

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Klick

H.B. No. 3295

A BILL TO BE ENTITLED

AN ACT

relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.

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

SECTION 1. Section 534.111, Government Code, is amended to read as follows:

Sec. 534.111. CONCLUSION OF PILOT PROGRAMS; EXPIRATION. On September 1, 2019 [~~2018~~]:

(1) each pilot program established under this subchapter that is still in operation must conclude; and

(2) this subchapter expires.

SECTION 2. Section 534.201(b), Government Code, is amended to read as follows:

(b) On September 1, 2020 [~~2018~~], the commission shall transition the provision of Medicaid benefits to individuals to whom this section applies to the STAR + PLUS Medicaid managed care program delivery model or the most appropriate integrated capitated managed care program delivery model, as determined by the commission based on cost-effectiveness and the experience of the STAR + PLUS Medicaid managed care program in providing basic attendant and habilitation services and of the pilot programs established under Subchapter C, subject to Subsection (c)(1).

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a

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1 federal agency is necessary for implementation of that provision,  
2 the agency affected by the provision shall request the waiver or  
3 authorization and may delay implementing that provision until the  
4 waiver or authorization is granted.

5 SECTION 4. This Act takes effect September 1, 2017.

ADOPTED

MAY 24 2017

*Larry Spaw*  
Secretary of the Senate

FLOOR AMENDMENT NO. 1

BY: *B. W. Keller*

Amend H.B. No. 3295 (house committee report) by adding the following appropriately numbered SECTIONS to the bill and renumbering the SECTIONS of the bill accordingly:

SECTION \_\_\_\_\_. (a) Using existing resources, the Health and Human Services Commission shall:

(1) identify and evaluate barriers preventing Medicaid recipients enrolled in the STAR + PLUS Medicaid managed care program or a home and community-based services waiver program from choosing the consumer directed services option and develop recommendations for increasing the percentage of Medicaid recipients enrolled in those programs who choose the consumer directed services option; and

(2) study the feasibility of establishing a community attendant registry to assist Medicaid recipients enrolled in the community attendant services program in locating providers.

(b) Not later than December 1, 2018, the Health and Human Services Commission shall submit a report containing the commission's findings and recommendations under Subsection (a) of this section to the governor, the legislature, and the Legislative Budget Board. The report required by this subsection may be combined with any other report required by this Act or other law.

SECTION \_\_\_\_\_. (a) The Health and Human Services Commission shall conduct a study of the provision of dental services to adults with disabilities under the Medicaid program, including:

(1) the types of dental services provided, including preventive dental care, emergency dental services, and periodontal, restorative, and prosthodontic services;

(2) limits or caps on the types and costs of dental services provided;

1           (3) unique considerations in providing dental care to  
2 adults with disabilities, including additional services necessary  
3 for adults with particular disabilities; and

4           (4) the availability and accessibility of dentists who  
5 provide dental care to adults with disabilities, including the  
6 availability of dentists who provide additional services necessary  
7 for adults with particular disabilities.

8           (b) In conducting the study under Subsection (a) of this  
9 section, the Health and Human Services Commission shall:

10           (1) identify the number of adults with disabilities  
11 whose Medicaid benefits include limited or no dental services and  
12 who, as a result, have sought medically necessary dental services  
13 during an emergency room visit;

14           (2) if feasible, estimate the number of adults with  
15 disabilities who are receiving services under the Medicaid program  
16 and who have access to alternative sources of dental care,  
17 including pro bono dental services, faith-based dental services  
18 providers, and other public health care providers; and

19           (3) collect data on the receipt of dental services  
20 during emergency room visits by adults with disabilities who are  
21 receiving services under the Medicaid program, including the  
22 reasons for seeking dental services during an emergency room visit  
23 and the costs of providing the dental services during an emergency  
24 room visit, as compared to the cost of providing the dental services  
25 in the community.

26           (c) Not later than December 1, 2018, the Health and Human  
27 Services Commission shall submit a report containing the results of  
28 the study conducted under Subsection (a) of this section and the  
29 commission's recommendations for improving access to dental  
30 services in the community for and reducing the provision of dental  
31 services during emergency room visits to adults with disabilities

1 receiving services under the Medicaid program to the governor, the  
2 legislature, and the Legislative Budget Board. The report required  
3 by this subsection may be combined with any other report required by  
4 this Act or other law.

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 25, 2017**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3295** by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability. ), **As Passed 2nd House**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill. It is assumed any cost associated with reporting requirements could be absorbed.

The bill would delay the conclusion of pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs could continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings could presumably be experienced for up to an additional year (fiscal year 2019) depending on how long they continued to operate. Pilot programs may operate for up to 24 months and it is not known how long they would continue to operate in fiscal year 2019.

The fiscal impact of delaying the transition of Texas Home Living waiver participants into managed care cannot be determined. The fiscal impact of moving participants into managed care is unknown at this time and would be dependent on assumptions made by the Health and Human Services Commission during the rate-setting process. There are costs associated with capitation, including new administrative costs and payment of the Health Insurance Provider Fee pursuant to the federal Affordable Care Act. Whether those costs would be offset by medical savings and increased premium tax revenue is unknown at this time. Under the provisions of the bill, any fiscal impact from moving participants into managed care would be delayed by two years. If there were a cost associated with the transition into managed care, there would be a savings in fiscal years 2019 and 2020 from delaying that cost. If there were a savings associated with the transition into managed care, there would be a cost in fiscal years 2019 and 2020 from delaying that savings.

HHSC would be required to study or evaluate (1) issues related to utilization of consumer directed services for certain Medicaid enrollees and the feasibility of creating a Medicaid community attendant registry and (2) certain factors related to providing dental services to Medicaid adults with disabilities. HHSC would be required to submit reports related to these studies to certain entities no later than December 1, 2018. It is assumed that the costs associated with conducting the required studies can be absorbed within HHSC's existing resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, KCA, LR, TBo

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION**

**May 11, 2017**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3295** by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **As Engrossed**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

The bill would delay the conclusion of pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs could continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings could presumably be experienced for up to an additional year (fiscal year 2019) depending on how long they continued to operate. Pilot programs may operate for up to 24 months and it is not known how long they would continue to operate in fiscal year 2019.

The fiscal impact of delaying the transition of Texas Home Living waiver participants into managed care cannot be determined. The fiscal impact of moving participants into managed care is unknown at this time and would be dependent on assumptions made by the Health and Human Services Commission during the rate-setting process. There are costs associated with capitation, including new administrative costs and payment of the Health Insurance Provider Fee pursuant to the federal Affordable Care Act. Whether those costs would be offset by medical savings and increased premium tax revenue is unknown at this time. Under the provisions of the bill, any fiscal impact from moving participants into managed care would be delayed by two years. If there were a cost associated with the transition into managed care, there would be a savings in fiscal years 2019 and 2020 from delaying that cost. If there were a savings associated with the transition into managed care, there would be a cost in fiscal years 2019 and 2020 from delaying that savings.

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**Source Agencies:** 529 Health and Human Services Commission



**LBB Staff:** UP, KCA, LR, TBo

# LEGISLATIVE BUDGET BOARD

Austin, Texas

## FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 14, 2017

**TO:** Honorable Richard Peña Raymond, Chair, House Committee on Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE:** **HB3295** by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **Committee Report 1st House, Substituted**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

The bill would delay the conclusion of pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs could continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings could presumably be experienced for up to an additional year (fiscal year 2019) depending on how long they continued to operate. Pilot programs may operate for up to 24 months and it is not known how long they would continue to operate in fiscal year 2019.

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### Local Government Impact

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, KCA, LR, TBo

## LEGISLATIVE BUDGET BOARD

Austin, Texas

### FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

April 8, 2017

**TO:** Honorable Richard Peña Raymond, Chair, House Committee on Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3295** by Klick (Relating to the delivery of certain Medicaid services to persons with an intellectual or developmental disability.), **As Introduced**

The fiscal implications of the bill cannot be determined at this time because no information is available on the cost or savings associated with the managed care programs affected by the provisions of the bill.

The bill would require pilot programs implemented pursuant to Government Code, Chapter 534, Subchapter C to operate for a minimum of 24 months and delay the conclusion of pilot programs from September 1, 2018 to September 1, 2019. The bill would delay the transition of Texas Home Living waiver participants into a managed care program by two years from September 1, 2018 to September 1, 2020.

Under the provisions of the bill, pilot programs would continue to operate in fiscal year 2019. Because the pilot programs have not yet been implemented, any cost or savings associated with them cannot be determined. Under the provisions of the bill, any cost or savings would presumably be experienced for an additional year (fiscal year 2019).

The fiscal impact of delaying the transition of Texas Home Living waiver participants into managed care cannot be determined. The fiscal impact of moving participants into managed care is unknown at this time and would be dependent on assumptions made by the Health and Human Services Commission during the rate-setting process. There are costs associated with capitation, including new administrative costs and payment of the Health Insurance Provider fee pursuant to the federal Affordable Care Act. Whether those costs would be offset by medical savings and increased premium tax revenue is unknown at this time. Under the provisions of the bill, any fiscal impact from moving participants into managed care would be delayed by two years. If there were a cost associated with the transition into managed care, there would be a savings in fiscal years 2019 and 2020 from delaying that cost. If there were a savings associated with the transition into managed care, there would be a cost in fiscal years 2019 and 2020 from delaying that savings.

#### Local Government Impact

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

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