A BILL TO BE ENTITLED

AN ACT

relating to the system redesign for delivery of Medicaid acute care services and long-term services and supports to persons with an intellectual or developmental disability.

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

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

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

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

(B) a provider under a Medicaid waiver program

["Department" means the Department of Aging and Disability Services].

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

SECTION 2. Sections 534.051 and 534.052, Government Code, are amended to read as follows:
In accordance with this chapter, the commission [and the department] shall [jointly] design and implement an acute care services and long-term services and supports system for individuals with an intellectual or developmental disability that supports the following goals:

(1) provide Medicaid services to more individuals in a cost-efficient manner by providing the type and amount of services most appropriate to the individuals' needs;

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

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

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

(5) promote individualized budgeting based on an assessment of an individual's needs and person-centered planning;

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

(7) improve acute care and long-term services and supports outcomes, including reducing unnecessary
institutionalization and potentially preventable events;
(8) promote high-quality care;
(9) provide fair hearing and appeals processes in accordance with applicable federal law;
(10) ensure the availability of a local safety net provider and local safety net services;
(11) promote independent service coordination and independent ombudsmen services; and
(12) ensure that individuals with the most significant needs are appropriately served in the community and that processes are in place to prevent inappropriate institutionalization of individuals.

Sec. A534.052. IMPLEMENTATION OF SYSTEM REDESIGN. The commission [and department] shall, in consultation and collaboration with the advisory committee, [jointly] implement the acute care services and long-term services and supports system for individuals with an intellectual or developmental disability in the manner and in the stages described in this chapter.

SECTION 3. Section 534.053, Government Code, is amended by amending Subsections (a) and (b) and adding Subsection (f-1) to read as follows:

(a) The Intellectual and Developmental Disability System Redesign Advisory Committee shall advise the commission [and the department] on the implementation of the acute care services and long-term services and supports system redesign under this chapter. Subject to Subsection (b), the executive commissioner [and the commissioner of aging and disability services] shall
appoint members of the advisory committee who are stakeholders from the intellectual and developmental disabilities community, including:

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

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

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

   (B) nonphysician mental health professionals;

and

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

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

   (A) representatives of aging and disability resource centers established under the Aging and Disability Resource Center initiative funded in part by the federal Administration on Aging and the Centers for Medicare and Medicaid Services;

   (B) representatives of community mental health
and intellectual disability centers;
(C) representatives of and service coordinators or case managers from private and public home and community-based services providers that serve individuals with an intellectual or developmental disability; and
(D) representatives of private and public ICF-IID providers; and
(4) representatives of managed care organizations contracting with the state to provide services to individuals with an intellectual or developmental disability.

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

(f-1) The advisory committee is abolished January 1, 2029, unless the commission makes a determination under Section 534.202 to not proceed with the transition described by that section and to abolish the advisory committee on an earlier date. If the commission makes that determination, the commission shall publish notice of the determination in the Texas Register not later than 30 days after making the determination. The notice must specify a date not later than January 1, 2029, on which the advisory committee is abolished.

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

(g) This section expires [On] January 1, 2029 [2026].

(1) the advisory committee is abolished, and

(2) this section expires.

SECTION 5. Section 534.054, Government Code, is amended by amending Subsection (b) and adding Subsection (c) to read as follows:

(b) If the commission makes a determination under Section 534.202 to not proceed with the transition described by that section, the commission shall publish notice of the determination in the Texas Register not later than 30 days after making the determination. Notwithstanding Subsection (a), the commission is not required to submit the report under that subsection after publishing the notice under this subsection.

(c) This section expires January 1, 2029 [2026].

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

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

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

(2) "Health care service region" has the meaning assigned by Section 533.001 ["Provider" means a person with whom the commission contracts for the provision of long-term services and supports under Medicaid to a specific population based on capitation].
"Pilot program" means the pilot program established under this subchapter.

SECTION 8. Sections 534.102 and 534.103, Government Code, are amended to read as follows:

Sec. 534.102. PILOT PROGRAM [PROGRAMS] TO TEST MANAGED CARE STRATEGIES AND IMPROVEMENTS BASED ON CAPITATION. The commission, in consultation and collaboration with the advisory committee, shall [and the department may] develop and implement a pilot program [programs] in accordance with this subchapter to test, through the STAR+PLUS Medicaid managed care program, the delivery of home and community-based services [one or more service delivery models involving a managed care strategy based on capitation to deliver long-term services and supports under Medicaid] to adults [individuals] with an intellectual or developmental disability, subject to Section 534.1065.

Sec. 534.103. STAKEHOLDER INPUT. As part of developing and implementing the [a] pilot program [under this subchapter], the commission, in consultation and collaboration with the advisory committee, [department] shall develop a process to receive and evaluate:

(1) input from statewide stakeholders and stakeholders from a health care service [the] region [of the state] in which the pilot program will be implemented; and

(2) other evaluations and data.

SECTION 9. The heading to Section 534.104, Government Code, is amended to read as follows:

Sec. 534.104. SELECTION OF [MANAGED CARE STRATEGY
SECTION 10. Sections 534.104(a), (b), (c), (f), (g), and (h), Government Code, are amended to read as follows:

(a) The commission shall select and contract with one or more managed care organizations participating in the STAR+PLUS Medicaid managed care program to participate in the pilot program.

(b) The commission, in consultation and collaboration with the advisory committee, shall develop criteria regarding the selection of one or more managed care organizations to participate in the pilot program to identify private services providers or managed care organizations that are good candidates to develop a service delivery model involving a managed care strategy based on capitation and to test the model in the provision of long-term services and supports under Medicaid to individuals with an intellectual or developmental disability through a pilot program established under this subchapter.

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

(d) The [A managed care strategy based on capitation developed for implementation through a] pilot program [under this...]
subchapter] must be designed to:

1. increase access to home and community-based services [long-term services and supports];
2. improve quality of acute care services and home and community-based services [long-term services and supports];
3. promote meaningful outcomes by using person-centered planning, individualized budgeting, and self-determination, and promote community inclusion;
4. promote integrated service coordination of acute care services and home and community-based services [long-term services and supports];
5. promote efficiency and the best use of funding;
6. promote [the placement of an individual in] housing stability through housing supports and navigation services [that is the least restrictive setting appropriate to the individual's needs];
7. promote employment assistance and customized, integrated, and competitive employment;
8. provide fair hearing and appeals processes in accordance with applicable federal law; [*and*]
9. promote sufficient flexibility to achieve the goals listed in this section through the pilot program;
10. promote the use of innovative technology and benefits, including home monitoring, telemonitoring, transportation, and other innovations that support community integration;
11. ensure an adequate provider network that includes
comprehensive long-term services and supports providers; and

(12) ensure that individuals with complex behavioral, medical, and physical needs are appropriately served.

(f) A managed care organization participating in the [for each pilot program service provider, the department shall develop and implement a pilot program. Under a] pilot program[, the pilot program service provider] shall provide long-term services and supports under Medicaid to persons with an intellectual or developmental disability to test its managed care strategy based on capitation.

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

(h) The analysis under Subsection (g) must include an assessment of the effect of the managed care strategies implemented in the pilot program [programs] on the services required to be provided under Subsection (f) [

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

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

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

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

(5) the efficiency and use of funding;

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

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

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

SECTION 11. Subchapter C, Chapter 534, Government Code, is amended by adding Section 534.1045 to read as follows:

Sec. 534.1045. PILOT PROGRAM BENEFITS PROVIDED. The pilot program must ensure that a managed care organization participating in the pilot program provides:

(1) all Medicaid state plan benefits available under the STAR+PLUS program, including:

(A) acute care services, including physical health, behavioral health, specialty care, inpatient hospital, and outpatient pharmacy services; and

(B) long-term services and supports, including:

(i) Community First Choice services;

(ii) personal assistance services;

(iii) day activity health services;

(iv) habilitation services; and

(v) home and community-based services, including assisted living, personal assistance services,
employment assistance, supported employment, adult foster care, dental care, nursing care, respite care, home-delivered meals, and therapy services;

(2) the following additional home and community-based services:

(A) enhanced behavioral health services;
(B) behavioral supports;
(C) day habilitation;
(D) housing supports;
(E) community support transportation; and
(F) crisis intervention services; and

(3) other home and community-based services the commission, in consultation and coordination with the advisory committee, determines appropriate.

SECTION 12. Sections 534.105, 534.106, 534.1065, 534.107, 534.109, and 534.111, Government Code, are amended to read as follows:

Sec. 534.105. PILOT PROGRAM: MEASURABLE GOALS. (a) The commission [department], in consultation and collaboration with the advisory committee, shall identify measurable goals to be achieved by the [each] pilot program [implemented under this subchapter]. The identified goals must:

(1) align with information that will be collected under Section 534.108(a); and

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

(b) The commission [department], in consultation and
collaboration with the advisory committee, shall develop specific strategies for achieving the identified goals. A proposed strategy may be evidence-based if there is an evidence-based strategy available for meeting the pilot program's goals.

Sec. 534.106. IMPLEMENTATION, LOCATION, AND DURATION. (a) The commission and the department shall implement the pilot program not later than September 1, 2023.

(b) The pilot program shall operate for up to 24 months. A pilot program may cease operation if the pilot program service provider terminates the contract with the commission before the agreed-to termination date.

(c) The pilot program shall be conducted in one or more health care service regions selected by the commission.

Sec. 534.1065. RECIPIENT PARTICIPATION AND ELIGIBILITY [IN PROGRAM VOLUNTARY]. (a) Participation in the pilot program by an individual with an intellectual or developmental disability is voluntary, and the decision whether to participate in the pilot program and receive long-term services under the pilot program may be made only by the individual or the individual's legally authorized representative.

(b) The commission, in consultation and coordination with the advisory committee, shall develop pilot program participant eligibility criteria, including financial and functional need.
criteria. The criteria must ensure pilot program participants:

(1) include:

(A) individuals with an intellectual or developmental disability who:

(i) have significant complex behavioral, medical, and physical needs;

(ii) are receiving home and community-based services through the STAR+PLUS Medicaid managed care program; or

(iii) are on a Medicaid waiver program interest list;

(B) individuals receiving services under the STAR+PLUS Medicaid managed care program who have a traumatic brain injury that occurred after the age of 21; and

(C) other populations determined by the commission; and

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

(c) Individuals who choose to participate in the pilot program and who, during the pilot program's implementation, are offered enrollment in a Medicaid waiver program may accept the enrollment offer.

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

(1) ensures that individuals participating in the pilot program have a choice among acute care and comprehensive long-term services and supports providers and service delivery options, including the consumer direction model, as defined by Section 531.051 [coordinate through the pilot program institutional and community-based services available to the individuals, including services provided through:

(A) a facility licensed under Chapter 252, Health and Safety Code;

(B) a Medicaid waiver program; or

(C) a community-based ICF-IID operated by local authorities];

(2) demonstrates to the commission's satisfaction that the organization's network of acute care and comprehensive long-term services and supports providers have experience and expertise in providing services for individuals with an intellectual or developmental disability [collaborate with managed care organizations to provide integrated coordination of acute care services and long-term services and supports, including discharge planning from acute care services to community-based long-term services and supports]; and

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

(4) accept the risk of inappropriate institutionalizations of individuals previously residing in
community settings).

(b) For purposes of the pilot program, the commission shall ensure that comprehensive long-term services and supports providers are considered significant traditional providers and included in the provider network of the managed care organizations participating in the pilot program.

Sec. 534.109. PERSON-CENTERED PLANNING. The commission, in consultation and collaboration [cooperation] with the advisory committee [department], shall ensure that each individual with an intellectual or developmental disability who receives services and supports under Medicaid through the [a] pilot program [established under this subchapter], or the individual's legally authorized representative, has access to a facilitated, person-centered plan that identifies outcomes for the individual and drives the development of the individualized budget. The consumer direction model, as defined by Section 531.051, must be an available option for individuals to achieve self-determination, choice, and control [may be an outcome of the plan].

Sec. 534.111. CONCLUSION OF PILOT PROGRAM [PROGRAMS]; EXPIRATION. On September 1, 2025 [2019]:

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

(2) this subchapter expires.

SECTION 13. Section 534.151(b), Government Code, is amended to read as follows:

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

1. include an assessment of the effects on:
   - (A) access to and quality of acute care services;
   - and
   - (B) the number and types of fair hearing and appeals processes in accordance with applicable federal law;

2. be incorporated into the annual report to the legislature required under Section 534.054; and

3. include recommendations for delivery model improvements and implementation for consideration by the legislature, including recommendations for needed statutory changes.

SECTION 14. Sections 534.152(b), (c), (f), and (g), Government Code, are amended to read as follows:

(b) The commission shall require that each managed care organization that contracts with the commission for the provision of basic attendant and habilitation services under the STAR+PLUS Medicaid managed care program in accordance with this section:

1. include in the organization's provider network for the provision of those services:
   - (A) home and community support services agencies licensed under Chapter 142, Health and Safety Code, with which there is [the department has] a contract to provide services under the community living assistance and support services (CLASS) waiver
program; and

(B) persons exempted from licensing under Section 142.003(a)(19), Health and Safety Code, with which there is a contract to provide services under:

(i) the home and community-based services (HCS) waiver program; or

(ii) the Texas home living (TxHmL) waiver program;

(2) review and consider any assessment conducted by a local intellectual and developmental disability authority providing intellectual and developmental disability service coordination under Subsection (c); and

(3) enter into a written agreement with each local intellectual and developmental disability authority in the service area regarding the processes the organization and the authority will use to coordinate the services of individuals with an intellectual or developmental disability.

(c) The commission shall contract with and make contract payments to local intellectual and developmental disability authorities to conduct the following activities under this section:

(1) provide intellectual and developmental disability service coordination to individuals with an intellectual or developmental disability under the STAR+PLUS Medicaid managed care program by assisting those individuals who are eligible to receive services in a community-based setting, including individuals transitioning to a community-based setting;
provide an assessment to the appropriate managed care organization regarding whether an individual with an intellectual or developmental disability needs attendant or habilitation services, based on the individual's functional need, risk factors, and desired outcomes;

(3) assist individuals with an intellectual or developmental disability with developing the individuals' plans of care under the STAR+PLUS [STAR + PLUS] Medicaid managed care program, including with making any changes resulting from periodic reassessments of the plans;

(4) provide to the appropriate managed care organization [and the department] information regarding the recommended plans of care with which the authorities provide assistance as provided by Subdivision (3), including documentation necessary to demonstrate the need for care described by a plan; and

(5) on an annual basis, provide to the appropriate managed care organization [and the department] a description of outcomes based on an individual's plan of care.

(f) A local intellectual and developmental disability authority with which the commission [department] contracts under Subsection (c) may subcontract with an eligible person, including a nonprofit entity, to coordinate the services of individuals with an intellectual or developmental disability under this section. The executive commissioner by rule shall establish minimum qualifications a person must meet to be considered an "eligible person" under this subsection.

(g) The commission [department] may contract with providers
participating in the home and community-based services (HCS) waiver program, the Texas home living (TxHmL) waiver program, the community living assistance and support services (CLASS) waiver program, or the deaf-blind with multiple disabilities (DBMD) waiver program for the delivery of basic attendant and habilitation services described in Subsection (a) for individuals to which that subsection applies. The Commission [department] has regulatory and oversight authority over the providers with which the Commission [department] contracts for the delivery of those services.

SECTION 15. The heading to Subchapter E, Chapter 534, Government Code, is amended to read as follows:

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

SECTION 16. The heading to Section 534.201, Government Code, is amended to read as follows:

Sec. 534.201. EVALUATION AND REPORT ON PILOT PROGRAM [TRANSITION OF RECIPIENTS UNDER TEXAS HOME LIVING (TxHmL) WAIVER PROGRAM TO MANAGED CARE PROGRAM].

SECTION 17. Sections 534.201(a), (b), and (g), Government Code, are amended to read as follows:

(a) The Commission, in consultation and collaboration with the advisory committee, shall review and evaluate the progress and outcomes of the pilot program established under Subchapter C and submit, as part of the annual report required by Section 534.054, a report on the status of the pilot program. The report must include recommendations for pilot program improvement [This section
applies to individuals with an intellectual or developmental
disability who are receiving long-term services and supports under
the Texas home living (TxHmL) waiver program on the date the
commission implements the transition described by Subsection (b).

(b) On conclusion of the pilot program established under
Subchapter C, the commission, in consultation and collaboration
with the advisory committee, shall conduct a comprehensive analysis
of the pilot program's success and prepare and submit to the
legislature a report based on that analysis [On September 1, 2020,
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)].

(g) The comprehensive [commission, in consultation and
collaboration with the advisory committee, shall analyze the
outcomes of the transition of the long-term services and supports
under the Texas home living (TxHmL) Medicaid waiver program to a
managed care program delivery model. The] analysis conducted under
Subsection (b) must:

(1) include an assessment of the effect of the pilot
program [transition] on:

(A) access to long-term services and supports;
meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community; the integration of service coordination of acute care services and long-term services and supports; employment assistance and customized, integrated, competitive employment options; and the number and types of fair hearing and appeals processes in accordance with applicable federal law;

(2) provide an analysis of the experience and outcome of the following systems changes:

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

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

(C) implementation of the federal rule establishing the home and community-based settings that are eligible for reimbursement under the STAR+PLUS home and community-based services (HCBS) waiver program; and

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

(3) include input from individuals and comprehensive long-term services and supports providers who participated in the pilot program about their experiences;

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

(5) include recommendations about a system of
programs and services for improvements to the transition implementation for consideration by the legislature, including recommendations for needed statutory changes.

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

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

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

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

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

(2) an ICF-IID program.

(b) After completing the comprehensive analysis under [implementing the transition required by] Section 534.201(g) [534.201], [on September 1, 2021,] the commission shall determine whether to:

(1) establish a new pilot program to test the provision of residential services to individuals with an intellectual or developmental disability under the managed care program; or

(2) transition ICF-IID and other Medicaid waiver program recipients to the managed care program delivery model for
the provision of long-term supports and services [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 transition of Texas home living (TxHmL) waiver program recipients to a managed care program delivery model under Section 534.201, subject to Subsections (c)(1) and (g)].

(c) If the commission determines to [At the time of the transition the provision of benefits as described by Subsection (b), the commission shall, not later than September 1, 2027, and subject to Subsection (g), determine whether to:

(1) continue operation of the Medicaid waiver programs or ICF-IID program only for purposes of providing, if applicable:
   (A) supplemental long-term services and supports not available under the managed care program delivery model selected by the commission; or
   (B) long-term services and supports to Medicaid waiver program recipients who choose to continue receiving benefits under the waiver programs [program] as provided by Subsection (g);

or

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

(e) The commission shall ensure that there is a
comprehensive plan for transitioning the provision of Medicaid benefits under this section that protects the continuity of care provided to individuals to whom this section applies and ensures individuals have a choice among acute care and comprehensive long-term services and supports providers and service delivery options, including the consumer direction model, as defined by Section 531.051.

(i) In addition to the requirements of Section 533.005, a contract between a managed care organization and the commission for the organization to provide Medicaid benefits under this section must contain a requirement that the organization implement a process for individuals with an intellectual or developmental disability that:

(1) ensures that the individuals have a choice among acute care and comprehensive long-term services and supports providers and service delivery options, including the consumer direction model, as defined by Section 531.051;

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

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

SECTION 20. Section 534.203, Government Code, is amended to
Sec. 534.203. RESPONSIBILITIES OF COMMISSION UNDER SUBCHAPTER. In administering this subchapter, the commission shall ensure:

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

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

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

(4) that the consumer direction model, as defined by Section 531.051, is an available option for each individual with an intellectual or developmental disability who receives Medicaid benefits in accordance with this subchapter to achieve self-determination, choice, and control, and that the individual or the individual's legally authorized representative has access to a
facilitated, person-centered plan that identifies outcomes for the individual.

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

SUBCHAPTER F. IMPLEMENTATION AND TRANSITION OF SERVICES

Sec. 534.251. DELAYED IMPLEMENTATION AUTHORIZED. Notwithstanding any other law, the commission may delay implementation of a provision of this chapter if the commission determines the provision adversely affects the system of services and supports to persons and programs to which this chapter applies.

Sec. 534.252. REQUIREMENTS REGARDING TRANSITION OF SERVICES. For purposes of implementing the pilot program under Subchapter C and transitioning the provision of long-term services and supports to recipients to a Medicaid managed care delivery model following completion of the pilot program, the commission shall:

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

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

SECTION 22. The following provisions of the Government Code
are repealed:

(1) Sections 534.104(d) and (e);
(2) Section 534.108;
(3) Section 534.110; and
(4) Sections 534.201(c), (d), (e), and (f).

SECTION 23. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall adopt rules as necessary to implement the changes in law made by this Act.

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

SECTION 25. This Act takes effect September 1, 2019.