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By:  Kolkhorst S.B. No. 2028

A BILL TO BE ENTITLED

AN ACT

relating to the Medicaid program, including the administration and operation of the Medicaid managed care program.

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

SECTION 1.  Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.024142, 531.02493, 531.0501, 531.0502, 531.0512, and 531.0605 to read as follows:

Sec. 531.024142.  NONHOSPITAL AMBULANCE TRANSPORT AND TREATMENT PROGRAM. (a) The commission by rule shall develop and implement a program designed to improve quality of care and lower costs in Medicaid by:

(1)  reducing avoidable transports to hospital emergency departments and unnecessary hospitalizations;

(2)  encouraging transports to alternative care settings for appropriate care; and

(3)  providing greater flexibility to ambulance care providers to address the emergency health care needs of Medicaid recipients following a 9-1-1 emergency services call.

(b)  The program must be substantially similar to the Centers for Medicare and Medicaid Services' Emergency Triage, Treat, and Transport (ET3) model.

Sec. 531.02493.  CERTIFIED NURSE AIDE PROGRAMS. (a) The commission by rule shall establish and implement a program to provide certified nurse aides trained in the Grand-Aide curriculum or a substantially similar training program to provide in-home support to a Medicaid recipient's care team after the recipient's discharge from a hospital. The program must allow a Medicaid managed care organization to treat payments to certified nurse aides providing care under the program as quality payments for purposes of meeting contract percentage requirements.

(b)  Subject to Subsection (c), the commission by rule may establish and implement a program under which the parent of a child with complex medical needs may receive Medicaid reimbursement if the parent:

(1)  receives training and is certified as a nurse aide; and

(2)  provides care for the child.

(c)  The commission may establish the program described by Subsection (b) only if the commission determines that the program will reduce Medicaid costs and improve the quality of care for Medicaid recipients who are children with complex medical needs.

Sec. 531.0501.  MEDICAID WAIVER PROGRAMS: INTEREST LIST MANAGEMENT. (a) The commission shall establish an online portal for use by individuals seeking Medicaid waiver program services to request to be placed on a Medicaid waiver program interest list. The portal must:

(1)  provide the current interest list questionnaire information for each Medicaid waiver program;

(2)  allow real-time access to an individual's interest list status; and

(3)  result in information that will inform the priority for an individual's placement on the most appropriate interest list.

(b)  The commission may remove an individual from a Medicaid waiver program interest list if the individual has not had any communication with the commission for at least five years. After removing the individual from the interest list, the commission shall maintain a record of:

(1)  the individual's name and any other information the commission has concerning the individual; and

(2)  the individual's initial interest list request date.

Sec. 531.0502.  MEDICAID WAIVER PROGRAMS: ENROLLMENT AND STRATEGIC PLAN. (a) Beginning not later than September 1, 2023, the commission shall prioritize enrollment in Medicaid waiver programs based on a Medicaid recipient's level of need for services under a program.

(b)  The commission shall develop a strategic plan to identify:

(1)  the most effective methods for assessing the needs of Medicaid recipients on Medicaid waiver program interest lists and for matching a recipient with the program that best meets the recipient's level of need; and

(2)  based on a needs assessment, a method for prioritizing Medicaid recipients on Medicaid waiver program interest lists and assigning those recipients who have been on an interest list for five years or more a position on the list.

Sec. 531.0512.  NOTIFICATION REGARDING CONSUMER DIRECTION MODEL. The commission shall:

(1)  develop a procedure to:

(A)  verify that a Medicaid recipient or the recipient's parent or legal guardian is informed regarding the consumer-direction model and provided the option to choose to receive care under that model; and

(B)  if the individual declines to receive care under the consumer-directed model, document the declination; and

(2)  ensure that each Medicaid managed care organization implements the procedure.

Sec. 531.0605.  ADVANCING CARE FOR EXCEPTIONAL KIDS PILOT PROGRAM. (a) The commission shall collaborate with Medicaid managed care organizations to develop and implement a pilot program that is substantially similar to the program described by Section 3, Medicaid Services Investment and Accountability Act of 2019 (Pub. L. No. 116-16), to provide coordinated care through a health home to children with complex medical conditions.

(b)  The commission shall seek guidance from the Centers for Medicare and Medicaid Services and the United States Department of Health and Human Services regarding the design of the program and actively seek and apply for federal funding to implement the program.

(c)  Not later than December 31, 2024, the commission shall prepare and submit a report to the legislature that includes:

(1)  a summary of the commission's evaluation of the effect of the pilot program on the coordination of care for children with complex medical conditions; and

(2)  a recommendation as to whether the pilot program should be continued, expanded, or terminated.

(d)  The pilot program terminates and this section expires September 1, 2025.

SECTION 2.  Section 533.0025, Government Code, is amended by adding Subsections (j) and (k) to read as follows:

(j)  The commission shall implement the most cost-effective option for the delivery of basic attendant and habilitation services and services under the community attendant services program for recipients under the STAR Medicaid managed care program.

(k)  The commission shall determine and implement the most cost-effective option for the delivery of hospice services for recipients under the STAR+PLUS Medicaid managed care program.

SECTION 3.  Subchapter A, Chapter 533, Government Code, is amended by adding Sections 533.00515 and 533.0069 to read as follows:

Sec. 533.00515.  MEDICATION THERAPY MANAGEMENT. The executive commissioner shall collaborate with Medicaid managed care organizations to implement medication therapy management services to lower costs and improve quality outcomes for recipients by reducing adverse drug events.

Sec. 533.0069.  COORDINATION OF SCHOOL HEALTH AND RELATED SERVICES. (a) The commission, in coordination with Medicaid managed care organizations and the Texas Education Agency, shall develop and adopt a policy for the Medicaid managed care program to ensure the coordination and delivery of benefits and services provided under the school health and related services program, including coordination of school health and related services with early childhood intervention services.

(b)  Not later than December 31, 2024, the commission shall prepare and submit a report to the legislature that includes a summary of the commission's efforts regarding coordinating school health and related services and early childhood intervention services.

SECTION 4.  Section 533.0076, Government Code, is amended by amending Subsection (c) and adding Subsection (d) to read as follows:

(c)  The commission shall allow a recipient who is enrolled in a managed care plan under this chapter to disenroll from that plan and enroll in another managed care plan[~~:~~

[~~(1)~~] at any time for cause in accordance with federal law[~~; and~~

[~~(2) once for any reason after the periods described by Subsections (a) and (b)~~].

(d)  The commission shall ensure that each recipient receives information regarding the recipient's option under Subsection (c).

SECTION 5.  Section 533.009(c), Government Code, is amended to read as follows:

(c)  The executive commissioner, by rule, shall prescribe the minimum requirements that a managed care organization, in providing a disease management program, must meet to be eligible to receive a contract under this section. The managed care organization must, at a minimum, be required to:

(1)  provide disease management services that have performance measures for particular diseases that are comparable to the relevant performance measures applicable to a provider of disease management services under Section 32.057, Human Resources Code; [~~and~~]

(2)  show evidence of ability to manage complex diseases in the Medicaid population; and

(3)  if a disease management program provided by the organization has low active participation rates, identify the reason for the low rates and develop an approach to increase active participation in disease management programs for high-risk recipients.

SECTION 6.  Section 32.028, Human Resources Code, is amended by adding Subsection (p) to read as follows:

(p)  The executive commissioner shall establish a reimbursement rate for medication therapy management services.

SECTION 7.  Subchapter B, Chapter 32, Human Resources Code, is amended by adding Sections 32.0611 and 32.0612 to read as follows:

Sec. 32.0611.  COMMUNITY ATTENDANT SERVICES PROGRAM: HIRING PROCESS. The commission shall require an entity with which the commission contracts to provide personal attendant services to recipients under the community attendant services program to streamline the application and hiring process for prospective attendants, including requiring the entity to consolidate any required application documents and forms.

Sec. 32.0612.  COMMUNITY ATTENDANT SERVICES PROGRAM: QUALITY INITIATIVES AND EDUCATION INCENTIVES. (a) The commission shall develop specific quality initiatives for attendants providing services under the community attendant services program to improve quality outcomes for program recipients.

(b)  The commission shall coordinate with the Texas Higher Education Coordinating Board and the Texas Workforce Commission to develop a program to facilitate the award of academic or workforce education credit for programs of study or courses of instruction leading to a degree, certificate, or credential in a health-related field based on an attendant's work experience under the community attendant services program.

SECTION 8.  (a) In this section, "commission," "executive commissioner," and "Medicaid" have the meanings assigned by Section 531.001, Government Code.

(b)  Using existing resources, the commission shall:

(1)  review the commission's staff rate enhancement programs to:

(A)  identify and evaluate methods for improving administration of those programs to reduce administrative barriers that prevent an increase in direct care staffing and direct care wages and benefits in nursing homes; and

(B)  develop recommendations for increasing participation in the programs;

(2)  revise the commission's policies regarding the quality incentive payment program (QIPP) to require improvements to staff-to-patient ratios in nursing facilities participating in the program and to set a goal for those nursing facilities to meet all Centers for Medicare and Medicaid Services five-star quality rating metrics by September 1, 2027;

(3)  examine, in collaboration with the Department of Family and Protective Services, the Centers for Medicare and Medicaid Services' Integrated Care for Kids (InCK) Model to determine whether implementing the model could benefit children in this state, including children enrolled in the STAR Health Medicaid managed care program;

(4)  develop options for value-based arrangements with nursing facilities that consider facility hospitalization rates, infection control measures, and the number of citations for abuse or neglect the facility has received; and

(5)  identify factors influencing active participation by Medicaid recipients in disease management programs by examining variations in:

(A)  eligibility criteria for the programs; and

(B)  participation rates by health plan, disease management program, and year.

(c)  The executive commissioner may approve a capitation payment system that provides for reimbursement for physicians under a primary care capitation model or total care capitation model.

SECTION 9.  (a) In this section, "commission" and "Medicaid" have the meanings assigned by Section 531.001, Government Code.

(b)  As soon as practicable after the effective date of this Act, the commission shall conduct a study to determine the cost-effectiveness and feasibility of providing to Medicaid recipients who have been diagnosed with diabetes, including Type 1 diabetes, Type 2 diabetes, and gestational diabetes:

(1)  diabetes self-management education and support services that follow the National Standards for Diabetes Self-Management Education and Support and that may be delivered by a certified diabetes educator; and

(2)  medical nutrition therapy services.

(c)  If the commission determines that providing one or both of the types of services described by Subsection (b) of this section would improve health outcomes for Medicaid recipients and lower Medicaid costs, the commission shall, notwithstanding Section 32.057, Human Resources Code, or Section 533.009, Government Code, and to the extent allowed by federal law develop a program to provide the benefits and seek prior approval from the Legislative Budget Board before implementing the program.

SECTION 10.  (a) In this section, "commission," "Medicaid," and "Medicaid managed care organization" have the meanings assigned by Section 531.001, Government Code.

(b)  As soon as practicable after the effective date of this Act, the commission shall conduct a study to determine the cost-effectiveness and feasibility of requiring that a Medicaid managed care organization provide early childhood intervention case management services to Medicaid recipients who receive services under the school health and related services program.

(c)  Not later than December 31, 2024, the commission shall prepare and submit a report to the legislature that includes:

(1)  a summary of the commission's evaluation of the feasibility and cost-effectiveness of providing early childhood intervention case management as a Medicaid managed care benefit; and

(2)  a recommendation as to whether the commission should implement that benefit.

SECTION 11.  (a) In this section, "commission" and "Medicaid" have the meanings assigned by Section 531.001, Government Code.

(b)  As soon as practicable after the effective date of this Act, the commission shall conduct a study to determine the cost-effectiveness and feasibility of providing services under the Community First Choice program to Medicaid recipients transitioning from care in an institutional setting to care in a community-based setting.

(c)  If the commission determines that providing the types of services described by Subsection (b) of this section would improve health outcomes for Medicaid recipients and lower Medicaid costs, the commission shall to the extent allowed by federal law develop a program to provide the services and seek prior approval from the Legislative Budget Board before implementing the program.

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

SECTION 13.  This Act takes effect September 1, 2021.