1 AN ACT

- 2 relating to certain reports required to be prepared or submitted by
- 3 or in collaboration with the Health and Human Services Commission
- 4 or submitted to the governor or a member of the legislature under
- 5 the Health and Safety Code.
- 6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 7 SECTION 1. The heading to Section 523.0154, Government
- 8 Code, is amended to read as follows:
- 9 Sec. 523.0154. DATA ANALYSIS UNIT; ANNUAL REPORTS
- 10 [QUARTERLY UPDATE].
- 11 SECTION 2. Section 523.0154(d), Government Code, is amended
- 12 to read as follows:
- 13 (d) Not later than <u>December 1 of each year</u> [the 30th day
- 14 following the end of each calendar quarter], the data analysis unit
- 15 shall provide:
- 16 <u>(1) a repo</u>rt [an update] on the unit's activities and
- 17 findings to the governor, the lieutenant governor, the Legislative
- 18 Budget Board, the speaker of the house of representatives, the
- 19 chair of the Senate Finance Committee, the chair of the House
- 20 Appropriations Committee, and the chairs of the standing committees
- 21 of the senate and house of representatives having jurisdiction over
- 22 Medicaid; and
- (2) a report of any anomalies identified by the unit
- 24 under Subsection (a)(3) to the commission's office of the inspector

- 1 general.
- 2 SECTION 3. The heading to Section 532.0453, Government
- 3 Code, is amended to read as follows:
- 4 Sec. 532.0453. CONTINUED IMPLEMENTATION OF CERTAIN
- 5 INTERVENTIONS AND BEST PRACTICES BY PROVIDERS; BIENNIAL
- 6 [SEMIANNUAL] REPORT.
- 7 SECTION 4. Section 532.0453(b), Government Code, is amended
- 8 to read as follows:
- 9 (b) Each even-numbered year, the [The] commission shall
- 10 [semiannually] prepare and submit to the legislature a report that
- 11 contains a summary of the commission's efforts under this section
- 12 and Section 532.0451(b).
- SECTION 5. Section 542.0054, Government Code, is amended to
- 14 read as follows:
- 15 Sec. 542.0054. BIENNIAL [ANNUAL] REPORT ON IMPLEMENTATION.
- 16 (a) Not later than September 30 of each even-numbered year, the
- 17 commission, in collaboration with the advisory committee, shall
- 18 prepare and submit to the legislature a report that includes:
- 19 (1) an assessment of the implementation of the system
- 20 required by this chapter, including appropriate information
- 21 regarding the provision of acute care services and long-term
- 22 services and supports to individuals with an intellectual or
- 23 developmental disability under Medicaid;
- 24 (2) recommendations regarding implementation of and
- 25 improvements to the system redesign, including recommendations
- 26 regarding appropriate statutory changes to facilitate the
- 27 implementation; and

- 1 (3) an assessment of the effect of the system on:
- 2 (A) access to long-term services and supports;
- 3 (B) the quality of acute care services and
- 4 long-term services and supports;
- 5 (C) meaningful outcomes for Medicaid recipients
- 6 using person-centered planning, individualized budgeting, and
- 7 self-determination, including an individual's inclusion in the
- 8 community;
- 9 (D) the integration of service coordination of
- 10 acute care services and long-term services and supports;
- 11 (E) the efficiency and use of funding;
- 12 (F) the placement of individuals in housing that
- 13 is the least restrictive setting appropriate to an individual's
- 14 needs;
- (G) employment assistance and customized,
- 16 integrated, competitive employment options; and
- 17 (H) the number and types of fair hearing and
- 18 appeals processes in accordance with federal law.
- 19 (b) This section expires on the second anniversary of the
- 20 date the commission completes implementation of the transition
- 21 required under Section 542.0201.
- SECTION 6. Sections 542.0119(a) and (b), Government Code,
- 23 are amended to read as follows:
- 24 (a) The commission, in collaboration with the advisory
- 25 committee and pilot program work group, shall review and evaluate
- 26 the progress and outcomes of the pilot program and submit, as part
- 27 of the [annual] report required under Section 542.0054, a report on

- 1 the pilot program's status that includes recommendations for
- 2 improving the pilot program.
- 3 (b) Not later than September 1, 2026, the commission, in
- 4 collaboration with the advisory committee and pilot program work
- 5 group, shall prepare and submit to the legislature a written report
- 6 that evaluates the pilot program based on a comprehensive
- 7 analysis. The analysis must:
- 8 (1) assess the effect of the pilot program on:
- 9 (A) access to and quality of long-term services
- 10 and supports;
- 11 (B) informed choice and meaningful outcomes
- 12 using person-centered planning, flexible consumer-directed
- 13 services, individualized budgeting, and self-determination,
- 14 including a pilot program participant's inclusion in the community;
- 15 (C) the integration of service coordination of
- 16 acute care services and long-term services and supports;
- 17 (D) employment assistance and customized,
- 18 integrated, competitive employment options;
- 19 (E) the number, types, and dispositions of fair
- 20 hearings and appeals in accordance with federal and state law;
- 21 (F) increasing the use and flexibility of the
- 22 consumer direction model;
- 23 (G) increasing the use of alternatives to
- 24 guardianship, including supported decision-making agreements as
- 25 defined by Section 1357.002, Estates Code;
- 26 (H) achieving the best and most cost-effective
- 27 funding use based on a pilot program participant's needs and

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1
   preferences; and
2
                     (I)
                          attendant recruitment and retention;
 3
                    analyze the experiences and outcomes
                                                                   the
   following systems changes:
4
5
                     (A)
                          the comprehensive
                                               assessment
                                                            instrument
   described by Section 533A.0335, Health and Safety Code;
6
7
                     (B)
                          the
                               21st Century
                                                Cures
                                                       Act
                                                             (Pub.
                                                                    L.
8
   No. 114-255);
9
                     (C)
                          implementation of the federal rule adopted by
   the Centers for Medicare and Medicaid Services and published at 79
10
   Fed. Reg. 2948 (January 16, 2014) related to the provision of
11
12
   long-term services and supports through a home and community-based
   services (HCS) waiver program under Section 1915(c), 1915(i), or
13
14
   1915(k) of the Social Security Act (42 U.S.C. Section 1396n(c),
15
    (i), or (k));
                     (D)
                         the provision
                                           of
                                                basic
16
                                                        attendant
                                                                   and
17
   habilitation services under Section 542.0152; and
                     (E)
                          the benefits of providing STAR+PLUS Medicaid
18
   managed care services to individuals based on functional needs;
19
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(A) individuals with an intellectual or

include feedback on the pilot program based on the

- 23 developmental disability and individuals with similar functional
- 24 needs who were pilot program participants;

personal experiences of:

- 25 (B) families of and other persons actively
- 26 involved in the lives of individuals described by Paragraph (A);
- 27 and

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H.B. No. 4666
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- 1 (C) comprehensive long-term services and
- 2 supports providers who delivered services under the pilot program;
- 3 (4) be incorporated in the [annual] report required
- 4 under Section 542.0054; and
- 5 (5) include recommendations on:
- 6 (A) a system of programs and services for the
- 7 legislature's consideration;
- 8 (B) necessary statutory changes; and
- 9 (C) whether to implement the pilot program
- 10 statewide under the STAR+PLUS Medicaid managed care program for
- 11 eligible individuals.
- 12 SECTION 7. Section 542.0151(b), Government Code, is amended
- 13 to read as follows:
- 14 (b) The commission, in collaboration with the advisory
- 15 committee, shall analyze the outcomes of providing acute care
- 16 Medicaid benefits to individuals with an intellectual or
- 17 developmental disability under a model described by Subsection
- 18 (a). The analysis must:
- 19 (1) include an assessment of the effects of the
- 20 delivery model on:
- 21 (A) access to and quality of acute care services;
- 22 and
- 23 (B) the number and types of fair hearing and
- 24 appeals processes in accordance with federal law;
- 25 (2) be incorporated into the [annual] report to the
- 26 legislature required under Section 542.0054; and
- 27 (3) include recommendations for delivery model

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- 1 improvements and implementation for the legislature's
- 2 consideration, including recommendations for needed statutory
- 3 changes.
- 4 SECTION 8. Section 543A.0003(a), Government Code, is
- 5 amended to read as follows:
- 6 (a) The commission shall include aggregate, nonidentifying
- 7 data collected using the quality-based outcome measure described by
- 8 Section 543A.0002(b) in the [annual] report required by Section
- 9 543A.0008. The commission may include the data in any other report
- 10 required by this chapter.
- 11 SECTION 9. The heading of Section 543A.0008, Government
- 12 Code, is amended to read as follows:
- 13 Sec. 543A.0008. BIENNIAL [ANNUAL] REPORT.
- 14 SECTION 10. Section 543A.0008(a), Government Code, is
- 15 amended to read as follows:
- 16 (a) The commission shall submit to the legislature and make
- 17 available to the public in each even-numbered year a [an annual]
- 18 report on:
- 19 (1) the quality-based outcome and process measures
- 20 developed under <u>Sections</u> [Section] 543A.0002 <u>and 54</u>3A.0003,
- 21 including measures based on each potentially preventable event; and
- 22 (2) the progress of implementing quality-based
- 23 payment systems <u>under Section 543A.0004</u> and other payment
- 24 initiatives under this chapter.
- 25 SECTION 11. Chapter 1, Health and Safety Code, is amended by
- 26 adding Section 1.006 to read as follows:
- Sec. 1.006. REPORTS. Notwithstanding any other law, each

- 1 report that is required by this code to be submitted to the governor
- 2 or a member of the legislature must be submitted not later than
- 3 December 1 of the year that the report is due.
- 4 SECTION 12. If before implementing any provision of this
- 5 Act a state agency determines that a waiver or authorization from a
- 6 federal agency is necessary for implementation of that provision,
- 7 the agency affected by the provision shall request the waiver or
- 8 authorization and may delay implementing that provision until the
- 9 waiver or authorization is granted.
- 10 SECTION 13. This Act takes effect immediately if it
- 11 receives a vote of two-thirds of all the members elected to each
- 12 house, as provided by Section 39, Article III, Texas Constitution.
- 13 If this Act does not receive the vote necessary for immediate
- 14 effect, this Act takes effect September 1, 2025.

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		H.B. NO. 4666
Preside	nt of the Senate	Speaker of the House
I cer	tify that H.B. No. 466	6 was passed by the House on May 7,
2025, by th	ne following vote: Y	eas 148, Nays O, 2 present, not
voting.		
		Chief Clerk of the House
I cer	tify that H.B. No. 466	66 was passed by the Senate on May
26, 2025, by	the following vote:	Yeas 31, Nays 0.
		Secretary of the Senate
APPROVED:		
	Date	
	Governor	