

By: Klick

H.B. No. 4533

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:

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

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

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

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

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

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

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

26 (7) improve acute care and long-term services and
27 supports outcomes, including reducing unnecessary

1 institutionalization and potentially preventable events;

2 (8) promote high-quality care;

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

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

7 (11) promote independent service coordination and
8 independent ombudsmen services; and

9 (12) ensure that individuals with the most significant
10 needs are appropriately served in the community and that processes
11 are in place to prevent inappropriate institutionalization of
12 individuals.

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

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

22 (a) The Intellectual and Developmental Disability System
23 Redesign Advisory Committee shall advise the commission [~~and the~~
24 ~~department~~] on the implementation of the acute care services and
25 long-term services and supports system redesign under this
26 chapter. Subject to Subsection (b), the executive commissioner
27 [~~and the commissioner of aging and disability services~~] shall

1 [~~jointly~~] appoint members of the advisory committee who are
2 stakeholders from the intellectual and developmental disabilities
3 community, including:

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

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

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

15 (B) nonphysician mental health professionals;
16 and

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

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

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

27 (B) representatives of community mental health

1 and intellectual disability centers;

2 (C) representatives of and service coordinators
3 or case managers from private and public home and community-based
4 services providers that serve individuals with an intellectual or
5 developmental disability; and

6 (D) representatives of private and public
7 ICF-IID providers; and

8 (4) representatives of managed care organizations
9 contracting with the state to provide services to individuals with
10 an intellectual or developmental disability.

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

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

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

1 and amended to read as follows:

2 (g) This section expires [~~On~~] January 1, 2029 [~~2026~~];
3 [~~(1) the advisory committee is abolished, and~~
4 [~~(2) this section expires~~].

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

8 (b) If the commission makes a determination under Section
9 534.202 to not proceed with the transition described by that
10 section, the commission shall publish notice of the determination
11 in the Texas Register not later than 30 days after making the
12 determination. Notwithstanding Subsection (a), the commission is
13 not required to submit the report under that subsection after
14 publishing the notice under this subsection.

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

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

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

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

23 (2) "Health care service region" has the meaning
24 assigned by Section 533.001 [~~"Provider" means a person with whom~~
25 ~~the commission contracts for the provision of long-term services~~
26 ~~and supports under Medicaid to a specific population based on~~
27 ~~capitation~~].

1 (3) "Pilot program" means the pilot program
2 established under this subchapter.

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

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

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

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

24 (2) other evaluations and data.

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

27 Sec. 534.104. SELECTION OF [~~MANAGED CARE STRATEGY~~]

1 ~~PROPOSALS,~~] PILOT PROGRAM SERVICE DELIVERY PARTICIPANTS
2 [~~PROVIDERS~~].

3 SECTION 10. Sections 534.104(a), (b), (c), (f), (g), and
4 (h), Government Code, are amended to read as follows:

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

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

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

26 (c) The [~~A managed care strategy based on capitation~~
27 ~~developed for implementation through a]~~ pilot program [~~under this~~

1 ~~subchapter]~~ must be designed to:

2 (1) increase access to home and community-based
3 services [~~long-term services and supports~~];

4 (2) improve quality of acute care services and home
5 and community-based services [~~long-term services and supports~~];

6 (3) promote meaningful outcomes by using
7 person-centered planning, individualized budgeting, and
8 self-determination, and promote community inclusion;

9 (4) promote integrated service coordination of acute
10 care services and home and community-based services [~~long-term~~
11 ~~services and supports~~];

12 (5) promote efficiency and the best use of funding;

13 (6) promote [~~the placement of an individual in~~
14 housing stability through housing supports and navigation services
15 [~~that is the least restrictive setting appropriate to the~~
16 ~~individual's needs~~];

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

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

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

23 (10) promote the use of innovative technology and
24 benefits, including home monitoring, telemonitoring,
25 transportation, and other innovations that support community
26 integration;

27 (11) ensure an adequate provider network that includes

1 comprehensive long-term services and supports providers; and

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

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

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

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

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

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

26 [~~(3) meaningful outcomes using person-centered~~
27 ~~planning, individualized budgeting, and self-determination,~~

1 ~~including a person's inclusion in the community,~~
2 ~~[(4) the integration of service coordination of acute~~
3 ~~care services and long-term services and supports,~~
4 ~~[(5) the efficiency and use of funding,~~
5 ~~[(6) the placement of individuals in housing that is~~
6 ~~the least restrictive setting appropriate to an individual's needs,~~
7 ~~[(7) employment assistance and customized,~~
8 ~~integrated, competitive employment options; and~~
9 ~~[(8) the number and types of fair hearing and appeals~~
10 ~~processes in accordance with applicable federal law].~~

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

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

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

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

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

22 (i) Community First Choice services;

23 (ii) personal assistance services;

24 (iii) day activity health services;

25 (iv) habilitation services; and

26 (v) home and community-based services,

27 including assisted living, personal assistance services,

1 employment assistance, supported employment, adult foster care,
2 dental care, nursing care, respite care, home-delivered meals, and
3 therapy services;

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

6 (A) enhanced behavioral health services;

7 (B) behavioral supports;

8 (C) day habilitation;

9 (D) housing supports;

10 (E) community support transportation; and

11 (F) crisis intervention services; and

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

15 SECTION 12. Sections 534.105, 534.106, 534.1065, 534.107,
16 534.109, and 534.111, 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, shall identify measurable goals to be
21 achieved by the [~~each~~] pilot program [~~implemented under this~~
22 ~~subchapter. The identified goals must:~~

23 [~~(1) align with information that will be collected~~
24 ~~under Section 534.108(a), and~~

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

27 (b) The commission [~~department~~], in consultation and

1 collaboration with the advisory committee, shall develop [~~propose~~]
2 specific strategies for achieving the identified goals. A proposed
3 strategy may be evidence-based if there is an evidence-based
4 strategy available for meeting the pilot program's goals.

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

9 (b) The [A] pilot program [~~established under this~~
10 ~~subchapter~~] shall [~~may~~] operate for [~~up to~~] 24 months. [~~A pilot~~
11 ~~program may cease operation if the pilot program service provider~~
12 ~~terminates the contract with the commission before the agreed-to~~
13 ~~termination date.~~]

14 (c) The [A] pilot program [~~established under this~~
15 ~~subchapter~~] shall be conducted in one or more health care service
16 regions selected by the commission [~~department~~].

17 Sec. 534.1065. RECIPIENT PARTICIPATION AND ELIGIBILITY [~~IN~~
18 ~~PROGRAM VOLUNTARY~~]. (a) Participation in the [~~a~~] pilot program
19 [~~established under this subchapter~~] by an individual [~~with an~~
20 ~~intellectual or developmental disability~~] is voluntary, and the
21 decision whether to participate in the pilot [~~a~~] program and
22 receive [~~long-term~~] services under the pilot [~~and supports from a~~
23 ~~provider through that~~] program may be made only by the individual or
24 the individual's legally authorized representative.

25 (b) The commission, in consultation and coordination with
26 the advisory committee, shall develop pilot program participant
27 eligibility criteria, including financial and functional need

1 criteria. The criteria must ensure pilot program participants:

2 (1) include:

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

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

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

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

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

14 (C) other populations determined by the
15 commission; 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 (c) Individuals who choose to participate in the pilot
21 program and who, during the pilot program's implementation, are
22 offered enrollment in a Medicaid waiver program may accept the
23 enrollment offer.

24 Sec. 534.107. COMMISSION RESPONSIBILITIES [~~COORDINATING~~
25 ~~SERVICES~~]. (a) The commission [~~In providing long-term services~~
26 ~~and supports under Medicaid to individuals with an intellectual or~~
27 ~~developmental disability, a pilot program service provider] shall~~

1 require that a managed care organization participating in the pilot
2 program:

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

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

12 [~~(B) a Medicaid waiver program, or~~

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

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

24 (3) has [~~have~~] a process for preventing inappropriate
25 institutionalizations of individuals[~~, and~~

26 [~~(4) accept the risk of inappropriate~~
27 ~~institutionalizations of individuals previously residing in~~

1 ~~community settings~~].

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

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

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

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

23 (2) this subchapter expires.

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

26 (b) The commission [~~and the department~~], in consultation
27 and collaboration with the advisory committee, shall analyze the

1 outcomes of providing acute care Medicaid benefits to individuals
2 with an intellectual or developmental disability under a model
3 specified in Subsection (a). The analysis must:

4 (1) include an assessment of the effects on:

5 (A) access to and quality of acute care services;
6 and

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

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

11 (3) include recommendations for delivery model
12 improvements and implementation for consideration by the
13 legislature, including recommendations for needed statutory
14 changes.

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

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

22 (1) include in the organization's provider network for
23 the provision of those services:

24 (A) home and community support services agencies
25 licensed under Chapter 142, Health and Safety Code, with which
26 there is [~~the department has~~] a contract to provide services under
27 the community living assistance and support services (CLASS) waiver

1 program; and

2 (B) persons exempted from licensing under
3 Section 142.003(a)(19), Health and Safety Code, with which there is
4 [~~the department has~~] a contract to provide services under:

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

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

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

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

18 (c) The commission [~~department~~] shall contract with and
19 make contract payments to local intellectual and developmental
20 disability authorities to conduct the following activities under
21 this section:

22 (1) provide intellectual and developmental disability
23 service coordination to individuals with an intellectual or
24 developmental disability under the STAR+PLUS [~~STAR + PLUS~~] Medicaid
25 managed care program by assisting those individuals who are
26 eligible to receive services in a community-based setting,
27 including individuals transitioning to a community-based setting;

1 (2) provide an assessment to the appropriate managed
2 care organization regarding whether an individual with an
3 intellectual or developmental disability needs attendant or
4 habilitation services, based on the individual's functional need,
5 risk factors, and desired outcomes;

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

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

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

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

27 (g) The commission [~~department~~] may contract with providers

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

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

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

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

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

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

22 (a) The commission, in consultation and collaboration with
23 the advisory committee, shall review and evaluate the progress and
24 outcomes of the pilot program established under Subchapter C and
25 submit, as part of the annual report required by Section 534.054, a
26 report on the status of the pilot program. The report must include
27 recommendations for pilot program improvement [~~This section~~

1 ~~applies to individuals with an intellectual or developmental~~
2 ~~disability who are receiving long-term services and supports under~~
3 ~~the Texas home living (TxHmL) waiver program on the date the~~
4 ~~commission implements the transition described by Subsection (b)].~~

5 (b) On conclusion of the pilot program established under
6 Subchapter C, the commission, in consultation and collaboration
7 with the advisory committee, shall conduct a comprehensive analysis
8 of the pilot program's success and prepare and submit to the
9 legislature a report based on that analysis [~~On September 1, 2020,~~
10 ~~the commission shall transition the provision of Medicaid benefits~~
11 ~~to individuals to whom this section applies to the STAR + PLUS~~
12 ~~Medicaid managed care program delivery model or the most~~
13 ~~appropriate integrated capitated managed care program delivery~~
14 ~~model, as determined by the commission based on cost-effectiveness~~
15 ~~and the experience of the STAR + PLUS Medicaid managed care program~~
16 ~~in providing basic attendant and habilitation services and of the~~
17 ~~pilot programs established under Subchapter C, subject to~~
18 ~~Subsection (c)(1)].~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

27 (5) [~~3~~] include recommendations about a system of

1 programs and services [~~for improvements to the transition~~
2 ~~implementation~~] for consideration by the legislature, including
3 recommendations for needed statutory changes.

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

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

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

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

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

17 (2) an ICF-IID program.

18 (b) After completing the comprehensive analysis under
19 [~~implementing the transition required by~~] Section 534.201(g)
20 [~~534.201~~], [~~on September 1, 2021,~~] the commission shall determine
21 whether to:

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

26 (2) transition ICF-IID and other Medicaid waiver
27 program recipients to the managed care program delivery model for

1 the provision of long-term supports and services [~~transition the~~
2 ~~provision of Medicaid benefits to individuals to whom this section~~
3 ~~applies to the STAR + PLUS Medicaid managed care program delivery~~
4 ~~model or the most appropriate integrated capitated managed care~~
5 ~~program delivery model, as determined by the commission based on~~
6 ~~cost-effectiveness and the experience of the transition of Texas~~
7 ~~home living (TxHmL) waiver program recipients to a managed care~~
8 ~~program delivery model under Section 534.201, subject to~~
9 ~~Subsections (c)(1) and (g)].~~

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

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

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

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

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

27 (e) The commission shall ensure that there is a

1 comprehensive plan for transitioning the provision of Medicaid
2 benefits under this section that protects the continuity of care
3 provided to individuals to whom this section applies and ensures
4 individuals have a choice among acute care and comprehensive
5 long-term services and supports providers and service delivery
6 options, including the consumer direction model, as defined by
7 Section 531.051.

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

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

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

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

27 SECTION 20. Section 534.203, Government Code, is amended to

1 read as follows:

2 Sec. 534.203. RESPONSIBILITIES OF COMMISSION UNDER
3 SUBCHAPTER. In administering this subchapter, the commission shall
4 ensure:

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

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

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

22 (4) that the consumer direction model, as defined by
23 Section 531.051, is an available option for each individual with an
24 intellectual or developmental disability who receives Medicaid
25 benefits in accordance with this subchapter to achieve
26 self-determination, choice, and control, and that the individual or
27 the individual's legally authorized representative has access to a

1 facilitated, person-centered plan that identifies outcomes for the
2 individual.

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

5 SUBCHAPTER F. IMPLEMENTATION AND TRANSITION OF SERVICES

6 Sec. 534.251. DELAYED IMPLEMENTATION AUTHORIZED.

7 Notwithstanding any other law, the commission may delay
8 implementation of a provision of this chapter if the commission
9 determines the provision adversely affects the system of services
10 and supports to persons and programs to which this chapter applies.

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

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

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

27 SECTION 22. The following provisions of the Government Code

1 are repealed:

2 (1) Sections 534.104(d) and (e);

3 (2) Section 534.108;

4 (3) Section 534.110; and

5 (4) Sections 534.201(c), (d), (e), and (f).

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

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

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