

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

1 or a substantially similar training program to provide in-home
2 support to a Medicaid recipient's care team after the recipient's
3 discharge from a hospital. The program must allow a Medicaid
4 managed care organization to treat payments to certified nurse
5 aides providing care under the program as quality payments for
6 purposes of meeting contract percentage requirements.

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

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

13 (2) provides care for the child.

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

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

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

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

27 (3) result in information that will inform the

1 priority for an individual's placement on the most appropriate
2 interest list.

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

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

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

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

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

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

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

27 Sec. 531.0512. NOTIFICATION REGARDING CONSUMER DIRECTION

1 MODEL. The commission shall:

2 (1) develop a procedure to:

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

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

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

11 Sec. 531.0605. ADVANCING CARE FOR EXCEPTIONAL KIDS PILOT
12 PROGRAM. (a) The commission shall collaborate with Medicaid
13 managed care organizations to develop and implement a pilot program
14 that is substantially similar to the program described by Section
15 3, Medicaid Services Investment and Accountability Act of 2019
16 (Pub. L. No. 116-16), to provide coordinated care through a health
17 home to children with complex medical conditions.

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

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

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

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

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

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

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

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

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

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

23 Sec. 533.0069. COORDINATION OF SCHOOL HEALTH AND RELATED
24 SERVICES. (a) The commission, in coordination with Medicaid
25 managed care organizations and the Texas Education Agency, shall
26 develop and adopt a policy for the Medicaid managed care program to
27 ensure the coordination and delivery of benefits and services

1 provided under the school health and related services program,
2 including coordination of school health and related services with
3 early childhood intervention services.

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

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

12 (c) The commission shall allow a recipient who is enrolled
13 in a managed care plan under this chapter to disenroll from that
14 plan and enroll in another managed care plan[+]

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

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

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

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

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

1 organization must, at a minimum, be required to:

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

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

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

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

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

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

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

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

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

13 SECTION 8. (a) In this section, "commission," "executive
14 commissioner," and "Medicaid" have the meanings assigned by Section
15 [531.001](#), Government Code.

16 (b) Using existing resources, the commission shall:

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

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

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

25 (2) revise the commission's policies regarding the
26 quality incentive payment program (QIPP) to require improvements to
27 staff-to-patient ratios in nursing facilities participating in the

1 program and to set a goal for those nursing facilities to meet all
2 Centers for Medicare and Medicaid Services five-star quality rating
3 metrics by September 1, 2027;

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

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

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

17 (A) eligibility criteria for the programs; and

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

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

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

25 (b) As soon as practicable after the effective date of this
26 Act, the commission shall conduct a study to determine the
27 cost-effectiveness and feasibility of providing to Medicaid

1 recipients who have been diagnosed with diabetes, including Type 1
2 diabetes, Type 2 diabetes, and gestational diabetes:

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

7 (2) medical nutrition therapy services.

8 (c) If the commission determines that providing one or both
9 of the types of services described by Subsection (b) of this section
10 would improve health outcomes for Medicaid recipients and lower
11 Medicaid costs, the commission shall, notwithstanding Section
12 [32.057](#), Human Resources Code, or Section [533.009](#), Government Code,
13 and to the extent allowed by federal law develop a program to
14 provide the benefits and seek prior approval from the Legislative
15 Budget Board before implementing the program.

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

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

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

27 (1) a summary of the commission's evaluation of the

1 feasibility and cost-effectiveness of providing early childhood
2 intervention case management as a Medicaid managed care benefit;
3 and

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

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

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

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

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

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