

By: Klick

H.B. No. 4533

Substitute the following for H.B. No. 4533:

By: Frank

C.S.H.B. No. 4533

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the system redesign for delivery of Medicaid acute care
3 services and long-term services and supports to persons with an
4 intellectual or developmental disability or with similar
5 functional needs.

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

7 SECTION 1. Section 534.001, Government Code, is amended by
8 amending Subdivision (3) and adding Subdivisions (3-a) and (11-a)
9 to read as follows:

10 (3) "Comprehensive long-term services and supports
11 provider" means a provider of long-term services and supports under
12 this chapter that ensures the coordinated, seamless delivery of the
13 full range of services in a recipient's program plan. The term
14 includes:

15 (A) a provider under the ICF-IID program; and

16 (B) a provider under a Medicaid waiver program
17 and certified in accordance with Section 534.252 ["Department"
18 means the Department of Aging and Disability Services].

19 (3-a) "Consumer direction model" has the meaning
20 assigned by Section 531.051.

21 (11-a) "Residential services" means services provided
22 to an individual with an intellectual or developmental disability
23 through a community-based ICF-IID, three- or four-person home or
24 host home setting under the home and community-based services (HCS)

1 waiver program, or a group home under the deaf-blind with multiple
2 disabilities (DBMD) waiver program.

3 SECTION 2. Sections 534.051 and 534.052, Government Code,
4 are amended to read as follows:

5 Sec. 534.051. ACUTE CARE SERVICES AND LONG-TERM SERVICES
6 AND SUPPORTS SYSTEM FOR INDIVIDUALS WITH AN INTELLECTUAL OR
7 DEVELOPMENTAL DISABILITY. In accordance with this chapter, the
8 commission [~~and the department~~] shall [~~jointly~~] design and
9 implement an acute care services and long-term services and
10 supports system for individuals with an intellectual or
11 developmental disability that supports the following goals:

12 (1) provide Medicaid services to more individuals in a
13 cost-efficient manner by providing the type and amount of services
14 most appropriate to the individuals' needs and preferences in the
15 most integrated and least restrictive setting;

16 (2) improve individuals' access to services and
17 supports by ensuring that the individuals receive information about
18 all available programs and services, including employment and least
19 restrictive housing assistance, and how to apply for the programs
20 and services;

21 (3) improve the assessment of individuals' needs and
22 available supports, including the assessment of individuals'
23 functional needs;

24 (4) promote person-centered planning, self-direction,
25 self-determination, community inclusion, and customized,
26 integrated, competitive employment;

27 (5) promote individualized budgeting based on an

1 assessment of an individual's needs and person-centered planning;

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

4 (7) improve acute care and long-term services and
5 supports outcomes, including reducing unnecessary
6 institutionalization and potentially preventable events;

7 (8) promote high-quality care;

8 (9) provide fair hearing and appeals processes in
9 accordance with applicable federal law;

10 (10) ensure the availability of a local safety net
11 provider and local safety net services;

12 (11) promote independent service coordination and
13 independent ombudsmen services; and

14 (12) ensure that individuals with the most significant
15 needs are appropriately served in the community and that processes
16 are in place to prevent inappropriate institutionalization of
17 individuals.

18 Sec. 534.052. IMPLEMENTATION OF SYSTEM REDESIGN. The
19 commission [~~and department~~] shall, in consultation and
20 collaboration with the advisory committee, [~~jointly~~] implement the
21 acute care services and long-term services and supports system for
22 individuals with an intellectual or developmental disability in the
23 manner and in the stages described in this chapter.

24 SECTION 3. Sections 534.053(a) and (b), Government Code,
25 are amended to read as follows:

26 (a) The Intellectual and Developmental Disability System
27 Redesign Advisory Committee shall advise the commission [~~and the~~

1 ~~department]~~ on the implementation of the acute care services and
2 long-term services and supports system redesign under this
3 chapter. Subject to Subsection (b), the executive commissioner
4 [~~and the commissioner of aging and disability services]~~ shall
5 [~~jointly]~~ appoint members of the advisory committee who are
6 stakeholders from the intellectual and developmental disabilities
7 community, including:

8 (1) individuals with an intellectual or developmental
9 disability who are recipients of services under the Medicaid waiver
10 programs, individuals with an intellectual or developmental
11 disability who are recipients of services under the ICF-IID
12 program, and individuals who are advocates of those recipients,
13 including at least three representatives from intellectual and
14 developmental disability advocacy organizations;

15 (2) representatives of Medicaid managed care and
16 nonmanaged care health care providers, including:

17 (A) physicians who are primary care providers and
18 physicians who are specialty care providers;

19 (B) nonphysician mental health professionals;
20 and

21 (C) providers of long-term services and
22 supports, including direct service workers;

23 (3) representatives of entities with responsibilities
24 for the delivery of Medicaid long-term services and supports or
25 other Medicaid service delivery, including:

26 (A) representatives of aging and disability
27 resource centers established under the Aging and Disability

1 Resource Center initiative funded in part by the federal
2 Administration on Aging and the Centers for Medicare and Medicaid
3 Services;

4 (B) representatives of community mental health
5 and intellectual disability centers;

6 (C) representatives of and service coordinators
7 or case managers from private and public home and community-based
8 services providers that serve individuals with an intellectual or
9 developmental disability; and

10 (D) representatives of private and public
11 ICF-IID providers; and

12 (4) representatives of managed care organizations
13 contracting with the state to provide services to individuals with
14 an intellectual or developmental disability.

15 (b) To the greatest extent possible, the executive
16 commissioner [~~and the commissioner of aging and disability~~
17 ~~services~~] shall appoint members of the advisory committee who
18 reflect the geographic diversity of the state and include members
19 who represent rural Medicaid recipients.

20 SECTION 4. Section 534.053(g), Government Code, as amended
21 by Chapters 837 (S.B. 200), 946 (S.B. 277), and 1117 (H.B. 3523),
22 Acts of the 84th Legislature, Regular Session, 2015, is reenacted
23 and amended to read as follows:

24 (g) On the second [~~one-year~~] anniversary of the date the
25 commission completes implementation of the transition required
26 under Section 534.202:

27 (1) the advisory committee is abolished; and

1 (2) this section expires.

2 SECTION 5. Section 534.054(b), Government Code, is amended
3 to read as follows:

4 (b) This section expires on the second anniversary of the
5 date the commission completes implementation of the transition
6 required under Section 534.202 [January 1, 2026].

7 SECTION 6. The heading to Subchapter C, Chapter 534,
8 Government Code, is amended to read as follows:

9 SUBCHAPTER C. STAGE ONE: PILOT PROGRAM FOR IMPROVING [~~PROGRAMS TO~~
10 ~~IMPROVE~~] SERVICE DELIVERY MODELS

11 SECTION 7. Section 534.101, Government Code, is amended by
12 amending Subdivision (2) and adding Subdivision (3) to read as
13 follows:

14 (2) "Pilot program" means the pilot program
15 established under this subchapter [~~"Provider" means a person with~~
16 ~~whom the commission contracts for the provision of long-term~~
17 ~~services and supports under Medicaid to a specific population based~~
18 ~~on capitation].~~

19 (3) "Pilot program workgroup" means the pilot program
20 workgroup established under Section 534.1015.

21 SECTION 8. Subchapter C, Chapter 534, Government Code, is
22 amended by adding Section 534.1015 to read as follows:

23 Sec. 534.1015. PILOT PROGRAM WORKGROUP. (a) The executive
24 commissioner, in consultation with the advisory committee, shall
25 establish a pilot program workgroup to provide assistance in
26 developing and advice concerning the operation of the pilot
27 program.

1 (b) The pilot program workgroup is composed of:

2 (1) representatives of the advisory committee;

3 (2) stakeholders representing individuals with an
4 intellectual or developmental disability;

5 (3) stakeholders representing individuals with
6 similar functional needs as those individuals described by
7 Subdivision (2); and

8 (4) representatives of managed care organizations
9 that contract with the commission to provide services under the
10 STAR+PLUS Medicaid managed care program.

11 (c) Chapter 2110 applies to the pilot program workgroup.

12 SECTION 9. Sections 534.102 and 534.103, Government Code,
13 are amended to read as follows:

14 Sec. 534.102. PILOT PROGRAM [~~PROGRAMS~~] TO TEST
15 PERSON-CENTERED MANAGED CARE STRATEGIES AND IMPROVEMENTS BASED ON
16 CAPITATION. The commission, in consultation and collaboration with
17 the advisory committee and pilot program workgroup, shall [~~and the~~
18 ~~department may~~] develop and implement a pilot program [~~programs~~] in
19 accordance with this subchapter to test, through the STAR+PLUS
20 Medicaid managed care program, the delivery of [~~one or more service~~
21 ~~delivery models involving a managed care strategy based on~~
22 ~~capitation to deliver~~] long-term services and supports [~~under~~
23 ~~Medicaid~~] to individuals participating in the pilot program [~~with~~
24 ~~an intellectual or developmental disability~~].

25 Sec. 534.103. STAKEHOLDER INPUT. As part of developing and
26 implementing the [~~a~~] pilot program [~~under this subchapter~~], the
27 commission, in consultation and collaboration with the advisory

1 committee and pilot program workgroup, [department] shall develop a
2 process to receive and evaluate:

3 (1) input from statewide stakeholders and
4 stakeholders from a STAR+PLUS Medicaid managed care service area
5 ~~[the region of the state]~~ in which the pilot program will be
6 implemented; and

7 (2) other evaluations and data.

8 SECTION 10. Subchapter C, Chapter 534, Government Code, is
9 amended by adding Section 534.1035 to read as follows:

10 Sec. 534.1035. MANAGED CARE ORGANIZATION SELECTION. (a)
11 The commission, in consultation and collaboration with the advisory
12 committee and pilot program workgroup, shall develop criteria
13 regarding the selection of a managed care organization to
14 participate in the pilot program.

15 (b) The commission shall select and contract with not more
16 than two managed care organizations that contract with the
17 commission to provide services under the STAR+PLUS Medicaid managed
18 care program to participate in the pilot program.

19 SECTION 11. Section 534.104, Government Code, is amended to
20 read as follows:

21 Sec. 534.104. ~~[MANAGED CARE STRATEGY PROPOSALS,]~~ PILOT
22 PROGRAM DESIGN ~~[SERVICE PROVIDERS]~~. (a) The ~~[department, in~~
23 ~~consultation and collaboration with the advisory committee, shall~~
24 ~~identify private services providers or managed care organizations~~
25 ~~that are good candidates to develop a service delivery model~~
26 ~~involving a managed care strategy based on capitation and to test~~
27 ~~the model in the provision of long-term services and supports under~~

1 ~~Medicaid to individuals with an intellectual or developmental~~
2 ~~disability through a pilot program established under this~~
3 ~~subchapter.~~

4 ~~[(b) The department shall solicit managed care strategy~~
5 ~~proposals from the private services providers and managed care~~
6 ~~organizations identified under Subsection (a). In addition, the~~
7 ~~department may accept and approve a managed care strategy proposal~~
8 ~~from any qualified entity that is a private services provider or~~
9 ~~managed care organization if the proposal provides for a~~
10 ~~comprehensive array of long-term services and supports, including~~
11 ~~case management and service coordination.~~

12 ~~[(c) A managed care strategy based on capitation developed~~
13 ~~for implementation through a] pilot program [~~under this subchapter~~]~~
14 must be designed to:

15 (1) increase access to long-term services and
16 supports;

17 (2) improve quality of acute care services and
18 long-term services and supports;

19 (3) promote:

20 (A) informed choice and meaningful outcomes by
21 using person-centered planning, flexible consumer-directed
22 services, individualized budgeting, and self-determination; [7] and

23 (B) [~~promote~~] community inclusion and
24 engagement;

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

27 (5) promote efficiency and the best use of funding

1 based on an individual's needs and preferences;

2 (6) promote through housing supports and navigation
3 services stability [~~the placement of an individual~~] in housing that
4 is the most integrated and least restrictive based on [~~setting~~
5 ~~appropriate to~~] the individual's needs and preferences;

6 (7) promote employment assistance and customized,
7 integrated, and competitive employment;

8 (8) provide fair hearing and appeals processes in
9 accordance with applicable federal and state law; [~~and~~]

10 (9) promote sufficient flexibility to achieve the
11 goals listed in this section through the pilot program;

12 (10) promote the use of innovative technologies and
13 benefits, including telemedicine, telemonitoring, the testing of
14 remote monitoring, transportation services, and other innovations
15 that support community integration;

16 (11) ensure an adequate provider network that includes
17 comprehensive long-term services and supports providers and ensure
18 that pilot program participants have a choice among those
19 providers;

20 (12) ensure the timely initiation and consistent
21 provision of long-term services and supports in accordance with an
22 individual's person-centered plan;

23 (13) ensure that individuals with complex behavioral,
24 medical, and physical needs are assessed and receive appropriate
25 services in the most integrated and least restrictive setting based
26 on the individuals' needs and preferences;

27 (14) increase access to, expand flexibility of, and

1 promote the use of the consumer direction model; and

2 (15) promote independence, self-determination, the
3 use of the consumer direction model, and decision making by
4 individuals participating in the pilot program by using
5 alternatives to guardianship, including a supported
6 decision-making agreement as defined by Section 1357.002, Estates
7 Code.

8 (b) An individual is not required to use an innovative
9 technology described by Subsection (a)(10). If an individual
10 chooses to use an innovative technology described by that
11 subdivision, the commission shall ensure that services associated
12 with the technology are delivered in a manner that:

13 (1) ensures the individual's privacy, health, and
14 well-being;

15 (2) provides access to housing in the most integrated
16 and least restrictive environment;

17 (3) assesses individual needs and preferences to
18 promote autonomy, self-determination, the use of the consumer
19 direction model, and privacy;

20 (4) increases personal independence;

21 (5) specifies the extent to which the innovative
22 technology will be used, including:

23 (A) the times of day during which the technology
24 will be used;

25 (B) the place in which the technology may be
26 used;

27 (C) the types of telemonitoring or remote

1 monitoring that will be used; and

2 (D) for what purposes the technology will be
3 used;

4 (6) is consistent with and agreed on during the
5 person-centered planning process;

6 (7) ensures that staff overseeing the use of an
7 innovative technology:

8 (A) review the person-centered and
9 implementation plans for each individual before overseeing the use
10 of the innovative technology; and

11 (B) demonstrate competency regarding the support
12 needs of each individual using the innovative technology;

13 (8) ensures that an individual using an innovative
14 technology is able to request the removal of equipment relating to
15 the technology and, on receipt of a request for the removal, the
16 equipment is immediately removed; and

17 (9) ensures that an individual is not required to use
18 telemedicine at any point during the pilot program and, in the event
19 the individual refuses to use telemedicine, the managed care
20 organization providing health care services to the individual under
21 the pilot program arranges for services that do not include
22 telemedicine.

23 (c) The pilot program must be designed to test innovative
24 payment rates and methodologies for the provision of long-term
25 services and supports to achieve the goals of the pilot program by
26 using payment methodologies that include:

27 (1) the payment of a bundled amount without downside

1 risk to a comprehensive long-term services and supports provider
2 for some or all services delivered as part of a comprehensive array
3 of long-term services and supports;

4 (2) enhanced incentive payments to comprehensive
5 long-term services and supports providers based on the completion
6 of predetermined outcomes or quality metrics; and

7 (3) any other payment models approved by the
8 commission.

9 (d) An alternative payment rate or methodology described by
10 Subsection (c) may be used for a managed care organization and
11 comprehensive long-term services and supports provider only if the
12 organization and provider agree in advance and in writing to use the
13 rate or methodology [~~The department, in consultation and~~
14 ~~collaboration with the advisory committee, shall evaluate each~~
15 ~~submitted managed care strategy proposal and determine whether:~~

16 ~~[(1) the proposed strategy satisfies the requirements~~
17 ~~of this section; and~~

18 ~~[(2) the private services provider or managed care~~
19 ~~organization that submitted the proposal has a demonstrated ability~~
20 ~~to provide the long-term services and supports appropriate to the~~
21 ~~individuals who will receive services through the pilot program~~
22 ~~based on the proposed strategy, if implemented].~~

23 (e) In developing an alternative payment rate or
24 methodology described by Subsection (c), the commission, managed
25 care organizations, and comprehensive long-term services and
26 supports providers shall consider:

27 (1) the historical costs of long-term services and

1 supports, including Medicaid fee-for-service rates;

2 (2) reasonable cost estimates for new services under
3 the pilot program; and

4 (3) whether an alternative payment rate or methodology
5 is sufficient to promote quality outcomes and ensure a provider's
6 continued participation in the pilot program [~~Based on the~~
7 ~~evaluation performed under Subsection (d), the department may~~
8 ~~select as pilot program service providers one or more private~~
9 ~~services providers or managed care organizations with whom the~~
10 ~~commission will contract].~~

11 (f) An alternative payment rate or methodology described by
12 Subsection (c) may not reduce the minimum payment received by a
13 provider for the delivery of long-term services and supports under
14 the pilot program below the fee-for-service reimbursement rate
15 received by the provider for the delivery of those services before
16 participating in the pilot program.

17 (g) The pilot program must allow a comprehensive long-term
18 services and supports provider for individuals with an intellectual
19 or developmental disability or similar functional needs to
20 voluntarily participate in the pilot program. A provider's choice
21 not to participate in the pilot program does not affect the
22 provider's status as a significant traditional provider.

23 (h) [(f) For each pilot program service provider, the
24 ~~department shall develop and implement a pilot program.] Under the~~
25 [a] pilot program, a participating managed care organization [~~the~~
26 ~~pilot program service provider]~~ shall provide long-term services
27 and supports under Medicaid to persons with an intellectual or

1 developmental disability and persons with similar functional needs
2 to test its managed care strategy based on capitation.

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

12 (j) [~~(h)~~] The analysis under Subsection (i) [~~(g)~~] must
13 include an assessment of the effect of the managed care strategies
14 implemented in the pilot program [~~programs~~] on the goals described
15 by this section [~~+~~

16 [~~(1) access to long-term services and supports,~~

17 [~~(2) the quality of acute care services and long-term~~
18 ~~services and supports,~~

19 [~~(3) meaningful outcomes using person-centered~~
20 ~~planning, individualized budgeting, and self-determination,~~
21 ~~including a person's inclusion in the community,~~

22 [~~(4) the integration of service coordination of acute~~
23 ~~care services and long-term services and supports,~~

24 [~~(5) the efficiency and use of funding,~~

25 [~~(6) the placement of individuals in housing that is~~
26 ~~the least restrictive setting appropriate to an individual's needs,~~

27 [~~(7) employment assistance and customized,~~

1 ~~integrated, competitive employment options; and~~

2 ~~[(8) the number and types of fair hearing and appeals~~
3 ~~processes in accordance with applicable federal law].~~

4 (k) Before implementing the pilot program, the commission,
5 in consultation and collaboration with the advisory committee and
6 pilot program workgroup, shall develop and implement a process to
7 ensure pilot program participants remain eligible for Medicaid
8 benefits for 12 consecutive months during the pilot program.

9 SECTION 12. Subchapter C, Chapter 534, Government Code, is
10 amended by adding Section 534.1045 to read as follows:

11 Sec. 534.1045. PILOT PROGRAM BENEFITS AND PROVIDER
12 QUALIFICATIONS. (a) Subject to Subsection (b), the commission
13 shall ensure that a managed care organization participating in the
14 pilot program provides:

15 (1) all Medicaid state plan acute care benefits
16 available under the STAR+PLUS Medicaid managed care program;

17 (2) long-term services and supports under the Medicaid
18 state plan, including:

19 (A) Community First Choice services;

20 (B) personal assistance services;

21 (C) day activity health services; and

22 (D) habilitation services;

23 (3) long-term services and supports under the home and
24 community-based services (HCS) waiver program, including:

25 (A) assisted living services;

26 (B) personal assistance services;

27 (C) employment assistance;

- 1 (D) supported employment;
- 2 (E) adult foster care;
- 3 (F) dental care;
- 4 (G) nursing care;
- 5 (H) respite care;
- 6 (I) home-delivered meals;
- 7 (J) cognitive rehabilitative therapy;
- 8 (K) physical therapy;
- 9 (L) occupational therapy;
- 10 (M) speech-language pathology;
- 11 (N) medical supplies;
- 12 (O) minor home modifications; and
- 13 (P) adaptive aids;
- 14 (4) long-term services and supports under other
- 15 Medicaid waiver programs, including:
- 16 (A) enhanced behavioral health services;
- 17 (B) behavioral supports;
- 18 (C) day habilitation; and
- 19 (D) community support transportation;
- 20 (5) the following additional long-term services and
- 21 supports:
- 22 (A) housing supports;
- 23 (B) behavioral health crisis intervention
- 24 services; and
- 25 (C) high medical needs services; and
- 26 (6) other nonresidential long-term services and
- 27 supports that the commission, in consultation and collaboration

1 with the advisory committee and pilot program workgroup, determines
2 are appropriate and consistent with applicable requirements
3 governing the Medicaid waiver programs, person-centered
4 approaches, home and community-based setting requirements, and
5 achieving the most integrated and least restrictive setting based
6 on an individual's needs and preferences.

7 (b) A comprehensive long-term services and supports
8 provider may deliver services listed under the following provisions
9 only if the provider also delivers the services under a Medicaid
10 waiver program:

11 (1) Subsections (a)(2)(A) and (D);

12 (2) Subsections (a)(3)(B), (C), (D), (G), (H), (J),
13 (K), (L), and (M); and

14 (3) Subsection (a)(4).

15 (c) A comprehensive long-term services and supports
16 provider may deliver services listed under Subsections (a)(5) and
17 (6) only if the managed care organization in the network of which
18 the provider participates agrees to, in a contract with the
19 provider, the provision of those services.

20 (d) Day habilitation services listed under Subsection
21 (a)(4)(C) may be delivered by a provider who delivers services
22 under a Medicaid waiver program or the ICF-IID program.

23 (e) A comprehensive long-term services and supports
24 provider participating in the pilot program shall work in
25 coordination with the care coordinators of a managed care
26 organization participating in the pilot program to ensure the
27 seamless delivery of acute care and long-term services and supports

1 on a daily basis in accordance with an individual's plan of care. A
2 comprehensive long-term services and supports provider may be
3 reimbursed by a managed care organization for coordinating with
4 care coordinators under this subsection.

5 (f) Before implementing the pilot program, the commission,
6 in consultation and collaboration with the advisory committee and
7 pilot program workgroup, shall:

8 (1) for purposes of the pilot program only, develop
9 recommendations to modify adult foster care and supported
10 employment and employment assistance benefits to increase access to
11 and availability of those services; and

12 (2) as necessary, define services listed under
13 Subsections (a)(4) and (5) and any other services determined to be
14 appropriate under Subsection (a)(6).

15 SECTION 13. Sections 534.105, 534.106, 534.1065, 534.107,
16 534.108, and 534.109, Government Code, are amended to read as
17 follows:

18 Sec. 534.105. PILOT PROGRAM: MEASURABLE GOALS. (a) The
19 commission [department], in consultation and collaboration with
20 the advisory committee and pilot program workgroup and using
21 national core indicators, the National Quality Forum long-term
22 services and supports measures, and other appropriate Consumer
23 Assessment of Healthcare Providers and Systems measures, shall
24 identify measurable goals to be achieved by the [each] pilot
25 program [implemented under this subchapter. The identified goals
26 must:

27 [~~(1) align with information that will be collected~~

1 ~~under Section 534.108(a), and~~

2 ~~[(2) be designed to improve the quality of outcomes~~
3 ~~for individuals receiving services through the pilot program].~~

4 (b) The commission ~~[department]~~, in consultation and
5 collaboration with the advisory committee and pilot program
6 workgroup, shall develop ~~[propose]~~ specific strategies and
7 performance measures for achieving the identified goals. A
8 proposed strategy may be evidence-based if there is an
9 evidence-based strategy available for meeting the pilot program's
10 goals.

11 (c) The commission, in consultation and collaboration with
12 the advisory committee and pilot program workgroup, shall ensure
13 that mechanisms to report, track, and assess specific strategies
14 and performance measures for achieving the identified goals are
15 established before implementing the pilot program.

16 Sec. 534.106. IMPLEMENTATION, LOCATION, AND DURATION. (a)
17 The commission ~~[and the department]~~ shall implement the [any] pilot
18 program on [programs established under this subchapter not later
19 than] September 1, 2023 [2017].

20 (b) The [A] pilot program ~~[established under this~~
21 ~~subchapter]~~ shall [may] operate for at least [up to] 24 months. ~~[A~~
22 ~~pilot program may cease operation if the pilot program service~~
23 ~~provider terminates the contract with the commission before the~~
24 ~~agreed-to termination date.]~~

25 (c) The [A] pilot program ~~[established under this~~
26 ~~subchapter]~~ shall be conducted in a STAR+PLUS Medicaid managed care
27 service area [one or more regions] selected by the commission

1 [~~department~~].

2 Sec. 534.1065. RECIPIENT ENROLLMENT, PARTICIPATION, AND
3 ELIGIBILITY [~~IN PROGRAM VOLUNTARY~~]. (a) An individual who is
4 eligible for the pilot program will be enrolled automatically
5 [Participation in a pilot program established under this subchapter
6 by an individual with an intellectual or developmental disability
7 is voluntary], and the decision whether to opt out of participation
8 [participate] in the pilot [a] program and not receive long-term
9 services and supports under the pilot [from a provider through
10 that] program may be made only by the individual or the individual's
11 legally authorized representative.

12 (b) To ensure prospective pilot program participants are
13 able to make an informed decision on whether to participate in the
14 pilot program, the commission, in consultation and collaboration
15 with the advisory committee and pilot program workgroup, shall
16 develop and distribute informational materials on the pilot program
17 that describe the pilot program's benefits, the pilot program's
18 impact on current services, and other related information. The
19 commission shall establish a timeline and process for the
20 development and distribution of the materials and shall ensure:

21 (1) the materials are developed and distributed to
22 individuals eligible to participate in the pilot program with
23 sufficient time to educate the individuals, their families, and
24 other persons actively involved in their lives regarding the pilot
25 program;

26 (2) individuals eligible to participate in the pilot
27 program, including individuals enrolled in the STAR+PLUS Medicaid

1 managed care program, their families, and other persons actively
2 involved in their lives, receive the materials and oral information
3 on the pilot program;

4 (3) the materials contain clear, simple language
5 presented in a manner that is easy to understand; and

6 (4) the materials explain, at a minimum, that:

7 (A) on conclusion of the pilot program, pilot
8 program participants will be asked to provide feedback on their
9 experience, including feedback on whether the pilot program was
10 able to meet their unique support needs;

11 (B) participation in the pilot program does not
12 remove individuals from any Medicaid waiver program interest list;

13 (C) individuals who choose to participate in the
14 pilot program and who, during the pilot program's operation, are
15 offered enrollment in a Medicaid waiver program may accept the
16 enrollment, transition, or diversion offer; and

17 (D) pilot program participants have a choice
18 among acute care and comprehensive long-term services and supports
19 providers and service delivery options, including the consumer
20 direction model and comprehensive services model.

21 (c) The commission, in consultation and collaboration with
22 the advisory committee and pilot program workgroup, shall develop
23 pilot program participant eligibility criteria. The criteria must
24 ensure pilot program participants:

25 (1) include individuals with an intellectual or
26 developmental disability or a cognitive disability, including:

27 (A) individuals with autism;

1 (B) individuals with significant complex
2 behavioral, medical, and physical needs who are receiving home and
3 community-based services through the STAR+PLUS Medicaid managed
4 care program;

5 (C) individuals enrolled in the STAR+PLUS
6 Medicaid managed care program who:

7 (i) are on a Medicaid waiver program
8 interest list;

9 (ii) meet the criteria for an intellectual
10 disability; or

11 (iii) have a traumatic brain injury that
12 occurred after the age of 21; and

13 (D) other individuals with disabilities who have
14 similar functional needs without regard to the age of onset or
15 diagnosis; and

16 (2) do not include individuals who are receiving only
17 acute care services under the STAR+PLUS Medicaid managed care
18 program and are enrolled in the community-based ICF-IID program or
19 another Medicaid waiver program.

20 Sec. 534.107. COMMISSION RESPONSIBILITIES [~~COORDINATING~~
21 ~~SERVICES~~]. (a) The commission [~~In providing long-term services~~
22 ~~and supports under Medicaid to individuals with an intellectual or~~
23 ~~developmental disability, a pilot program service provider] shall
24 require that a managed care organization participating in the pilot
25 program:~~

26 (1) ensures that individuals participating in the
27 pilot program have a choice among acute care and comprehensive

1 long-term services and supports providers and service delivery
2 options, including the consumer direction model [~~coordinate~~
3 ~~through the pilot program institutional and community-based~~
4 ~~services available to the individuals, including services provided~~
5 ~~through:~~

6 [~~(A) a facility licensed under Chapter 252,~~
7 ~~Health and Safety Code,~~

8 [~~(B) a Medicaid waiver program; or~~

9 [~~(C) a community-based ICF-IID operated by local~~
10 ~~authorities];~~

11 (2) demonstrates to the commission's satisfaction that
12 the organization's network of acute care and comprehensive
13 long-term services and supports providers have experience and
14 expertise in providing services for individuals with an
15 intellectual or developmental disability and individuals with
16 similar functional needs [~~collaborate with managed care~~
17 ~~organizations to provide integrated coordination of acute care~~
18 ~~services and long-term services and supports, including discharge~~
19 ~~planning from acute care services to community-based long-term~~
20 ~~services and supports];~~

21 (3) has [~~have~~] a process for preventing inappropriate
22 institutionalizations of individuals; and

23 (4) ensures the timely initiation and consistent
24 provision of services in accordance with an individual's
25 person-centered plan [~~accept the risk of inappropriate~~
26 ~~institutionalizations of individuals previously residing in~~
27 ~~community settings].~~

1 (b) For the duration of the pilot program, the commission
2 shall ensure that comprehensive long-term services and supports
3 providers are considered significant traditional providers and
4 included in the provider network of a managed care organization
5 participating in the pilot program.

6 Sec. 534.108. PILOT PROGRAM INFORMATION. (a) The
7 commission, in consultation and collaboration with the advisory
8 committee and pilot program workgroup, [and the department] shall
9 determine which information will be collected from a managed care
10 organization participating in the pilot program to use in
11 conducting the evaluation and preparing the report under Section
12 534.112 [collect and compute the following information with respect
13 to each pilot program implemented under this subchapter to the
14 extent it is available.

15 [~~(1) the difference between the average monthly cost~~
16 ~~per person for all acute care services and long-term services and~~
17 ~~supports received by individuals participating in the pilot program~~
18 ~~while the program is operating, including services provided through~~
19 ~~the pilot program and other services with which pilot program~~
20 ~~services are coordinated as described by Section 534.107, and the~~
21 ~~average monthly cost per person for all services received by the~~
22 ~~individuals before the operation of the pilot program,~~

23 [~~(2) the percentage of individuals receiving services~~
24 ~~through the pilot program who begin receiving services in a~~
25 ~~nonresidential setting instead of from a facility licensed under~~
26 ~~Chapter 252, Health and Safety Code, or any other residential~~
27 ~~setting,~~

1 ~~[(3) the difference between the percentage of~~
2 ~~individuals receiving services through the pilot program who live~~
3 ~~in non-provider-owned housing during the operation of the pilot~~
4 ~~program and the percentage of individuals receiving services~~
5 ~~through the pilot program who lived in non-provider-owned housing~~
6 ~~before the operation of the pilot program;~~

7 ~~[(4) the difference between the average total Medicaid~~
8 ~~cost, by level of need, for individuals in various residential~~
9 ~~settings receiving services through the pilot program during the~~
10 ~~operation of the program and the average total Medicaid cost, by~~
11 ~~level of need, for those individuals before the operation of the~~
12 ~~program;~~

13 ~~[(5) the difference between the percentage of~~
14 ~~individuals receiving services through the pilot program who obtain~~
15 ~~and maintain employment in meaningful, integrated settings during~~
16 ~~the operation of the program and the percentage of individuals~~
17 ~~receiving services through the program who obtained and maintained~~
18 ~~employment in meaningful, integrated settings before the operation~~
19 ~~of the program;~~

20 ~~[(6) the difference between the percentage of~~
21 ~~individuals receiving services through the pilot program whose~~
22 ~~behavioral, medical, life-activity, and other personal outcomes~~
23 ~~have improved since the beginning of the program and the percentage~~
24 ~~of individuals receiving services through the program whose~~
25 ~~behavioral, medical, life-activity, and other personal outcomes~~
26 ~~improved before the operation of the program, as measured over a~~
27 ~~comparable period; and~~

1 ~~[(7) a comparison of the overall client satisfaction~~
2 ~~with services received through the pilot program, including for~~
3 ~~individuals who leave the program after a determination is made in~~
4 ~~the individuals' cases at hearings or on appeal, and the overall~~
5 ~~client satisfaction with services received before the individuals~~
6 ~~entered the pilot program].~~

7 (b) For the duration of the pilot program, a managed care
8 organization participating in the pilot program shall submit to the
9 commission and the advisory committee quarterly reports on the
10 services provided to each pilot program participant that include
11 information on:

12 (1) the level of each requested service and the
13 authorization and utilization rates for those services;

14 (2) timelines of:

15 (A) the delivery of each requested service;

16 (B) authorization of each requested service;

17 (C) the initiation of each requested service; and

18 (D) each unplanned break in the delivery of
19 requested services and the duration of the break;

20 (3) the number of pilot program participants using
21 employment assistance and supported employment services;

22 (4) the number of service denials and fair hearings
23 and the dispositions of fair hearings;

24 (5) the number of complaints and inquiries received by
25 the managed care organization and the outcome of each complaint;
26 and

27 (6) the number of pilot program participants who

1 choose the consumer direction model and the reasons why other
2 participants did not choose the consumer direction model [~~The pilot~~
3 ~~program service provider shall collect any information described by~~
4 ~~Subsection (a) that is available to the provider and provide the~~
5 ~~information to the department and the commission not later than the~~
6 ~~30th day before the date the program's operation concludes~~].

7 (c) The commission shall ensure that the mechanisms to
8 report and track the information and data required by this section
9 are established before implementing the pilot program [~~In addition~~
10 ~~to the information described by Subsection (a), the pilot program~~
11 ~~service provider shall collect any information specified by the~~
12 ~~department for use by the department in making an evaluation under~~
13 ~~Section 534.104(g)~~].

14 [~~(d) The commission and the department, in consultation and~~
15 ~~collaboration with the advisory committee, shall review and~~
16 ~~evaluate the progress and outcomes of each pilot program~~
17 ~~implemented under this subchapter and submit, as part of the annual~~
18 ~~report to the legislature required by Section 534.054, a report to~~
19 ~~the legislature during the operation of the pilot programs. Each~~
20 ~~report must include recommendations for program improvement and~~
21 ~~continued implementation~~].

22 Sec. 534.109. PERSON-CENTERED PLANNING. The commission, in
23 consultation and collaboration [~~cooperation~~] with the advisory
24 committee and pilot program workgroup [~~department~~], shall ensure
25 that each individual [~~with an intellectual or developmental~~
26 ~~disability~~] who receives services and supports under Medicaid
27 through the [~~a~~] pilot program [~~established under this subchapter~~],

1 or the individual's legally authorized representative, has access
2 to a comprehensive, facilitated, person-centered plan that
3 identifies outcomes for the individual and drives the development
4 of the individualized budget. The consumer direction model must be
5 an available option for individuals to achieve self-determination,
6 choice, and control~~[, as defined by Section 531.051, may be an~~
7 ~~outcome of the plan]~~.

8 SECTION 14. Section 534.110, Government Code, is amended to
9 read as follows:

10 Sec. 534.110. TRANSITION BETWEEN PROGRAMS; CONTINUITY OF
11 SERVICES. (a) Following the evaluation of the pilot program
12 required under Section 534.112, the [The] commission may continue
13 the pilot program to ensure continuity of care for pilot program
14 participants. If the commission does not continue the pilot
15 program following the evaluation, the commission shall ensure that
16 there is a comprehensive plan for transitioning the provision of
17 Medicaid benefits for pilot program participants to the benefits
18 provided before participating in the pilot program ~~[between a~~
19 ~~Medicaid waiver program or an ICF-IID program and a pilot program~~
20 ~~under this subchapter to protect continuity of care]~~.

21 (b) A [The] transition plan under Subsection (a) shall be
22 developed in consultation and collaboration with the advisory
23 committee and pilot program workgroup and with stakeholder input as
24 described by Section 534.103.

25 SECTION 15. Section 534.111, Government Code, is amended to
26 read as follows:

27 Sec. 534.111. CONCLUSION OF PILOT PROGRAM ~~[PROGRAMS,~~

1 ~~EXPIRATION]~~. (a) On September 1, 2025, the pilot program is
2 concluded unless the commission continues the pilot program under
3 Section 534.110 [~~2019.~~

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

6 ~~(2) this subchapter expires].~~

7 (b) If the commission continues the pilot program under
8 Section 534.110, the commission shall publish notice of the pilot
9 program's continuance in the Texas Register not later than
10 September 1, 2025.

11 SECTION 16. Subchapter C, Chapter 534, Government Code, is
12 amended by adding Section 534.112 to read as follows:

13 Sec. 534.112. PILOT PROGRAM EVALUATIONS AND REPORTS. (a)
14 The commission, in consultation and collaboration with the advisory
15 committee and pilot program workgroup, shall review and evaluate
16 the progress and outcomes of the pilot program and submit, as part
17 of the annual report required under Section 534.054, a report on the
18 pilot program's status that includes recommendations for improving
19 the program.

20 (b) On conclusion of the pilot program, the commission, in
21 consultation and collaboration with the advisory committee and
22 pilot program workgroup, shall prepare and submit to the
23 legislature a written report that evaluates the pilot program based
24 on a comprehensive analysis. The analysis must:

25 (1) assess the effect of the pilot program on:

26 (A) access to and quality of long-term services
27 and supports;

1 (B) informed choice and meaningful outcomes
2 using person-centered planning, flexible consumer-directed
3 services, individualized budgeting, and self-determination,
4 including a pilot program participant's inclusion in the community;

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

7 (D) employment assistance and customized,
8 integrated, competitive employment options;

9 (E) the number, types, and dispositions of fair
10 hearings and appeals in accordance with applicable federal and
11 state law;

12 (F) increasing the use and flexibility of the
13 consumer direction model;

14 (G) increasing the use of alternatives to
15 guardianship, including supported decision-making agreements as
16 defined by Section 1357.002, Estates Code;

17 (H) achieving the best and most cost-effective
18 use of funding based on a pilot program participant's needs and
19 preferences; and

20 (I) attendant recruitment and retention;

21 (2) analyze the experiences and outcomes of the
22 following systems changes:

23 (A) the comprehensive assessment instrument
24 described by Section 533A.0335, Health and Safety Code;

25 (B) the 21st Century Cures Act (Pub. L. No.
26 114-255);

27 (C) implementation of the federal rule

1 establishing the home and community-based settings that are
2 eligible for reimbursement under the STAR+PLUS home and
3 community-based services (HCS) waiver program;

4 (D) the provision of basic attendant and
5 habilitation services under Section 534.152; and

6 (E) the benefits of providing STAR+PLUS Medicaid
7 managed care services to persons based on functional needs;

8 (3) include feedback on the pilot program based on the
9 personal experiences of:

10 (A) individuals with an intellectual or
11 developmental disability and individuals with similar functional
12 needs who participated in the pilot program;

13 (B) families of and other persons actively
14 involved in the lives of individuals described by Paragraph (A);
15 and

16 (C) comprehensive long-term services and
17 supports providers who delivered services under the pilot program;

18 (4) be incorporated in the annual report required
19 under Section 534.054; and

20 (5) include recommendations on:

21 (A) a system of programs and services for
22 consideration by the legislature;

23 (B) necessary statutory changes; and

24 (C) whether to implement the pilot program
25 statewide under the STAR+PLUS Medicaid managed care program for
26 eligible individuals.

27 SECTION 17. The heading to Subchapter E, Chapter 534,

1 Government Code, is amended to read as follows:

2 SUBCHAPTER E. STAGE TWO: TRANSITION OF ICF-IID PROGRAM RECIPIENTS
3 AND LONG-TERM CARE MEDICAID WAIVER PROGRAM RECIPIENTS TO INTEGRATED
4 MANAGED CARE SYSTEM

5 SECTION 18. The heading to Section 534.202, Government
6 Code, is amended to read as follows:

7 Sec. 534.202. DETERMINATION TO TRANSITION [~~OF~~] ICF-IID
8 PROGRAM RECIPIENTS AND CERTAIN OTHER MEDICAID WAIVER PROGRAM
9 RECIPIENTS TO MANAGED CARE PROGRAM.

10 SECTION 19. Sections 534.202(a), (b), (c), (e), and (i),
11 Government Code, are amended to read as follows:

12 (a) This section applies to individuals with an
13 intellectual or developmental disability who [~~, on the date the~~
14 ~~commission implements the transition described by Subsection (b),~~]
15 are receiving long-term services and supports under:

16 (1) a Medicaid waiver program [~~other than the Texas~~
17 ~~home living (TxHmL) waiver program~~]; or

18 (2) an ICF-IID program.

19 (b) Subject to Subsection (g), after [~~After~~] implementing
20 the pilot program under Subchapter C and completing the evaluation
21 under Section 534.112 [~~transition required by Section 534.201, on~~
22 ~~September 1, 2021~~], the commission, in consultation and
23 collaboration with the advisory committee, shall develop a plan for
24 the transition of all or a portion of the services provided through
25 an ICF-IID program or a Medicaid waiver program that were not
26 included in the pilot program to a Medicaid managed care model. The
27 plan must include:

1 (1) a process for transitioning the services in phases
2 as follows:

3 (A) beginning September 1, 2027, the Texas home
4 living (TxHmL) waiver program services;

5 (B) beginning September 1, 2029, the community
6 living assistance and support services (CLASS) waiver program
7 services;

8 (C) beginning September 1, 2031, nonresidential
9 services provided under the home and community-based services (HCS)
10 waiver program and the deaf-blind with multiple disabilities (DBMD)
11 waiver program; and

12 (D) subject to Subdivision (2), the residential
13 services provided under an ICF-IID program, the home and
14 community-based services (HCS) waiver program, and the deaf-blind
15 with multiple disabilities (DBMD) waiver program; and

16 (2) a process, based on the evaluation completed under
17 Section 534.112, for evaluating and determining the feasibility and
18 cost efficiency of transitioning residential services described by
19 Subdivision (1)(D) to a Medicaid managed care model [~~transition the~~
20 ~~provision of Medicaid benefits to individuals to whom this section~~
21 ~~applies to the STAR + PLUS Medicaid managed care program delivery~~
22 ~~model or the most appropriate integrated capitated managed care~~
23 ~~program delivery model, as determined by the commission based on~~
24 ~~cost-effectiveness and the experience of the transition of Texas~~
25 ~~home living (TxHmL) waiver program recipients to a managed care~~
26 ~~program delivery model under Section 534.201, subject to~~
27 ~~Subsections (c)(1) and (g)].~~

1 (c) Before implementing the ~~[At the time of the]~~ transition
2 described by Subsection (b), the commission shall, subject to
3 Subsection (g), determine whether to:

4 (1) continue operation of the Medicaid waiver programs
5 or ICF-IID program only for purposes of providing, if applicable:

6 (A) supplemental long-term services and supports
7 not available under the managed care program delivery model
8 selected by the commission; or

9 (B) long-term services and supports to Medicaid
10 waiver program recipients who choose to continue receiving benefits
11 under the waiver programs ~~[program]~~ as provided by Subsection (g);
12 or

13 (2) ~~[subject to Subsection (g),]~~ provide all or a
14 portion of the long-term services and supports previously available
15 under the Medicaid waiver programs or ICF-IID program through the
16 managed care program delivery model selected by the commission.

17 (e) The commission shall ensure that there is a
18 comprehensive plan for transitioning the provision of Medicaid
19 benefits under this section that protects the continuity of care
20 provided to individuals to whom this section applies and ensures
21 individuals have a choice among acute care and comprehensive
22 long-term services and supports providers and service delivery
23 options, including the consumer direction model.

24 (i) In addition to the requirements of Section 533.005, a
25 contract between a managed care organization and the commission for
26 the organization to provide Medicaid benefits under this section
27 must contain a requirement that the organization implement a

1 process for individuals with an intellectual or developmental
2 disability that:

3 (1) ensures that the individuals have a choice among
4 acute care and comprehensive long-term services and supports
5 providers and service delivery options, including the consumer
6 direction model;

7 (2) to the greatest extent possible, protects those
8 individuals' continuity of care with respect to access to primary
9 care providers, including the use of single-case agreements with
10 out-of-network providers; and

11 (3) provides access to a member services phone line
12 for individuals or their legally authorized representatives to
13 obtain information on and assistance with accessing services
14 through network providers, including providers of primary,
15 specialty, and other long-term services and supports.

16 SECTION 20. Section 534.203, Government Code, is amended to
17 read as follows:

18 Sec. 534.203. RESPONSIBILITIES OF COMMISSION UNDER
19 SUBCHAPTER. In administering this subchapter, the commission shall
20 ensure, on making a determination to transition services under
21 Section 534.202:

22 (1) that the commission is responsible for setting the
23 minimum reimbursement rate paid to a provider of ICF-IID services
24 or a group home provider under the integrated managed care system,
25 including the staff rate enhancement paid to a provider of ICF-IID
26 services or a group home provider;

27 (2) that an ICF-IID service provider or a group home

1 provider is paid not later than the 10th day after the date the
2 provider submits a clean claim in accordance with the criteria used
3 by the commission [~~department~~] for the reimbursement of ICF-IID
4 service providers or a group home provider, as applicable; [~~and~~]

5 (3) the establishment of an electronic portal through
6 which a provider of ICF-IID services or a group home provider
7 participating in the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care
8 program delivery model or the most appropriate integrated capitated
9 managed care program delivery model, as appropriate, may submit
10 long-term services and supports claims to any participating managed
11 care organization; and

12 (4) that the consumer direction model is an available
13 option for each individual with an intellectual or developmental
14 disability who receives Medicaid benefits in accordance with this
15 subchapter to achieve self-determination, choice, and control, and
16 that the individual or the individual's legally authorized
17 representative has access to a comprehensive, facilitated,
18 person-centered plan that identifies outcomes for the individual.

19 SECTION 21. Chapter 534, Government Code, is amended by
20 adding Subchapter F to read as follows:

21 SUBCHAPTER F. OTHER IMPLEMENTATION REQUIREMENTS AND
22 RESPONSIBILITIES

23 Sec. 534.251. DELAYED IMPLEMENTATION AUTHORIZED.
24 Notwithstanding any other law, the commission may delay
25 implementation of a provision of this chapter without further
26 investigation, adjustments, or legislative action if the
27 commission determines the provision adversely affects the system of

1 services and supports to persons and programs to which this chapter
2 applies.

3 Sec. 534.252. REQUIREMENTS REGARDING TRANSITION OF
4 SERVICES. (a) For purposes of implementing the pilot program under
5 Subchapter C and transitioning the provision of services provided
6 to recipients under certain Medicaid waiver programs to a Medicaid
7 managed care delivery model following completion of the pilot
8 program, the commission shall:

9 (1) implement and maintain a certification process for
10 and maintain regulatory oversight over providers under the Texas
11 home living (TxHmL) and home and community-based services (HCS)
12 waiver programs; and

13 (2) require managed care organizations to include in
14 the organizations' provider networks qualified comprehensive
15 long-term services and supports providers and providers under the
16 Texas home living (TxHmL) and home and community-based services
17 (HCS) waiver programs that specialize in services for persons with
18 intellectual disabilities.

19 (b) For purposes of implementing the pilot program under
20 Subchapter C and transitioning the provision of services described
21 by Section 534.202 to the STAR+PLUS Medicaid managed care program,
22 a comprehensive long-term services and supports provider:

23 (1) must report to the managed care organization in
24 the network of which the provider participates each encounter of
25 any directly contracted service;

26 (2) must provide to the managed care organization
27 quarterly reports on:

1 (A) coordinated services and time frames for the
2 delivery of those services; and

3 (B) the goals and objectives outlined in an
4 individual's person-centered plan and progress made toward meeting
5 those goals and objectives; and

6 (3) may not be held accountable for the provision of
7 services specified in an individual's service plan that are not
8 authorized or subsequently denied by the managed care organization.

9 (c) On transitioning services under a Medicaid waiver
10 program to a Medicaid managed care delivery model, the commission
11 shall ensure that individuals do not lose benefits they receive
12 under the Medicaid waiver program.

13 SECTION 22. Section 534.201, Government Code, is repealed.

14 SECTION 23. Not later than September 1, 2020, and only if
15 the Health and Human Services Commission determines it would be
16 cost effective, the executive commissioner of the Health and Human
17 Services Commission shall seek a waiver under Section 1115 of the
18 federal Social Security Act (42 U.S.C. Section 1315) to provide
19 Medicaid benefits to medically fragile individuals:

20 (1) who are 21 years of age or older; and

21 (2) whose health care costs exceed cost limits under
22 appropriate Medicaid waiver programs, as defined by Section
23 534.001, Government Code.

24 SECTION 24. As soon as practicable after the effective date
25 of this Act, the executive commissioner of the Health and Human
26 Services Commission shall adopt rules as necessary to implement the
27 changes in law made by this Act.

1 SECTION 25. If before implementing any provision of this
2 Act a state agency determines that a waiver or authorization from a
3 federal agency is necessary for implementation of that provision,
4 the agency affected by the provision shall request the waiver or
5 authorization and may delay implementing that provision until the
6 waiver or authorization is granted.

7 SECTION 26. This Act takes effect September 1, 2019.