customized, integrated,
25 competitive employment options; and

26 (7) the number and types of fair hearing and appeals
27 processes in accordance with applicable federal law.

SECTION 5. Section 534.110, Government Code, is amended to read as follows:

Sec. 534.110. TRANSITION BETWEEN PROGRAMS. (a) The commission shall ensure that there is a comprehensive plan for transitioning the provision of Medicaid program benefits between a Medicaid waiver program or an ICF-IID program and a pilot program under this subchapter to protect continuity of care.

(b) The transition plan shall be developed in consultation and collaboration with the advisory committee and with stakeholder input as described by Section 534.103.

SECTION 6. Section 534.151, Government Code, is amended to read as follows:

Sec. 534.151. DELIVERY OF ACUTE CARE SERVICES FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. (a) Subject to Section 533.0025, the commission shall provide acute care Medicaid program benefits to individuals with intellectual and developmental disabilities through the STAR + PLUS Medicaid managed care program or the most appropriate integrated capitated managed care program delivery model and monitor the provision of those benefits.

(b) The commission and the department, in consultation and collaboration with the advisory committee, shall analyze the outcomes of providing acute care Medicaid program benefits to individuals with an intellectual or developmental disability under a model specified in Subsection (a). The analysis must:

(1) include an evaluation of the effects on:

(A) access to and quality of acute care services;

1 and

2 (B) the number and types of fair hearing and
3 appeals processes in accordance with applicable federal law;

4 (2) be incorporated into the annual report to the
5 legislature required under Section 534.054; and

6 (3) include recommendations for delivery model
7 improvements and implementation for consideration by the
8 legislature, including recommendations for needed statutory
9 changes.

10 SECTION 7. Section 534.201, Government Code, is amended by
11 amending Subsections (b), (d), and (e) and adding Subsection (g) to
12 read as follows:

13 (b) On or after ~~[Not later than]~~ September 1, 2018 ~~[2017]~~,
14 the commission may ~~[shall]~~ transition the provision of Medicaid
15 program benefits to individuals to whom this section applies to the
16 STAR + PLUS Medicaid managed care program delivery model or the most
17 appropriate integrated capitated managed care program delivery
18 model, as determined by the commission based on cost-effectiveness
19 and the experience of the STAR + PLUS Medicaid managed care program
20 in providing basic attendant and habilitation services and of the
21 pilot programs established under Subchapter C, subject to
22 Subsection (c)(1).

23 (d) In implementing the transition described by Subsection
24 (b), the commission, in consultation and collaboration with the
25 advisory committee, shall develop a process to receive and evaluate
26 input from interested statewide stakeholders ~~[that is in addition~~
27 ~~to the input provided by the advisory committee]~~.

1 (e) The commission, in consultation and collaboration with
2 the advisory committee, shall ensure that there is a comprehensive
3 plan for transitioning the provision of Medicaid program benefits
4 under this section that protects the continuity of care provided to
5 individuals to whom this section applies.

6 (g) The commission, in consultation and collaboration with
7 the advisory committee, shall analyze the outcomes of the
8 transition of the long-term services and supports under the Texas
9 home living (TxHmL) Medicaid waiver program to a managed care
10 program delivery model. The analysis must:

11 (1) include an evaluation of the effect of the
12 transition on:

13 (A) access to long-term services and supports;

14 (B) meaningful outcomes using person-centered
15 planning, individualized budgeting, and self-determination,
16 including a person's inclusion in the community;

17 (C) the integration of service coordination of
18 acute care services and long-term services and supports;

19 (D) employment assistance and customized,
20 integrated, competitive employment options; and

21 (E) the number and types of fair hearing and
22 appeals processes in accordance with applicable federal law;

23 (2) be incorporated into the annual report to the
24 legislature required under Section 534.054; and

25 (3) include recommendations for improvements to the
26 transition implementation for consideration by the legislature,
27 including recommendations for needed statutory changes.

1 SECTION 8. Section 534.202(b), Government Code, is amended
2 to read as follows:

3 (b) After implementing the transition required by Section
4 534.201, if that transition is implemented ~~[but not later than~~
5 ~~September 1, 2020]~~, the commission may, on or after September 1,
6 2021, [shall] transition the provision of Medicaid program benefits
7 to individuals to whom this section applies to the STAR + PLUS
8 Medicaid managed care program delivery model or the most
9 appropriate integrated capitated managed care program delivery
10 model, as determined by the commission based on cost-effectiveness
11 and the experience of the transition of Texas home living (TxHmL)
12 waiver program recipients to a managed care program delivery model
13 under Section 534.201, subject to Subsections (c)(1) and (g).

14 SECTION 9. If before implementing any provision of this Act
15 a state agency determines that a waiver or authorization from a
16 federal agency is necessary for implementation of that provision,
17 the agency affected by the provision shall request the waiver or
18 authorization and may delay implementing that provision until the
19 waiver or authorization is granted.

20 SECTION 10. This Act takes effect immediately if it
21 receives a vote of two-thirds of all the members elected to each
22 house, as provided by Section 39, Article III, Texas Constitution.
23 If this Act does not receive the vote necessary for immediate
24 effect, this Act takes effect September 1, 2015.