

By: Klick

H.B. No. 3944

A BILL TO BE ENTITLED

AN ACT

relating to the provision of initial health risk assessments for Medicaid recipients.

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

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.002501 to read as follows:

Sec. 533.002501. INITIAL HEALTH RISK ASSESSMENTS OF CERTAIN RECIPIENTS. (a) In this section, "assessing third-party entity" means the third-party entity with which the commission is required to contract under Subsection (c) to conduct health risk assessments of recipients under this section.

(b) The commission shall, in accordance with this section, conduct an initial health risk assessment of each recipient who is to be enrolled in a managed care plan offered by a Medicaid managed care organization.

(c) The commission shall contract with an independent, third-party entity to provide the health risk assessment required by this section. A third-party entity is eligible to contract with the commission under this subsection only if:

(1) the entity is qualified under Sections 1902(d) and 1903(a)(3)(C) of the federal Social Security Act (42 U.S.C. Sections 1396a(d) and 1396b(a)(3)(C)) to provide the service;

(2) the entity is independent of each:

(A) Medicaid managed care organization; and

1           (B) health care provider participating in a  
2 managed care model or arrangement implemented under this chapter;  
3 and

4           (3) a person who is an owner, employee, or consultant  
5 of or who has another contract arrangement with the entity:

6           (A) does not have a direct or indirect financial  
7 interest in a managed care organization or health care provider  
8 described by Subdivision (2); and

9           (B) has not been excluded from participating in a  
10 program established under Title XVIII or XIX of the federal Social  
11 Security Act, debarred by a federal agency, or subject to a civil  
12 money penalty under the federal Social Security Act.

13           (d) The health risk assessment required by this section  
14 must:

15           (1) be completed by the assessing third-party entity  
16 as soon as practicable and, if possible, before the recipient is  
17 enrolled in a managed care plan; and

18           (2) subject to Subsection (e), be administered using a  
19 standardized risk assessment instrument.

20           (e) For a recipient who is to be enrolled in the STAR+PLUS  
21 Medicaid managed care program or the STAR Kids managed care  
22 program, the assessing third-party entity shall complete a  
23 functional needs assessment that uses a nationally recognized,  
24 evidence-based instrument to conduct the assessment.  
25 Notwithstanding any other law, the functional needs assessment  
26 conducted under this section must be used:

27           (1) as the basis for determining the recipient's

1 eligibility for waiver services; and

2 (2) in the development of the recipient's individual  
3 service plan.

4 (f) The assessing third-party entity shall retain the  
5 results of the health risk assessments conducted under this section  
6 and report the results of the assessments to the commission and the  
7 appropriate managed care organization. If a recipient enrolls in  
8 another managed care plan offered by another Medicaid managed care  
9 organization, the managed care organization in which the recipient  
10 is enrolled shall notify the commission and the commission shall  
11 ensure that a copy of the recipient's health risk assessment is  
12 provided to the managed care organization by the third-party entity  
13 that assessed the recipient.

14 SECTION 2. (a) Not later than September 1, 2022, the Health  
15 and Human Services Commission shall:

16 (1) contract with a third-party entity as required by  
17 Section 533.002501(c), Government Code, as added by this Act; and

18 (2) subject to Subsection (b) of this section,  
19 develop, in conjunction with each Medicaid managed care  
20 organization with which the commission contracts to provide health  
21 care services to Medicaid recipients under Chapter 533, Government  
22 Code, a plan for phasing in the transition of responsibility for the  
23 provision of health risk assessments of Medicaid recipients who are  
24 to be enrolled in the Medicaid managed care plan from the managed  
25 care organizations offering the managed care plans in which those  
26 recipients are enrolled to the third-party entity with which the  
27 commission contracts under Section 533.002501(c), Government Code,

1 as added by this Act.

2 (b) The plan for phasing in the transition of the provision  
3 of health risk assessments required by Subsection (a) of this  
4 section must begin with the transition of recipients who are to be  
5 enrolled in the STAR Kids managed care program.

6 (c) Section 533.002501, Government Code, as added by this  
7 Act, applies only to a Medicaid recipient who is initially enrolled  
8 in a managed care plan offered by a Medicaid managed care  
9 organization that contracts with the Health and Human Services  
10 Commission under Chapter 533, Government Code, on or after the date  
11 specified in the plan for phasing in the transition of the provision  
12 of health risk assessments required by Subsection (a) of this  
13 section.

14 SECTION 3. If before implementing any provision of this Act  
15 a state agency determines that a waiver or authorization from a  
16 federal agency is necessary for implementation of that provision,  
17 the agency affected by the provision shall request the waiver or  
18 authorization and may delay implementing that provision until the  
19 waiver or authorization is granted.

20 SECTION 4. This Act takes effect September 1, 2021.