

By: Kolkhorst

S.B. No. 2167

A BILL TO BE ENTITLED

1 AN ACT

2 relating to implementation of the system redesign for the delivery  
3 of Medicaid benefits to persons with intellectual or developmental  
4 disabilities.

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

6 SECTION 1. Section 534.053(g), Government Code, as amended  
7 by Chapters 837 (S.B. 200), 946 (S.B. 277), and 1117 (H.B. 3523),  
8 Acts of the 84th Legislature, Regular Session, 2015, is reenacted  
9 and amended to read as follows:

10 (g) On January 1, 2027 [~~the one-year anniversary of the date~~  
11 ~~the commission completes implementation of the transition required~~  
12 ~~under Section 534.202~~]:

13 (1) the advisory committee is abolished; and

14 (2) this section expires.

15 SECTION 2. Chapter 534, Government Code, is amended by  
16 adding Subchapter C-1 to read as follows:

17 SUBCHAPTER C-1. STAR+PLUS HOME AND COMMUNITY-BASED SERVICES PILOT  
18 PROGRAM

19 Sec. 534.121. DEFINITION. In this subchapter:

20 (1) "Health care service region" has the meaning  
21 assigned by Section 533.001.

22 (2) "Pilot program" means the pilot program  
23 established under Section 534.122.

24 Sec. 534.122. STAR+PLUS HOME AND COMMUNITY-BASED SERVICES

1 PILOT PROGRAM IMPLEMENTATION. (a) Notwithstanding Subchapter C  
2 and not later than September 1, 2022, the commission shall develop  
3 and implement a pilot program in accordance with this subchapter to  
4 test the delivery through the STAR+PLUS Medicaid managed care  
5 program of home and community-based services to adults with  
6 intellectual or developmental disabilities who are receiving  
7 Medicaid benefits:

8 (1) under the STAR+PLUS Medicaid managed care program;

9 or

10 (2) as residents of state supported living centers.

11 (b) The commission shall design the pilot program to meet  
12 the following goals and objectives:

13 (1) provide access to home and community-based  
14 services to recipients who are pilot program participants;

15 (2) promote meaningful outcomes by using  
16 person-centered planning that focuses on the unique needs of  
17 individuals with intellectual or developmental disabilities and  
18 their families and caregivers;

19 (3) promote integrated service coordination of acute  
20 care services and home and community-based services;

21 (4) promote efficiency and the best use of funding;

22 (5) promote housing stability through housing  
23 supports and navigation services;

24 (6) promote community inclusion and placement through  
25 enhanced behavioral health supports and crisis intervention  
26 services;

27 (7) promote employment assistance and customized,

1 integrated, and competitive employment;

2 (8) promote fair hearing and appeals processes  
3 provided in accordance with applicable federal law;

4 (9) promote the use of innovative technology and  
5 benefits, including home monitoring, telemonitoring,  
6 transportation, and other innovations that support community  
7 integration; and

8 (10) promote sufficient flexibility to achieve these  
9 goals.

10 (c) The pilot program must operate:

11 (1) for at least 24 months; and

12 (2) in one or more health care service regions, as  
13 determined by the commission.

14 (d) The commission shall consult the advisory committee  
15 regarding the design, implementation, and evaluation of the pilot  
16 program.

17 Sec. 534.123. PARTICIPATING MANAGED CARE ORGANIZATIONS.

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

21 Sec. 534.124. BENEFITS PROVIDED. The pilot program must  
22 ensure that managed care organizations participating in the pilot  
23 program provide:

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

26 (A) acute care services, including physical  
27 health, behavioral health, specialty care, inpatient hospital, and

1 outpatient pharmacy services; and

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

3 (i) Community First Choice services;

4 (ii) personal assistance services;

5 (iii) day activity health services; and

6 (iv) home and community-based services,

7 including assisted living, personal assistance services,

8 employment assistance, supported employment, adult foster care,

9 dental care, nursing care, respite care, home-delivered meals, and

10 therapy services;

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

13 (A) enhanced behavioral health services;

14 (B) behavioral supports;

15 (C) day habilitation;

16 (D) housing supports;

17 (E) community support transportation; and

18 (F) crisis intervention services; and

19 (3) other home and community-based services the  
20 commission determines appropriate.

21 Sec. 534.125. RECIPIENT PARTICIPATION. (a) The executive  
22 commissioner shall by rule establish recipient eligibility  
23 criteria, including financial and functional criteria, for  
24 participation in the pilot program. In establishing rules under  
25 this section, the executive commissioner shall ensure the following  
26 recipients are allowed to enroll in the pilot program:

27 (1) a recipient receiving services under the STAR+PLUS

1 Medicaid managed care program who has an intellectual or  
2 developmental disability, including a recipient with autism,  
3 regardless of whether the recipient is:

4 (A) receiving home and community-based services  
5 under the STAR+PLUS program; or

6 (B) on a Medicaid waiver program interest list;

7 (2) a recipient receiving services under the STAR+PLUS  
8 Medicaid managed care program who has a traumatic brain injury that  
9 occurred after the recipient reached 21 years of age; and

10 (3) a state supported living center resident who, by  
11 virtue of participating in the pilot program, is able to transition  
12 to a community placement.

13 (b) A recipient's participation in the pilot program is  
14 voluntary. The decision whether to participate in the program and  
15 receive long-term services and supports from a provider through the  
16 program may be made only by the recipient or the recipient's legally  
17 authorized representative.

18 Sec. 534.126. PERSON-CENTERED PLANNING. The commission  
19 shall ensure that each recipient who participates in the pilot  
20 program, or the recipient's legally authorized representative, has  
21 access to a facilitated, person-centered plan that identifies  
22 outcomes for the recipient and drives the development of the  
23 individualized budget. The consumer direction model, as defined in  
24 Section 531.051, may be an outcome of the plan.

25 Sec. 534.127. ANNUAL REPORT ON IMPLEMENTATION. Not later  
26 than September 30 of each year, the commission shall prepare and  
27 submit a report to the legislature on the implementation of the

1 pilot program. The report must include:

2 (1) an assessment of the implementation of the pilot  
3 program, including appropriate information regarding the provision  
4 of acute care and home and community-based services to recipients  
5 participating in the pilot program;

6 (2) recommendations regarding implementation and  
7 improvements to Medicaid waiver programs, including  
8 recommendations regarding appropriate statutory changes; and

9 (3) an assessment of the effect of the pilot program on  
10 the following:

11 (A) recipient access to home and community-based  
12 services, including the additional services included in the pilot  
13 program in accordance with Sections 534.124(2) and (3);

14 (B) the quality of services provided under the  
15 pilot program;

16 (C) meaningful outcomes for recipients using  
17 person-centered planning, individualized budgeting, and  
18 self-determination, including outcomes related to community  
19 inclusion;

20 (D) the integration of service coordination of  
21 acute care services and home and community-based services;

22 (E) the efficiency and use of funding and impact  
23 for future transitions of Medicaid waiver programs;

24 (F) the placement and retention of recipients in  
25 housing that is the least restrictive setting appropriate to the  
26 recipients' needs;

27 (G) employment assistance and customized,

1 integrated, competitive employment options; and

2 (H) the number and types of fair hearings and  
3 appeals sought by participants in the pilot program.

4 Sec. 534.128. This subchapter expires September 30, 2025.

5 SECTION 3. Section 534.201(b), Government Code, is amended  
6 to read as follows:

7 (b) On September 1, 2024 [~~2020~~], the commission shall  
8 transition the provision of Medicaid benefits to individuals to  
9 whom this section applies to the STAR+PLUS [~~STAR + PLUS~~] Medicaid  
10 managed care program delivery model or the most appropriate  
11 integrated capitated managed care program delivery model, as  
12 determined by the commission based on cost-effectiveness and the  
13 experience of the STAR+PLUS [~~STAR + PLUS~~] Medicaid managed care  
14 program in providing basic attendant and habilitation services and  
15 of the pilot programs established under Subchapters [~~Subchapter~~] C  
16 and C-1, subject to Subsection (c)(1).

17 SECTION 4. Section 534.202(b), Government Code, is amended  
18 to read as follows:

19 (b) After implementing the transition required by Section  
20 534.201, on September 1, 2025 [~~2021~~], the commission shall  
21 transition the provision of Medicaid benefits to individuals to  
22 whom this section applies to the STAR+PLUS [~~STAR + PLUS~~] Medicaid  
23 managed care program delivery model or the most appropriate  
24 integrated capitated managed care program delivery model, as  
25 determined by the commission based on cost-effectiveness and the  
26 experience of the transition of Texas home living (TxHmL) waiver  
27 program recipients to a managed care program delivery model under

1 Section 534.201, subject to Subsections (c)(1) and (g).

2 SECTION 5. Section 534.203, Government Code, is amended to  
3 read as follows:

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

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

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

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

24 SECTION 6. Notwithstanding Section 534.127, Government  
25 Code, as added by this Act, the Health and Human Services Commission  
26 shall submit the initial report required by that section not later  
27 than September 30, 2020.



1           SECTION 7. If before implementing any provision of this Act  
2 a state agency determines that a waiver or authorization from a  
3 federal agency is necessary for implementation of that provision,  
4 the agency affected by the provision shall request the waiver or  
5 authorization and may delay implementing that provision until the  
6 waiver or authorization is granted.

7           SECTION 8. This Act takes effect September 1, 2019.