

By: Klick

H.B. No. 4561

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 and a pilot for certain  
5 populations with similar functional needs receiving services in  
6 managed care.

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

8 SECTION 1. Section 534.001, Subchapter A, Chapter 534,  
9 Government Code, is amended to read as follows:

10 Sec. 534.001. DEFINITIONS. In this chapter:

11 (3) [~~"Department" means the Department of Aging and~~  
12 ~~Disability Services.~~] "Commission" means the Health and Human  
13 Services Commission or an agency operating part of the state  
14 Medicaid managed care program, as appropriate.

15 (4) "Comprehensive long term services and supports  
16 provider" is defined as a provider of long term services and  
17 supports specified under this chapter that ensures the coordinated,  
18 seamless provision of the full range of services as approved in  
19 participants' program plans as described under Section 534.1045  
20 (b), (b-2), (c), and (d). A comprehensive service provider includes:

21 (A) an ICF/IID program provider who is authorized  
22 to deliver services in the program defined under Section 534.001  
23 (8), and

24 (B) a Medicaid waiver program provider who is

1 authorized to deliver services in the programs specified under  
2 Section 534.001 (12) and certified in accordance with 534.301 (b).

3 ~~[(4)]~~ (5) "Functional need" means the measurement of  
4 an individual's services and supports needs, including the  
5 individual's intellectual, psychiatric, medical, and physical  
6 support needs.

7 ~~[(5)]~~ (6) "Habilitation services" includes assistance  
8 provided to an individual with acquiring, retaining, or improving:

9 (A) skills related to the activities of daily  
10 living; and

11 (B) the social and adaptive skills necessary to  
12 enable the individual to live and fully participate in the  
13 community.

14 ~~[(6)]~~ (7) "ICF-IID" means the program under Medicaid  
15 serving individuals with an intellectual or developmental  
16 disability who receive care in intermediate care facilities other  
17 than a state supported living center.

18 ~~[(7)]~~ (8) "ICF-IID program" means a program under  
19 Medicaid serving individuals with an intellectual or developmental  
20 disability who reside in and receive care from:

21 (A) intermediate care facilities licensed under  
22 Chapter 252, Health and Safety Code; or

23 (B) community-based intermediate care facilities  
24 operated by local intellectual and developmental disability  
25 authorities.

26 ~~[(8)]~~ (9) "Local intellectual and developmental  
27 disability authority" has the meaning assigned by Section 531.002,

1 Health and Safety Code.

2           ~~[(9)]~~ (11) "Managed care organization," "managed care  
3 plan," and "potentially preventable event" have the meanings  
4 assigned under Section 536.001.

5           (10) Repealed by Acts 2015, 84th Leg., R.S., Ch. 1,  
6 Sec. 2.287(17), eff. April 2, 2015.

7           ~~[(11)]~~ (12) "Medicaid waiver program" means only the  
8 following programs that are authorized under Section 1915(c) of the  
9 federal Social Security Act (42 U.S.C. Section 1396n(c)) for the  
10 provision of services to persons with an intellectual or  
11 developmental disability:

12                   (A) the community living assistance and support  
13 services (CLASS) waiver program;

14                   (B) the home and community-based services (HCS)  
15 waiver program;

16                   (C) the deaf-blind with multiple disabilities  
17 (DBMD) waiver program; and

18                   (D) the Texas home living (TxHmL) waiver program.

19           (13) "Residential Services" means services provided  
20 for an individual with intellectual or developmental disability in  
21 a community-based ICF/IID, a three or four persons home and host  
22 home/companion service offered through the 1915(c) home and  
23 community-based waiver services program, or a group home in the  
24 Deaf Blind Multiple Disabilities program.

25           ~~[(12)]~~ (14) "State supported living center" has the  
26 meaning assigned by Section 531.002, Health and Safety Code.

27           SECTION 2. Section 534.051, Subchapter B, Chapter 534,

1 Government Code, is amended to read as follows:

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

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

13           SECTION 3. Section 534.052, Subchapter B, Chapter 534,  
14 Government Code, is amended to read as follows:

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

21           SECTION 4. Section 534.053, Subchapter B, Chapter 534,  
22 Government Code, is amended to read as follows:

23           Sec. 534.053. INTELLECTUAL AND DEVELOPMENTAL DISABILITY  
24 SYSTEM REDESIGN ADVISORY COMMITTEE. (a) The Intellectual and  
25 Developmental Disability System Redesign Advisory Committee shall  
26 advise the commission [~~and the department~~] on the implementation of  
27 the acute care services and long-term services and supports system

1 redesign under this chapter. Subject to Subsection (b), the  
2 executive commissioner [~~and the commissioner of aging and~~  
3 ~~disability services~~] shall [~~jointly~~] appoint members of the  
4 advisory committee who are stakeholders from the intellectual and  
5 developmental disabilities community, including:

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

11 (e-1) The advisory committee may establish work groups that  
12 meet at other times for purposes of studying and making  
13 recommendations on issues the committee considers appropriate.

14 [(g) ~~On January 1, 2026:~~

15 ~~(1) the advisory committee is abolished, and~~

16 ~~(2) this section expires].~~

17 (g) On the [~~one-year~~] two-year anniversary of the date the  
18 commission completes implementation of the transition required  
19 under Section 534.202:

20 (1) the advisory committee is abolished; and

21 (2) this section expires.

22 SECTION 5. Section 534.054, Subchapter B, Chapter 534,  
23 Government Code, is amended to read as follows:

24 Sec. 534.054. ANNUAL REPORT ON IMPLEMENTATION.

25 (b) On the two-year anniversary of the date the commission  
26 completes implementation of the transition required under Section  
27 534.202 this [~~This~~] section expires [~~January 1, 2026~~].

1 SECTION 6. Section 534.101, Subchapter C, Chapter 534,  
2 Government Code, is amended to read as follows:

3 Sec. 534.101. Pilot Program Workgroup [~~DEFINITIONS~~]. In  
4 accordance with Section 534.053 (e-1), for puposes of [In] this  
5 subchapter the advisory committee shall establish a h Workgroup  
6 that includes representatives from the advisory committee,  
7 stakeholders representing individuals with an intellectual and  
8 developmental disability, individuals with similar functional  
9 needs, and the STAR+PLUS managed care organizations. [÷]

10 ~~[(1) "Capitation" means a method of compensating a~~  
11 ~~provider on a monthly basis for providing or coordinating the~~  
12 ~~provision of a defined set of services and supports that is based on~~  
13 ~~a predetermined payment per services recipient.]~~

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

18 SECTION 7. Section 534.102, Subchapter C, Chapter 534,  
19 Government Code, is amended to read as follows:

20 Sec. 534.102. PILOT PROGRAM [s] TO TEST PERSON-CENTERED  
21 MANAGED CARE STRATEGIES AND IMPROVEMENTS BASED ON CAPITATION. The  
22 commission [~~and the department may~~] ,in consultation and  
23 collaboration with the advisory committee and Pilot Program  
24 Workgroup, shall develop and implement a pilot program[s] in  
25 accordance with this subchapter to test, through the STAR+PLUS  
26 Medicaid managed care program, the delivery of [one or more service  
27 delivery models involving] long term services and supports [a

1 ~~managed care strategy based on capitation to deliver long-term~~  
2 ~~services and supports under Medicaid]~~ to individuals [~~with an~~  
3 ~~intellectual or developmental disability]~~specified under Section  
4 534.1065.

5 SECTION 8. Section 534.103, Subchapter C, Chapter 534,  
6 Government Code, is amended to read as follows:

7 Sec. 534.103. STAKEHOLDER INPUT. As part of developing and  
8 implementing a pilot program under this subchapter, the  
9 [~~department]~~ commission, in consultation and collaboration with  
10 the advisory committee and Pilot Program Workgroup, shall develop a  
11 process to receive and evaluate input from statewide stakeholders  
12 and stakeholders from the STAR+PLUS service area [~~region~~]  
13 state in which the pilot program will be implemented and other  
14 evaluations and data.

15 SECTION 9. Chapter 534, Government Code is amended to add  
16 new Section 534.1035, SELECTION OF MANAGED CARE ORGANIZATION  
17 VENDORS, to read as follows:

18 Sec.534.1035. SELECTION OF MANAGED CARE ORGANIZATION PILOT  
19 VENDORS. (a) The commission shall select and contract with no more  
20 than two managed care organizations contracted to provide services  
21 under the STAR+PLUS Medicaid managed care program to participate in  
22 the pilot.

23 (b) The commission, in consultation and collaboration with  
24 the advisory committee and Pilot Program Workgroup, shall develop  
25 criteria regarding the selection of managed care organizations to  
26 conduct the pilot program.

27 SECTION 10. Section 534.104, Subchapter C, Chapter 534,

1 Government Code, is amended to read as follows:

2           Sec. 534.104. PILOT DESIGN [~~MANAGED CARE STRATEGY~~  
3 ~~PROPOSALS; PILOT PROGRAM SERVICE PROVIDERS~~].

4           ~~[(a) The department, in consultation and collaboration with~~  
5 ~~the advisory committee, shall identify private services providers~~  
6 ~~or managed care organizations that are good candidates to develop a~~  
7 ~~service delivery model involving a managed care strategy based on~~  
8 ~~capitation and to test the model in the provision of long-term~~  
9 ~~services and supports under Medicaid to individuals with an~~  
10 ~~intellectual or developmental disability through a pilot program~~  
11 ~~established under this subchapter].~~

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

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

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

25                   (2) improve quality of acute care services and  
26 long-term services and supports;

27                   (3) promote informed choice and meaningful outcomes by

1 using person-centered planning, flexible consumer directed  
2 services, individualized budgeting, and self-determination, and  
3 promote community inclusion and engagement;

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

6 (5) promote efficiency and the best use of funding  
7 based on the individual's needs and preferences;

8 (6) promote ~~[the placement of an individual in]~~  
9 housing stability through housing supports and navigation services  
10 that is the most integrated and least restrictive setting  
11 appropriate to the individual's needs and preferences;

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

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

16 (9) promote sufficient flexibility to achieve the  
17 goals listed in this section through the pilot program ~~[.];~~

18 (10) promote the use of innovative technology and  
19 benefits, including telemonitoring and testing of remote  
20 monitoring for individuals participating in the pilot. The remote  
21 monitoring and telemonitoring is voluntary and shall ensure an  
22 individual's privacy and health and welfare and allow access to  
23 housing in the most integrated and least restrictive environment.  
24 Innovations may include transportation and other innovations that  
25 support community integration. If a pilot participant voluntarily  
26 decides to use telemonitoring or remote monitoring or other  
27 innovative technologies, the managed care organization providing

1 the pilot services shall deliver the telemonitoring, remote  
2 monitoring and/or innovative technology services in a way that:

3 (A) assesses individual needs and preferences in  
4 a manner that promotes autonomy, self-determination, consumer  
5 directed services, privacy and increases personal independence;

6 (B) determines the extent in which remote  
7 monitoring, telemedicine and other innovative technologies will be  
8 used, including but not limited to, times of day, where the  
9 equipment can be used, what types of telemonitoring and/or remote  
10 monitoring, for what tasks;

11 (C) is identified and agreed to through the  
12 person centered planning process;

13 (D) ensures the staff overseeing remote  
14 monitoring, telemedicine and other innovative technologies review  
15 person-centered plans and implementation plans of each individual  
16 they are monitoring prior to monitoring that individual and  
17 demonstrate competency regarding the support needs of each  
18 individual they are monitoring; and

19 (E) ensures an individual can request to remove  
20 the remote monitoring and other innovative technology equipment at  
21 any point during the IDD pilot and the managed care organizations  
22 must remove the equipment immediately.

23 (F) ensures individuals can choose not to use  
24 telemedicine at any point during participation in the pilot and  
25 that the pilot participating managed care organization must arrange  
26 for services that do not require the use of telemedicine.

27 (11) ensure an adequate provider network that includes

1 comprehensive long term services and supports providers as  
2 described in Section 534.001 (4) and Section 534.107 (a)(2) and  
3 choice from among these providers;

4 (12) ensure timely initiation and consistent  
5 provision of long term services and supports in accordance with an  
6 individual's person centered care plan;

7 (13) ensure individuals with complex behavioral,  
8 medical and physical needs receive services based on assessed needs  
9 and in the most integrated, least restrictive setting according to  
10 the each individual's needs and preferences;

11 (14) increase, expand flexibility and promote use of  
12 the consumer directed services model ; and

13 (15) promote independence, self-determination,  
14 consumer directed services and decision making by using  
15 alternatives to guardianship, including supported decision-making  
16 agreements under Chapter 1357, Estates Code.

17 (b) The pilot program shall be designed to test innovations  
18 and payment models for the provision of long-term services and  
19 supports to achieve the goals outlined in subsection (a) utilizing  
20 methods such as:

21 (1) payment of a bundled amount without downside risk  
22 to a long term services and supports provider for some or all  
23 services delivered as part of a comprehensive array of long term  
24 services and supports;

25 (2) enhanced incentive payments to providers of long  
26 term services and supports based on meeting pre-determined outcome  
27 or quality metrics; and

1           (3) any other payment models approved by the  
2 commission.

3           (c) The alternative payment rates or methodologies tested  
4 under subsection (b) must be agreed to in writing by the managed  
5 care organization and participating long term services and supports  
6 provider. In developing the alternative payment rates or  
7 methodologies, the parties must utilize:

8           (1) the historical costs of long term services and  
9 supports, including Medicaid fee-for-service rates; and

10           (2) reasonable cost estimates for new pilot program  
11 services; and

12           (3) whether alternative payment rates or  
13 methodologies are sufficient to ensure the provider's continued  
14 participation in the pilot program and promote quality outcomes.

15           (d) For long term services and supports delivered under the  
16 pilot, the alternative payment models tested under subsection (b)  
17 shall not reduce the minimum payment to providers below the current  
18 fee for service reimbursement rates.

19           (e) The pilot program must allow existing providers of  
20 long-term services and supports for persons with intellectual and  
21 developmental disabilities, as defined in Section 534.001 (4), and  
22 providers of long term services and supports for persons with  
23 similar functional needs to voluntarily participate in one or more  
24 pilot projects. Failure to participate in a pilot project does not  
25 affect the contracting status of any provider as a significant  
26 traditional provider.

27           ~~[(d) The department, in consultation and collaboration with~~

1 ~~the advisory committee, shall evaluate each submitted managed care~~  
2 ~~strategy proposal and determine whether:~~

3 ~~(1) the proposed strategy satisfies the requirements~~  
4 ~~of this section; and~~

5 ~~(2) the private services provider or managed care~~  
6 ~~organization that submitted the proposal has a demonstrated ability~~  
7 ~~to provide the long-term services and supports appropriate to the~~  
8 ~~individuals who will receive services through the pilot program~~  
9 ~~based on the proposed strategy, if implemented.]~~

10 ~~[(c) Based on the evaluation performed under Subsection~~  
11 ~~(d), the department may select as pilot program service providers~~  
12 ~~one or more private services providers or managed care~~  
13 ~~organizations with whom the commission will contract.]~~

14 (f) ~~[For each pilot program service provider, the~~  
15 ~~department shall develop and implement a pilot program.]~~ Under a  
16 pilot program, the ~~[pilot program service provider]~~ the  
17 participating managed care organizations shall provide long-term  
18 services and supports under Medicaid to persons with an  
19 intellectual or developmental disability, and other individuals  
20 with disabilities with similar functional needs, to test its  
21 managed care strategy based on capitation.

22 (g) The ~~[department]~~ commission, in consultation and  
23 collaboration with the advisory committee and Pilot Program  
24 Workgroup, shall analyze information provided by the ~~[pilot program~~  
25 ~~service providers]~~ participating managed care organizations and  
26 any information collected by the ~~[department]~~ commission during the  
27 operation of the pilot program[s] for purposes of making a

1 recommendation about a system of programs and services for  
2 implementation through future state legislation or rules.

3 (h) The analysis under Subsection (g) must include an  
4 assessment of the effect of the managed care strategies implemented  
5 in the pilot program~~[s]~~ on the goals specified under Subsections  
6 (a), (b), (c) and (d). [~~+~~]

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

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

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

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

15 ~~(5) the efficiency and use of funding;~~

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

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

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

22 (i) Prior to implementation of the pilot program, the  
23 commission, in consultation and collaboration with the advisory  
24 committee and Pilot Program Workgroup, shall develop a process to  
25 ensure 12 months continuous Medicaid eligibility for pilot  
26 participants.

27 SECTION 11. Chapter 534, Government Code is amended to add

1 new section 534.1045, PILOT BENEFITS AND PROVIDER QUALIFICATIONS as  
2 follows:

3 Sec. 534.1045. PILOT BENEFITS AND PROVIDER QUALIFICATIONS.

4 (a) The pilot program must ensure that participating managed care  
5 organizations provide:

6 (1) all Medicaid state plan acute care benefits  
7 available under the STAR+PLUS program;

8 (2) long term services and supports in the Medicaid  
9 state plan, including:

10 (A) Community First Choice services;

11 (B) Personal Assistant services;

12 (C) Day Activity Health Services;

13 (D) Habilitation services defined under Section  
14 534/001 (6);

15 (3) long term services and supports in the STAR+PLUS  
16 home and community-based services waiver, including:

17 (A) assisted living

18 (B) personal assistance services;

19 (C) employment assistance;

20 (D) supported employment;

21 (E) adult foster care;

22 (F) dental care;

23 (G) nursing care;

24 (H) respite care;

25 (I) home-delivered meals;

26 (J) cognitive rehabilitative therapy;

27 (K) physical therapy;

- 1           (L) occupational therapy;
- 2           (M) speech-language pathology;
- 3           (N) medical supplies;
- 4           (O) minor home modifications;
- 5           (P) adaptive aids;

6           (4) long term services and supports available in the  
7 Medicaid waiver programs defined in Section 534.001 (12),  
8 including:

- 9           (A) enhanced behavioral health services;
- 10          (B) behavioral supports;
- 11          (C) day habilitation;
- 12          (D) community support transportation;

13          (5) additional long term services and supports,  
14 including:

- 15          (A) housing supports;
- 16          (B) behavioral health crisis intervention;
- 17          (C) high medical needs services; and

18          (6) Other non-residential long term services and  
19 supports the commission, in consultation and coordination with the  
20 advisory committee and Pilot Program Workgroup, determines  
21 appropriate and consistent with the regulations governing the 1915  
22 (c) waiver programs defined in Section 534.001 (12),  
23 person-centered approaches, home and community-based settings  
24 requirements, and the most integrated and least restrictive setting  
25 according to an individual's needs and preferences.

26          (b) A comprehensive long term services and supports  
27 provider is authorized to deliver services listed under under

1 subsections (a)(2)(A), (a)(2)(D), (a)(3)(B), (a)(3)(C), (a)(3)(D),  
2 (a)(3)(G), (a)(3)(H), (a)(3)(J), (a)(3)(K), (a)(3)(L), (a)(3)(M),  
3 and (a)(3)(4), if they also deliver the service in a Medicaid waiver  
4 defined under Section 534.001 (12).

5 (b-2) A comprehensive long term services and supports  
6 provider may deliver services under subsections (a)(5) and (a)(6)  
7 if agreed to under contract with the pilot participating managed  
8 care organization.

9 (c) Day habilitation services under (a)(4)(c) may be  
10 delivered by a provider who is contracted or subcontracted under a  
11 1915 (c) Medicaid waiver as defined under Section 534.001 (12) or an  
12 ICF/IID program as defined under Section 534.001 (8).

13 (d) A comprehensive long term services and supports  
14 provider works in consultation with the pilot participating managed  
15 care organization's care coordinators to ensure the seamless  
16 delivery of acute care and long term services and supports on a  
17 day-to-day basis in accordance with an individual's plan of care  
18 and may be reimbursed by the managed care organization for this  
19 coordination.

20 (e) Prior to implementation of the pilot program, the  
21 commission, in consultation and collaboration with the advisory  
22 committee and Pilot Program Workgroup, shall:

23 (1) develop recommendations to modify, for the pilot  
24 program only, the Adult Foster Care, Supported Employment and  
25 Employment Assistance benefits to ensure increased access to and  
26 availability of this service, and

27 (2) as needed, definitions for services described

1 under subsection (a)(4) and (5), and any services added under  
2 subsection (6).

3 SECTION 12. Section 534.105, Subchapter C, Chapter 534,  
4 Government Code, is amended to read as follows:

5 Sec. 534.105. PILOT PROGRAM: MEASURABLE GOALS. (a) The  
6 ~~[department]~~ commission, in consultation and collaboration with  
7 the advisory committee and Pilot Program Workgroup, shall identify  
8 measurable goals using National Core Indicators, National Quality  
9 Forum LTSS measures and other appropriate CAHPS measures to be  
10 achieved by ~~[each]~~ the pilot program implemented under this  
11 subchapter. ~~[The identified goals must:~~

12 ~~(1) align with information that will be collected~~  
13 ~~under Section 534.108(a), and~~

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

16 (b) The ~~[department]~~ commission, in consultation and  
17 collaboration with the advisory committee and Pilot Program  
18 Workgroup, shall ~~[propose]~~ develop specific strategies and  
19 performance measures for achieving the identified goals. A proposed  
20 strategy may be evidence-based if there is an evidence-based  
21 strategy available for meeting the pilot program's goals.

22 (c) The commission, in consultation and collaboration with  
23 the advisory committee and Pilot Program Workgroup, shall ensure  
24 that the mechanisms to report, track and assess the specific  
25 strategies and performance measures for achieving the identified  
26 goals are established prior to implementation of the pilot program.

27 SECTION 13. Section 534.106, Subchapter C, Chapter 534,

1 Government Code, is amended to read as follows:

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

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

11       (c) A pilot program established under this subchapter shall  
12 be conducted in [~~one or more~~] the STAR+PLUS service area [~~regions~~]  
13 selected by the [~~department~~] commission.

14       SECTION 14. Section 534.1065, Subchapter C, Chapter 534,  
15 Government Code, is amended to read as follows:

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

25       (1) The commission, in consultation and collaboration  
26 with the advisory committee and Pilot Program Workgroup, shall  
27 develop a timeline and process for and informational materials

1 related to educating pilot participants about the pilot including  
2 its benefits, impact on current services and other related  
3 information to ensure prospective pilot participants are able to  
4 make an informed decision regarding participation. The process must  
5 ensure:

6 (A) the timeline for development and  
7 distribution of the pilot informational materials allows for  
8 sufficient advance notification to and education of individuals  
9 eligible for pilot participation, their families and other  
10 individuals actively involved in their lives;

11 (B) individuals eligible for pilot  
12 participation, including new and current STAR+PLUS enrollees and  
13 other individuals specified in subsection (a) (1) (A), receive oral  
14 and written information about the pilot prior to participation,

15 (C) the information provided is written in clear,  
16 simple language and presented in a manner individuals are able to  
17 understand and, at a minimum, explains that:

18 (i) upon conclusion of the pilot,  
19 individuals will be requested to provide input on their pilot  
20 participation experience, including whether the pilot was able to  
21 meet their unique support needs;

22 (ii) participation in the pilot does not  
23 remove individuals from any Interest List or, in accordance with  
24 Section 534.1065 (c), the right to select an enrollment, transition  
25 or diversion offer; and

26 (iii) individuals have choice among acute  
27 care and long term services providers, including the consumer

1 directed services model and the comprehensive services model.

2 (b) The commission, in consultation and coordination with  
3 the advisory committee and Pilot Program Workgroup, shall develop  
4 pilot program participant eligibility criteria. The criteria must  
5 ensure pilot participants include:

6 (1) individuals with an intellectual and  
7 developmental disability including autism and individuals with  
8 significant complex behavioral, medical and physical needs  
9 receiving home and community-based services through STAR+PLUS or a  
10 STAR+PLUS member who is also on a Medicaid Waiver Interest List or  
11 is a STAR+PLUS member meeting criteria for intellectual  
12 disabilities. It does not include individuals who are receiving  
13 only acute care services under STAR+PLUS and enrolled in the  
14 community-based ICF/IID program or one of the Medicaid waiver  
15 programs defined under Section 534.001 (12).

16 (2) individuals receiving services under the  
17 STAR+PLUS Medicaid managed care program who have a traumatic brain  
18 injury that occurred after the age of 22; and

19 (3) other individuals with disabilities who have  
20 similar functional needs independent of age of onset or diagnosis.

21 (c) Individuals participating in the pilot who, during the  
22 pilot's implementation, are offered enrollment in one of the 1915  
23 (c) Medicaid waiver programs defined under Section 534.001 (12)  
24 shall be eligible to accept the enrollment, transition or diversion  
25 offer.

26 SECTION 15. Section 534.107, Subchapter C, Chapter 534,  
27 Government Code, is amended to read as follows:

1           Sec. 534.107. [~~COORDINATING SERVICES~~]           COMMISSION  
2 RESPONSIBILTIES. (a) [~~In providing long-term services and supports~~  
3 ~~under Medicaid to individuals with an intellectual or developmental~~  
4 ~~disability,~~] The commission [~~a pilot program service provider~~]  
5 shall require managed care organizations participating in the pilot  
6 program to:

7                   (1) ensure individuals participating in the pilot have  
8 choice among acute care and comprehensive long term services and  
9 supports providers and service delivery options including the  
10 consumer directed services model as specified under Section  
11 534.109. [~~coordinate through the pilot program institutional and~~  
12 ~~community-based services available to the individuals, including~~  
13 ~~services provided through:~~

14                           ~~(A) a facility licensed under Chapter 252, Health~~  
15 ~~and Safety Code,~~

16                           ~~(B) a Medicaid waiver program; or~~

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

19                   (2) demonstrate to the satisfaction of the commission  
20 that their network of acute care, long term services and supports  
21 and comprehensive service providers have experience and expertise  
22 providing services for individuals with an intellectual or  
23 developmental disability and individuals with similar functional  
24 needs;

25                   ~~[collaborate with managed care organizations to provide~~  
26 ~~integrated coordination of acute care services and long-term~~  
27 ~~services and supports, including discharge planning from acute care~~

1 ~~services to community-based long-term services and supports];~~

2 (3) have a process for preventing inappropriate  
3 institutionalizations of individuals; and

4 (4) ensure timely initiation and consistent provision  
5 of services in accordance with an individual's person-centered plan  
6 ~~[accept the risk of inappropriate institutionalizations of~~  
7 ~~individuals previously residing in community settings].~~

8 (b) For the duration of the pilot the commission must ensure  
9 that comprehensive long term services and supports providers as  
10 defined under Section 534.001(4) are deemed significant  
11 traditional providers and included in the provider network of the  
12 managed care organizations participating in the pilot.

13 SECTION 16. Section 534.108, Subchapter C., Chapter 534,  
14 Government Code, is amended to read as follows:

15 Section 534.108. Pilot Program Information. (a) The  
16 commission ~~[and the department,~~ in consultation and coordination  
17 with the advisory committee and Pilot Program Workgroup, shall  
18 determine the information to be collected from each managed care  
19 organization participating in the pilot for use in the evaluation  
20 and reports required under Section 534.121. ~~[collect and compute~~  
21 ~~the following information with respect to each pilot program~~  
22 ~~implemented under this subchapter to the extent it is available.]~~

23 (b) For the duration of the pilot each managed care  
24 organization participating in the pilot shall submit to the  
25 commission and the advisory committee a quarterly report on the  
26 services provided to each pilot participant that includes the  
27 following information:

1           (A) the level of services requested, and the  
2 authorization and utilization rates of services for each pilot  
3 service;

4           (B) timeliness of services requested,  
5 authorized, initiated, and number and duration of unplanned service  
6 breaks;

7           (C) number of pilot participants using  
8 employment assistance and supported employment services;

9           (D) number of service denials and fair hearings,  
10 and disposition of fair hearings;

11           (E) number of complaints and inquiries received  
12 by the commission and managed care organizations participating in  
13 the pilot and the outcome of the complaints; and

14           (F) number of participants who select the  
15 consumer directed services model and reasons participants did not  
16 select the service model.

17           (c) The commission shall ensure that the mechanisms to  
18 report and track the information and data required in subsections  
19 (a) and (b) are established prior to implementation of the pilot  
20 program.

21           ~~[(1) the difference between the average monthly cost~~  
22 ~~per person for all acute care services and long-term services and~~  
23 ~~supports received by individuals participating in the pilot program~~  
24 ~~while the program is operating, including services provided through~~  
25 ~~the pilot program and other services with which pilot program~~  
26 ~~services are coordinated as described by Section 534.107, and the~~  
27 ~~average monthly cost per person for all services received by the~~

1 ~~individuals before the operation of the pilot program;~~

2 ~~(2) the percentage of individuals receiving services~~  
3 ~~through the pilot program who begin receiving services in a~~  
4 ~~nonresidential setting instead of from a facility licensed under~~  
5 ~~Chapter 252, Health and Safety Code, or any other residential~~  
6 ~~setting;~~

7 ~~(3) the difference between the percentage of~~  
8 ~~individuals receiving services through the pilot program who live~~  
9 ~~in non-provider-owned housing during the operation of the pilot~~  
10 ~~program and the percentage of individuals receiving services~~  
11 ~~through the pilot program who lived in non-provider-owned housing~~  
12 ~~before the operation of the pilot program;~~

13 ~~(4) the difference between the average total Medicaid~~  
14 ~~cost, by level of need, for individuals in various residential~~  
15 ~~settings receiving services through the pilot program during the~~  
16 ~~operation of the program and the average total Medicaid cost, by~~  
17 ~~level of need, for those individuals before the operation of the~~  
18 ~~program;~~

19 ~~(5) the difference between the percentage of~~  
20 ~~individuals receiving services through the pilot program who obtain~~  
21 ~~and maintain employment in meaningful, integrated settings during~~  
22 ~~the operation of the program and the percentage of individuals~~  
23 ~~receiving services through the program who obtained and maintained~~  
24 ~~employment in meaningful, integrated settings before the operation~~  
25 ~~of the program;~~

26 ~~(6) the difference between the percentage of~~  
27 ~~individuals receiving services through the pilot program whose~~

1 ~~behavioral, medical, life-activity, and other personal outcomes~~  
2 ~~have improved since the beginning of the program and the percentage~~  
3 ~~of individuals receiving services through the program whose~~  
4 ~~behavioral, medical, life-activity, and other personal outcomes~~  
5 ~~improved before the operation of the program, as measured over a~~  
6 ~~comparable period; and~~

7 ~~(7) a comparison of the overall client satisfaction~~  
8 ~~with services received through the pilot program, including for~~  
9 ~~individuals who leave the program after a determination is made in~~  
10 ~~the individuals' cases at hearings or on appeal, and the overall~~  
11 ~~client satisfaction with services received before the individuals~~  
12 ~~entered the pilot program.~~

13 ~~(b) The pilot program service provider shall collect any~~  
14 ~~information described by Subsection (a) that is available to the~~  
15 ~~provider and provide the information to the department and the~~  
16 ~~commission not later than the 30th day before the date the program's~~  
17 ~~operation concludes.~~

18 ~~(c) In addition to the information described by Subsection~~  
19 ~~(a), the pilot program service provider shall collect any~~  
20 ~~information specified by the department for use by the department~~  
21 ~~in making an evaluation under Section [534.104\(g\)](#).~~

22 ~~(d) The commission and the department, in consultation and~~  
23 ~~collaboration with the advisory committee, shall review and~~  
24 ~~evaluate the progress and outcomes of each pilot program~~  
25 ~~implemented under this subchapter and submit, as part of the annual~~  
26 ~~report to the legislature required by Section [534.054](#), a report to~~  
27 ~~the legislature during the operation of the pilot programs. Each~~

1 ~~report must include recommendations for program improvement and~~  
2 ~~continued implementation.]~~

3 SECTION 17. Section 534.109, Subchapter C, Chapter 534,  
4 Government Code, is amended to read as follows:

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

18 SECTION 18. Section 534.110, Subchapter C., Chapter 534,  
19 Government Code, is amended to read as follows:

20 Sec. 534.110. TRANSITION BETWEEN PROGRAMS; CONTINUITY OF  
21 SERVICES. (a) During the evaluation of the pilot required under  
22 Section 534.121,~~[The]~~ the commission may continue the pilot to  
23 protect continuity of care. If the commission determines not to  
24 continue the pilot during the evaluation, the commission, in  
25 consultation and collaboration with the advisory committee and  
26 Pilot Program Workgroup, shall ensure that there is a comprehensive  
27 plan for transitioning the provision of Medicaid benefits provided

1 to pilot participants to the services provided before the pilot.  
2 ~~[between a Medicaid waiver program or an ICF-IID program and a pilot~~  
3 ~~program under this subchapter to protect continuity of care.]~~

4 (b) The transition plan shall be developed in consultation  
5 and collaboration with the advisory committee and with stakeholder  
6 input as described by Section 534.103.

7 SECTION 19. Section 534.111, Subchapter C, Chapter 534,  
8 Government Code, is amended to read as follows:

9 Sec. 534.111. CONCLUSION OF PILOT PROGRAM[S]; EXPIRATION.  
10 Contingent on the decision made under Section 534.110, [On] on  
11 September 1, [2019] 2025:

12 (1) ~~[each]~~ the pilot program established under this  
13 subchapter ~~[that is still in operation]~~ either continues or must  
14 conclude. ~~[, and~~

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

16 SECTION 21. Chapter 534, Government Code, is amended to add  
17 new Subchapter C-1 to read as follows: SUBCHAPTER C-1. PILOT  
18 EVALUATION AND REPORT

19 Section 534.121. EVALUATION OF AND REPORT ON PILOT PROGRAM.

20 (a) The commission, in consultation and collaboration with the  
21 advisory committee and Pilot Program Workgroup, shall review and  
22 evaluate the progress and outcomes of the pilot program implemented  
23 under Subchapter C of this Chapter and submit, as part of the annual  
24 report required by Section 534.054, a report on the status of the  
25 pilot program. The report must include recommendations for program  
26 improvement.

27 (b) Upon conclusion of the pilot program required under

1 Subchapter C, the commission, in consultation and collaboration  
2 with the advisory committee and Pilot Program Workgroup, shall  
3 evaluate the pilot program and prepare and submit a report to the  
4 legislature based on a comprehensive analysis of the pilot.

5 (c) The comprehensive analysis must:

6 (1) include an assessment of the effect of the pilot  
7 on:

8 (A) access to and improved quality of long-term  
9 services and supports;

10 (B) informed choice and meaningful outcomes  
11 using person-centered planning, flexible consumer directed  
12 services, individualized budgeting, and self-determination,  
13 including a person's inclusion in the community;

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

16 (D) employment assistance and customized,  
17 integrated, competitive employment options;

18 (E) the number, types and dispositions of fair  
19 hearing and appeals processes in accordance with applicable federal  
20 and state law;

21 (F) increasing use and flexibility of the  
22 consumer directed service model;

23 (G) increasing use of alternatives to  
24 guardianship, including supported decision-making agreements under  
25 Chapter 1357, Estates Code;

26 (H) achieving cost effectiveness and best use of  
27 funding based on individuals' needs and preferences; and

- 1                   (I) attendant recruitment and retention;  
2                   (2) provide an analysis of the experience and outcome  
3 of the following systems changes:  
4                   (A) the IDD assessment tool required under  
5 Chapter 533, Subchapter B, Section 533.0335, Health and Safety  
6 Code;  
7                   (B) the 21st Century Cures Act;  
8                   (C) implementation of the federal HCBS Settings  
9 regulations; and  
10                   (D) the provision of basic attendant and  
11 habilitation services required under Section 534.152 of this  
12 Chapter, and  
13                   (E) the benefits of providing STAR+PLUS services  
14 to persons based on functional needs;  
15                   (3) include input from the individuals with  
16 intellectual and developmental disabilities and participants of  
17 similar functional needs, families and other individuals actively  
18 involved in the lives of the individuals; and providers of long term  
19 services and supports programs defined under Section 534.001 (8)  
20 and (12) who participated in the pilot about their experiences;  
21                   (4) be incorporated into the annual report to the  
22 legislature required under Section 534.054; and  
23                   (5) include recommendations about a system of programs  
24 and services for consideration by the legislature, including  
25 recommendations for needed statutory changes and whether to  
26 transition the pilot to a statewide program under the STAR+PLUS  
27 program for individuals who meet the eligibility criteria specified

1 in Section 534.1065.

2 SECTION 22. The heading to Subchapter E, Chapter 534,  
3 Government Code, is amended to read as follows: SUBCHAPTER E. STAGE  
4 TWO: TRANSITION OF ICF-IID PROGRAM RECIPIENTS AND LONG-TERM CARE  
5 MEDICAID WAIVER PROGRAM RECIPIENTS TO INTEGRATED MANAGED CARE  
6 SYSTEM

7 SECTION 23. Section 534.201, Subchapter E, Chapter 534,  
8 Government Code, is repealed:

9 [~~Sec. 534.201. TRANSITION OF RECIPIENTS UNDER TEXAS HOME~~  
10 ~~LIVING (TxHmL) WAIVER PROGRAM TO MANAGED CARE PROGRAM.~~] [(a)[This  
11 ~~section applies to individuals with an intellectual or~~  
12 ~~developmental disability who are receiving long-term services and~~  
13 ~~supports under the Texas home living (TxHmL) waiver program on the~~  
14 ~~date the commission implements the transition described by~~  
15 ~~Subsection (b).]~~

16 [~~(b) On September 1, 2020, the commission shall transition~~  
17 ~~the provision of Medicaid benefits to individuals to whom this~~  
18 ~~section applies to the STAR + PLUS Medicaid managed care program~~  
19 ~~delivery model or the most appropriate integrated capitated managed~~  
20 ~~care program delivery model, as determined by the commission based~~  
21 ~~on cost-effectiveness and the experience of the STAR + PLUS~~  
22 ~~Medicaid managed care program in providing basic attendant and~~  
23 ~~habilitation services and of the pilot programs established under~~  
24 ~~Subchapter C, subject to Subsection (c)(1).]~~

25 [~~(c) At the time of the transition described by Subsection~~  
26 ~~(b), the commission shall determine whether to:~~

27 ~~(1) continue operation of the Texas home living~~

1 ~~(TxHmL) waiver program for purposes of providing supplemental~~  
2 ~~long-term services and supports not available under the managed~~  
3 ~~care program delivery model selected by the commission; or~~

4 ~~(2) provide all or a portion of the long-term services~~  
5 ~~and supports previously available under the Texas home living~~  
6 ~~(TxHmL) waiver program through the managed care program delivery~~  
7 ~~model selected by the commission.]~~

8 ~~[(d) In implementing the transition described by Subsection~~  
9 ~~(b), the commission, in consultation and collaboration with the~~  
10 ~~advisory committee, shall develop a process to receive and evaluate~~  
11 ~~input from interested statewide stakeholders.]~~

12 ~~[(c) The commission, in consultation and collaboration with~~  
13 ~~the advisory committee, shall ensure that there is a comprehensive~~  
14 ~~plan for transitioning the provision of Medicaid benefits under~~  
15 ~~this section that protects the continuity of care provided to~~  
16 ~~individuals to whom this section applies.]~~

17 ~~[(f) In addition to the requirements of Section [533.005](#), a~~  
18 ~~contract between a managed care organization and the commission for~~  
19 ~~the organization to provide Medicaid benefits under this section~~  
20 ~~must contain a requirement that the organization implement a~~  
21 ~~process for individuals with an intellectual or developmental~~  
22 ~~disability that:~~

23 ~~(1) ensures that the individuals have a choice of~~  
24 ~~providers,~~

25 ~~(2) to the greatest extent possible, protects those~~  
26 ~~individuals' continuity of care with respect to access to primary~~  
27 ~~care providers, including the use of single-case agreements with~~

1 ~~out-of-network providers, and~~

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

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

12 ~~[(1) include an assessment of the effect of the~~  
13 ~~transition on:]~~

14 ~~[(A) access to long-term services and supports,]~~

15 ~~[(B) meaningful outcomes using person-centered~~  
16 ~~planning, individualized budgeting, and self-determination,~~  
17 ~~including a person's inclusion in the community,~~

18 ~~[(C) the integration of service coordination of~~  
19 ~~acute care services and long-term services and supports,]~~

20 ~~[(D) employment assistance and customized,~~  
21 ~~integrated, competitive employment options, and]~~

22 ~~[(E) the number and types of fair hearing and~~  
23 ~~appeals processes in accordance with applicable federal law,]~~

24 ~~[(2) be incorporated into the annual report to the~~  
25 ~~legislature required under Section 534.054, and]~~

26 ~~(3) include recommendations for improvements to the~~  
27 ~~transition implementation for consideration by the legislature,~~

1 ~~including recommendations for needed statutory changes.]~~

2 SECTION 24. Section 534.202, Subchapter E, Chapter 534,  
3 Government Code, is amended to read as follows:

4 Sec. 534.202. DETERMINATION TO TRANSITION [~~OF~~] ICF-IID  
5 PROGRAM RECIPIENTS AND CERTAIN [~~OTHER~~] MEDICAID WAIVER PROGRAM  
6 RECIPIENTS TO MANAGED CARE PROGRAM. (a) This section applies to  
7 individuals with an intellectual or developmental disability who  
8 [~~, on the date the commission implements the transition~~  
9 ~~described by Subsection (b),~~] are receiving long-term services and  
10 supports under:

11 (1) a Medicaid waiver program as defined under Section  
12 534.001 (12) [~~other than the Texas home living (TxHmL) waiver~~  
13 ~~program~~]; or

14 (2) an ICF-IID program.

15 (b) After implementing the pilot [~~transition~~] required by  
16 Subchapter C of this Chapter, completing the evaluation required  
17 under Section 534.121, and subject to subsection (g) [~~on September~~  
18 ~~1, 2021~~], the commission, in consultation and collaboration with  
19 the advisory committee, shall develop a plan for the transition of  
20 all or a portion of the services provided through the programs  
21 defined in Sections 534.001 (8) and (12) which were not included in  
22 the pilot under Subchapter C. The plan must include:

23 (1) The process for transitioning the services in the  
24 programs defined in Sections 534.001 (8) and (12) in a phased-in  
25 manner as follows:

26 (A) Texas Home Living;

27 (B) CLASS;

1                   (C) non-residential services provided through  
2 the 1915 (c) Home and Community-based Services and DBMD waivers;  
3 and

4                   (D) subject to subsection (b) (3), the  
5 residential services offered through the ICF/IID program and the  
6 HCS and DBMD waiver programs.

7                   (2) With the exception of the residential services  
8 provided through the programs specified in subsection (b) (1)(D),  
9 the schedule for transitioning the services and individuals into  
10 managed care must occur in the order specified under subsection  
11 (b)(1)beginning with TxHmL on September 1, 2027; CLASS on September  
12 1, 2029,; and the non-residential services provided through the  
13 Home and Community-based services and DBMD waivers on September 1,  
14 2031.

15                   (3) The process for evaluating the feasibility and  
16 cost efficiency of transitioning the residential services offered  
17 through the ICF/IID program and the HCS and DBMD waiver programs,  
18 and, as appropriate, transitioning to the managed care program.

19                   (A) The process for determining the transition of  
20 the residential services must be based on an evaluation of a two  
21 year pilot.

22 ~~[transition the provision of Medicaid benefits to individuals to~~  
23 ~~whom this section applies to the STAR + PLUS Medicaid managed care~~  
24 ~~program delivery model or the most appropriate integrated capitated~~  
25 ~~managed care program delivery model, as determined by the~~  
26 ~~commission based on cost-effectiveness and the experience of the~~  
27 ~~transition of Texas home living (TxHmL) waiver program recipients~~

1 ~~to a managed care program delivery model under Section 534.201~~  
2 ~~subject to Subsections (c)(1) and (g).]~~

3 (c) ~~[At the time of]~~ Prior to the transition ~~[described by]~~  
4 dates specified under Subsection (b) (2) and subject to subsection  
5 (g), the commission shall determine whether to:

6 (1) continue operation of the Medicaid waiver programs  
7 only for purposes of providing, if applicable:

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

11 (B) long term services and supports to Medicaid  
12 waiver program recipients who choose to continue receiving benefits  
13 under the waiver programs who choose to continue receiving benefits  
14 under the waiver program as provided by Subsection (g); or

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

19 (d) In implementing the transition described by Subsection  
20 (b)(2), the commission shall develop a process to receive and  
21 evaluate input from interested statewide stakeholders that is in  
22 addition to the input provided by the advisory committee.

23 (e) The commission shall ensure that there is a  
24 comprehensive plan for transitioning the provision of Medicaid  
25 benefits under this section that protects the continuity of care  
26 provided to individuals to whom this section applies and ensures  
27 individuals have a choice among acute care and comprehensive long

1 term services and supports providers and service delivery options  
2 including the consumer directed services model as specified under  
3 Subsection (i).

4 (f) Before transitioning the provision of Medicaid benefits  
5 for children under this section, a managed care organization  
6 providing services under the managed care program delivery model  
7 selected by the commission must demonstrate to the satisfaction of  
8 the commission that the organization's network of providers has  
9 experience and expertise in the provision of services to children  
10 with an intellectual or developmental disability. Before  
11 transitioning the provision of Medicaid benefits for adults with an  
12 intellectual or developmental disability under this section, a  
13 managed care organization providing services under the managed care  
14 program delivery model selected by the commission must demonstrate  
15 to the satisfaction of the commission that the organization's  
16 network of providers has experience and expertise in the provision  
17 of services to adults with an intellectual or developmental  
18 disability.

19 (g) If the commission determines that all or a portion of  
20 the long-term services and supports previously available under the  
21 Medicaid waiver programs should be provided through a managed care  
22 program delivery model under Subsection (c)(1), the commission  
23 shall, at the time of the transition, allow each recipient  
24 receiving long-term services and supports under a Medicaid waiver  
25 program the option of:

26 (1) continuing to receive the services and supports  
27 under the Medicaid waiver program; or

1           (2) receiving the services and supports through the  
2 managed care program delivery model selected by the commission.

3           (h) A recipient who chooses to receive long-term services  
4 and supports through a managed care program delivery model under  
5 Subsection (g) may not, at a later time, choose to receive the  
6 services and supports under a Medicaid waiver program.

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

13           (1) ensures that the individuals have a choice among  
14 acute care and comprehensive long term services and supports  
15 providers and service delivery options including the consumer  
16 directed services model;

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

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

26           SECTION 25. Section 534.203, Subchapter E, Chapter 534,  
27 Government Code, is amended to read as follows:

1           Sec. 534.203. RESPONSIBILITIES OF COMMISSION UNDER  
2 SUBCHAPTER. In administering this subchapter, the commission shall  
3 ensure that upon a determination to transition services in the  
4 programs defined under Sections 534.001 (8) and (12):

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 department for the reimbursement of ICF-IID service  
14 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 Medicaid managed care program  
18 delivery model or the most appropriate integrated capitated managed  
19 care program delivery model, as appropriate, may submit long-term  
20 services and supports claims to any participating managed care  
21 organization ~~[.]~~ ; and

22          (4) that each individual with an intellectual or  
23 developmental disability and the individual's legally authorized  
24 representative has access to a comprehensive facilitated,  
25 person-centered plan that identifies outcomes for the individual.  
26 The consumer directed services model must be promoted as an  
27 available option for individuals to achieve self-determination,

1 choice and control.

2 SECTION 26. Chapter 534, Government Code, is amended to add  
3 Subchapter F. to read as follows:

4 SUBCHAPTER F. OTHER IMPLEMENTATION REQUIREMENTS AND  
5 RESPONSIBILITIES UNDER THIS CHAPTER

6 Sec. 534.301. IMPLEMENTATION AND RESPONSIBILITIES UNDER  
7 THIS CHAPTER. (a) The commission is authorized to delay  
8 implementation of this Chapter or its subchapters without further  
9 investigation or adjustments or legislative intervention, if it  
10 determines any provision under the Chapter or other related mandate  
11 or initiative integral to implementation adversely affects the  
12 system of services and supports to persons and programs to which the  
13 Chapter applies.

14 (b) For purpose of the pilot under Subchapter C. of this  
15 Chapter and any subsequent transition of recipients receiving  
16 services under certain Medicaid waiver programs defined under  
17 Section 534.001 (12) to a managed care program as specified under  
18 Section 534.202 (c), the commission must:

19 (1) maintain a certification process and regulatory  
20 oversight of Texas Home Living and Home and Community-based  
21 Services providers; and

22 (2) require managed care organizations include in  
23 their network of qualified long term services and supports  
24 providers certified Texas Home Living and Home and Community-based  
25 Services providers that specialize in services for persons with  
26 intellectual disabilities.

27 (c) Subject to Section 534.202 (b) and (c), upon a decision

1 to transition the long term services and supports under a Medicaid  
2 waiver program defined under Section 534.001 (12), the commission  
3 shall ensure individuals do not lose the benefits they are  
4 receiving through these Medicaid waiver programs.

5 (d) For purposes of the pilot under Subchapter C. and any  
6 future transition of services specified under Section 534.202 into  
7 the STAR+PLUS program, the comprehensive long term services and  
8 supports provider defined in Section 534.001 (4):

9 (1) must report encounters of any directly contracted  
10 services to the managed care organization; provide quarterly  
11 reporting of coordinated services and timeframes to the managed  
12 care organization, and provide quarterly progress on goals and  
13 objectives set by an individual's person centered plan; and

14 (2) will not be held accountable for the provision of  
15 services on an individual's service plan for which a managed care  
16 organization denies or does not authorize access to in a timely  
17 manner.

18 SECTION 27. If before implementing any provision of this  
19 Act a state agency determines that a waiver or authorization from a  
20 federal agency is necessary for implementation of that provision,  
21 the agency affected by the provision shall request the waiver or  
22 authorization and may delay implementing that provision until the  
23 waiver or authorization is granted.

24 SECTION 28. If the Health and Human Services Commission  
25 determines that it is cost effective, the commission shall apply  
26 for and actively seek a waiver or authorization from the  
27 appropriate federal agency to allow the state to provide medical

1 assistance under the waiver or authorization to medically fragile  
2 individuals;

3 (1) Who are at least 21 years of age; and

4 (2) Whose costs to receive care exceed cost limits  
5 under existing Medicaid waiver programs.

6 SECTION 29. This act takes effect September 1, 2019.