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,
531.0512, 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 PROGRAM. (a) The
commission shall study:

(1) the cost-effectiveness of providing, as a Medicaid
benefit through a certified nurse aide trained in the Grand-Aide
curriculum or a substantially similar training program, in-home
support to a Medicaid recipient's care team after the recipient's
discharge from a hospital; and

(2) the feasibility of allowing a Medicaid managed
care organization to treat payments to certified nurse aides
providing care as described by Subdivision (1) as quality
improvement costs.

(b) Not later than December 1, 2022, the commission shall
prepare and submit a report to the governor and the legislature that
summarizes the commission's findings and conclusions from the
study.

(c) This section expires September 1, 2023.

Sec. 531.0501. MEDICAID WAIVER PROGRAMS: INTEREST LIST
MANAGEMENT. (a) The commission, in consultation with the
Intellectual and Developmental Disability System Redesign Advisory
Committee established under Section 534.053 and the STAR Kids
Managed Care Advisory Committee, shall study the feasibility of
creating an online portal for individuals to request to be placed
and check the individual's placement on a Medicaid waiver program
interest list. As part of the study, the commission shall determine
the most cost-effective automated method for determining the level
of need of an individual seeking services through a Medicaid waiver
program.

(b) Not later than January 1, 2023, the commission shall
prepare and submit a report to the governor, the lieutenant
governor, the speaker of the house of representatives, and the
standing legislative committees with primary jurisdiction over health and human services that summarizes the commission's findings and conclusions from the study.

(c) Subsections (a) and (b) and this subsection expire September 1, 2023.

(d) The commission shall develop a protocol in the office of the ombudsman to improve the capture and updating of contact information for an individual who contacts the office of the ombudsman regarding Medicaid waiver programs or services.

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 direction 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 and the STAR Kids Managed Care Advisory Committee 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, based on the guidance, may 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 implementation of the pilot program; and

(2) if the pilot program has been operating for a period sufficient to obtain necessary data, 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 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 533.00251, Government Code, is amended by adding Subsection (h) to read as follows:

(h) In addition to the minimum performance standards the commission establishes for nursing facility providers seeking to participate in the STAR+PLUS Medicaid managed care program, the executive commissioner shall adopt rules establishing minimum performance standards applicable to nursing facility providers that participate in the program. The commission is responsible for monitoring provider performance in accordance with the standards...
and requiring corrective actions, as the commission determines necessary, from providers that do not meet the standards. The commission shall share data regarding the requirements of this subsection with STAR+PLUS Medicaid managed care organizations as appropriate.

SECTION 3. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00515 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.

SECTION 4. 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 5. 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 6. Section 32.054, Human Resources Code, is amended
by adding Subsection (f) to read as follows:

(f) To prevent serious medical conditions and reduce
emergency room visits necessitated by complications resulting from
a lack of access to dental care, the commission shall provide
medical assistance reimbursement for preventive dental services,
including reimbursement for at least one preventive dental care
visit per year, for an adult recipient with a disability who is
enrolled in the STAR+PLUS Medicaid managed care program. This
subsection does not apply to an adult recipient who is enrolled in
the STAR+PLUS home and community-based services (HCBS) waiver
program. This subsection may not be construed to reduce dental
services available to persons with disabilities that are otherwise
reimbursable under the medical assistance program.

SECTION 7. Subchapter B, Chapter 32, Human Resources Code,
is amended by adding Sections 32.0317 and 32.0611 to read as
follows:

Sec. 32.0317. REIMBURSEMENT FOR SERVICES PROVIDED UNDER
SCHOOL HEALTH AND RELATED SERVICES PROGRAM. The executive
commissioner shall adopt rules requiring parental consent for services provided under the school health and related services program in order for a school district to receive reimbursement for the services. The rules must allow a school district to seek a waiver to receive reimbursement for services provided to a student who does not have a parent or legal guardian who can provide consent.

Sec. 32.0611. COMMUNITY ATTENDANT SERVICES: QUALITY INITIATIVES AND EDUCATION INCENTIVES. (a) The commission shall develop specific quality initiatives for attendants providing community attendant services to improve quality outcomes for 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 providing community attendant services.

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 by January 1, 2023;

(3) examine, in collaboration with the Department of
Family and Protective Services, implementation in other states of
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; and

(4) 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:

(1) identify benefits and services, other than long-term services and supports, provided under Medicaid that are not provided in this state under the Medicaid managed care model; and

(2) evaluate the feasibility, cost-effectiveness, and
impact on Medicaid recipients of providing the benefits and services identified under Subdivision (1) of this subsection through the Medicaid managed care model.

(c) Not later than December 1, 2022, the commission shall prepare and submit a report to the legislature that includes:

(1) a summary of the commission's evaluation under Subsection (b)(2) of this section; and

(2) a recommendation as to whether the commission should implement providing benefits and services identified under Subsection (b)(1) of this section through the Medicaid managed care model.

SECTION 11. (a) In this section:

(1) "Commission," "Medicaid," and "Medicaid managed care organization" have the meanings assigned by Section 531.001, Government Code.

(2) "Dually eligible individual" has the meaning assigned by Section 531.0392, Government Code.

(b) The commission shall conduct a study regarding dually eligible individuals who are enrolled in the Medicaid managed care program. The study must include an evaluation of:

(1) Medicare cost-sharing requirements for those individuals;

(2) the cost-effectiveness for a Medicaid managed care organization to provide all Medicaid-eligible services not covered under Medicare and require cost-sharing for those services; and

(3) the impact on dually eligible individuals and Medicaid providers that would result from the implementation of
Subdivision (2) of this subsection.

(c) Not later than September 1, 2022, the commission shall prepare and submit a report to the legislature that includes:

(1) a summary of the commission's findings from the study conducted under Subsection (b) of this section; and

(2) a recommendation as to whether the commission should implement Subsection (b)(2) of this section.

SECTION 12. Notwithstanding Section 2, Chapter 1117 (H.B. 3523), Acts of the 84th Legislature, Regular Session, 2015, Section 533.00251(c), Government Code, as amended by Section 2 of that Act, takes effect September 1, 2023.

SECTION 13. As soon as practicable after the effective date of this Act, the Health and Human Services Commission shall conduct the study and make the determination required by Section 531.0501(a), Government Code, as added by this Act.

SECTION 14. 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 15. The Health and Human Services Commission is required to implement this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this Act using other appropriations available for the purpose.
SECTION 16. This Act takes effect September 1, 2021.