

By: Martinez

H.B. No. 1016

A BILL TO BE ENTITLED

AN ACT

relating to eligibility determinations for the STAR+PLUS home and community based services (HCBS) program.

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

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00282 to read as follows:

Sec. 533.00282. ELIGIBILITY DETERMINATIONS FOR STAR+PLUS HOME AND COMMUNITY BASED SERVICES (HCBS) PROGRAM. (a) The commission shall determine Medicaid eligibility for an applicant for the STAR+PLUS home and community based services (HCBS) program not later than:

(1) the 20th day after the date the applicant submits the application; or

(2) the 45th day after the date the applicant submits the application, if the applicant is applying on the basis of a disability.

(b) A managed care organization with which the commission contracts to provide health care services to recipients shall, not later than the 30th day after the date an applicant for the STAR+PLUS home and community based services (HCBS) program submits the application, complete and submit to the entity serving as this state's Medicaid claims administrator the applicant's:

(1) individual service plan; and

(2) medical necessity and level of care assessment.

1 SECTION 2. Section 533.00282(a), Government Code, as added
2 by this Act, applies only to an application for a determination of
3 Medicaid eligibility submitted on or after the effective date of
4 this Act. An application for a determination of Medicaid
5 eligibility submitted before the effective date of this Act is
6 governed by the law in effect immediately before the effective date
7 of this Act, and that law is continued in effect for that purpose.

8 SECTION 3. (a) The Health and Human Services Commission
9 shall, in a contract between the commission and a managed care
10 organization under Chapter 533, Government Code, that is entered
11 into or renewed on or after the effective date of this Act, require
12 that the managed care organization comply with Section
13 533.00282(b), Government Code, as added by this Act.

14 (b) The Health and Human Services Commission shall seek to
15 amend contracts entered into with managed care organizations under
16 Chapter 533, Government Code, before the effective date of this Act
17 to require those managed care organizations to comply with Section
18 533.00282(b), Government Code, as added by this Act. To the extent
19 of a conflict between Section 533.00282(b), Government Code, as
20 added by this Act, and a provision of a contract with a managed care
21 organization entered into before the effective date of this Act,
22 the contract provision prevails.

23 SECTION 4. If before implementing any provision of this Act
24 a state agency determines that a waiver or authorization from a
25 federal agency is necessary for implementation of that provision,
26 the agency affected by the provision shall request the waiver or
27 authorization and may delay implementing that provision until the

1 waiver or authorization is granted.

2 SECTION 5. This Act takes effect September 1, 2019.