

Amend **HB 4533** (second reading engrossment) on third reading as follows:

(1) On page 1, line 17, strike "and certified in accordance with Section 534.252".

(2) On page 14, line 19, between "needs" and "to", insert "that contracts with the commission to provide services under Medicaid before the implementation date of the pilot program".

(3) Strike page 16, lines 23-24, and substitute the following:

(3) long-term services and supports under the STAR+PLUS home and community-based services (HCBS) waiver program, including:

(4) Strike page 17, lines 14-15, and substitute the following:

(4) the following long-term services and supports under a Medicaid waiver program:

(5) On page 18, lines 21-22, strike "delivers services under a Medicaid waiver program or the ICF-IID program" and substitute "contracts or subcontracts with the commission to provide day habilitation services under the home and community-based services (HCS) waiver program or the ICF-IID program".

(6) On page 23, line 10, immediately before "disability", insert "or developmental".

(7) On page 24, line 12, between "care" and "and", insert ", long-term services and supports,".

(8) On page 29, line 11, strike "Following" and substitute "During".

(9) On page 30, line 20, strike "On conclusion of the pilot program" and substitute "Not later than September 1, 2026".

(10) Strike page 31, line 27, through page 32, line 3, and substitute the following:

(C) implementation of the federal rule adopted by the Centers for Medicare and Medicaid Services and published at 79 Fed. Reg. 2948 (January 16, 2014) related to the provision of long-term services and supports through a home and community-based services (HCS) waiver program under Sections 1915(c), 1915(i), or 1915(k) of the federal Social Security Act (42 U.S.C. Section

1396n(c), (i), or (k));

(11) On page 33, lines 25-26, strike "that were not included in the pilot program".

(12) Strike page 34, lines 16-19 and substitute the following:

(2) a process for evaluating and determining the feasibility and cost efficiency of transitioning residential services described by Subdivision (1)(D) to a Medicaid managed care model that is based on an evaluation of a separate pilot program conducted by the commission, in consultation and collaboration with the advisory committee, that operates after the transition process described by Subdivision (1) [~~transition the~~

(13) Strike page 38, lines 14-18 and substitute the following:

the organizations' provider networks providers who are certified in accordance with the certification process described by Subdivision (1).

(14) On page 39, lines 17-18, strike "under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315)" and substitute "or authorization from the appropriate federal agency".