87R2189 MM-D

By:  Johnson S.B. No. 651

A BILL TO BE ENTITLED

AN ACT

relating to a pilot project to improve health care outcomes and reduce costs under Medicaid by providing participating recipients with enhanced case management and other services to address certain social determinants of health.

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

SECTION 1.  Chapter 533, Government Code, is amended by adding Subchapter F to read as follows:

SUBCHAPTER F. PILOT PROJECT TO ADDRESS CERTAIN SOCIAL DETERMINANTS OF HEALTH

Sec. 533.101.  DEFINITIONS. In this subchapter:

(1)  "Pilot project" means the pilot project established under Section 533.102.

(2)  "Project participant" means an individual who participates in the pilot project.

(2)  "Social determinants of health" means the environmental conditions in which an individual lives that affect the individual's health and quality of life.

Sec. 533.102.  PILOT PROJECT FOR PROVIDING ENHANCED CASE MANAGEMENT AND OTHER SERVICES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. (a) The executive commissioner shall seek a waiver under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315) to the state Medicaid plan to develop and implement a five-year pilot project to improve the health care outcomes of Medicaid recipients and reduce associated health care costs by providing enhanced case management and other coordinated, evidence-based, nonmedical intervention services designed to directly address recipient needs related to the following social determinants of health:

(1)  housing instability;

(2)  food insecurity;

(3)  transportation insecurity;

(4)  interpersonal violence; and

(5)  toxic stress.

(b)  The commission shall develop and implement the pilot project with the assistance and involvement of Medicaid managed care organizations, public or private stakeholders, and other persons the commission determines appropriate.

(c)  A pilot project established under this section shall be conducted in one or more regions of this state as selected by the commission.

Sec. 533.103.  BENEFITS: CASE MANAGEMENT AND INTERVENTION SERVICES. (a) The pilot project must assign a case manager to each project participant. The case manager will determine, authorize, and coordinate individualized nonmedical intervention services for participants that directly address and improve the participants' quality of life respecting one or more of the social determinants of health described by Section 533.102.

(b)  The commission shall prescribe the nonmedical intervention services that may be provided to project participants, which may include:

(1)  the following services to address housing instability:

(A)  tenancy support and sustaining services;

(B)  housing quality and safety improvement services;

(C)  legal assistance with connecting participants to community resources to address legal issues, other than providing legal representation or paying for legal representation;

(D)  one-time financial assistance to secure housing; and

(E)  short-term post-hospitalization housing;

(2)  the following services to address food insecurity:

(A)  assistance applying for benefits under the supplemental nutrition assistance program or the federal special supplemental nutrition program for women, infants, and children administered by 42 U.S.C. Section 1786;

(B)  assistance accessing school-based meal programs;

(C)  assistance locating and accessing food banks or community-based summer and after-school food programs;

(D)  nutrition counseling; and

(E)  financial assistance for targeted nutritious food or meal delivery services for individuals with medically related special dietary needs if funding cannot be obtained through other sources;

(3)  the following services to address transportation insecurity:

(A)  educational assistance to gain access to public and private forms of transportation, including ride-sharing; and

(B)  financial assistance for public transportation or, if public transportation is not available, private transportation to support participants' ability to access pilot project services; and

(4)  the following services to address interpersonal violence and toxic stress:

(A)  assistance with locating and accessing community-based social services and mental health agencies with expertise in addressing interpersonal violence;

(B)  assistance with locating and accessing high-quality child-care and after-school programs;

(C)  assistance with locating and accessing community engagement activities;

(D)  navigational services focused on identifying and improving existing factors posing a risk to the safety and health of victims transitioning from traumatic situations, including:

(i)  obtaining a new phone number or mailing address;

(ii)  securing immediate shelter and long-term housing;

(iii)  making school arrangements to minimize disruption of school schedules; and

(iv)  connecting participants to medical-legal partnerships to address overlap between health care and legal needs;

(E)  legal assistance for interpersonal violence-related issues, including assistance securing a protection order, other than providing legal representation or paying for legal representation;

(F)  assistance accessing evidence-based parenting support; and

(G)  assistance accessing evidence-based maternal, infant, and early home visiting services.

Sec. 533.104.  PARTICIPANT ELIGIBILITY. An individual is eligible to participate in the pilot project if the individual:

(1)  is a Medicaid recipient and receives benefits through a Medicaid managed care model or arrangement under this chapter;

(2)  resides in a region in which the pilot project is implemented; and

(3)  meets other eligibility criteria established by the commission for project participation, including:

(A)  having or being at a higher risk than the general population of developing a chronic or serious health condition; and

(B)  experiencing at least one of the social determinants of health described by Section 533.102.

Sec. 533.105.  RULES. The executive commissioner may adopt rules to implement this subchapter.

Sec. 533.106.  REPORT. Not later than September 1 of each even-numbered year, the commission shall submit to the legislature a report on the pilot project. The report must include:

(1)  an evaluation of the pilot project's success in reducing or eliminating poor health outcomes and reducing associated health care costs; and

(2)  a recommendation on whether the pilot project should be continued, expanded, or terminated.

Sec. 533.107.  EXPIRATION. This subchapter expires September 1, 2027.

SECTION 2.  As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall apply for and actively pursue a waiver under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315) to the state Medicaid plan from the federal Centers for Medicare and Medicaid Services or any other federal agency to implement Subchapter F, Chapter 533, Government Code, as added by this Act. The commission may delay implementing Subchapter F, Chapter 533, Government Code, as added by this Act, until the waiver applied for under this section is granted.

SECTION 3.  This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.